NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

June 14-15, 2023

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

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
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E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: May 23, 2023

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 14, 2023, at 9:00 am. The meeting will continue, Thursday, June 15, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the April 2023 Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

   A. Abacoa Medical Supplies, Inc. – Boca Raton, FL
   B. Appy Medical, LLC – West Jordan, UT
   C. Avanos Medical Sales, LLC – Concord, CA
   D. CGM Monitors Corp – Richardson, TX
   E. Comprehensive Sleep Solutions – Phoenix, AZ
   F. Deliver My Meds Corp – Richardson, TX
   G. Hoveround Corporation – Bradenton, FL
   H. Medline Industries, LP – Rialto, CA
   I. Quantum Medical Supply, Inc. – West Palm Beach, FL
   J. Voyage Medical Solutions – Longview, TX

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

   Background Check Not Required by Law.

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

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

   K. Acera Surgical, Inc. – St. Louis, MO
   L. AdvaGen Pharma Ltd. – Plainsboro, NJ
   M. Avanos Medical Sales, LLC – Alpharetta, GA
   N. Avanos Medical Sales, LLC – Concord, CA
   O. Catalent Pharma Solutions, LLC – Philadelphia, PA
   P. EMD Serono, Inc. – Rockland, MA
   Q. Eugia US LLC – East Windsor, NJ
   R. Juno Therapeutics Inc. – Seattle, WA
   S. Long Grove Pharmaceuticals, LLC – Rosemont, IL

T. Merz Pharmaceuticals, LLC – Raleigh, NC
U. MicroVention Inc. – Aliso Viejo, CA
V. Pierre Fabre Pharmaceuticals, Inc. – Parsippany, NJ
W. Sanofi-Aventis U.S. LLC – Bridgewater, NJ
X. STERIS Corporation – Mentor, OH
Y. Vertical Pharmaceuticals, LLC – Alpharetta, GA

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

Z. Baxter Healthcare Corporation – Largo, FL
AA. Cardinal Health 200, LLC – Channahon, IL
BB. Conmed Corporation and its Affiliates – Largo, FL
CC. Henry Schein, Inc. – New Berlin, WI
DD. McKesson Medical-Surgical Inc. – Ellabell, GA

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

EE. Azenta US, Inc. – Indianapolis, IN
FF. Independent Pharmacy Distributor, LLC – High Point, NC
GG. Medline Industries, LP – Auburndale, FL
HH. Medline Industries, LP – Jeffersonville, IN
II. Medline Industries, LP – McDonough, GA
JJ. Medline Industries, LP – Montgomery, NY
KK. Medline Industries, LP – Perryville, MD
LL. Medline Industries, LP – Tolleson, AZ
MM. Medline Industries, LP – Uxbridge, MA
NN. Medline Industries, LP – West Jefferson, OH
OO. Sedgwick Claims Management Services, Inc. – Indianapolis, IN
PP. UPS Supply Chain Solutions, Inc. – Shepherdsville, KY

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

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

QQ. CorMedix, Inc. – Berkeley Heights, NJ
RR. Mersana Therapeutics, Inc. – Cambridge, MA
SS. Moderna US, Inc. -Princeton, NJ
TT. Reata Pharmaceuticals, Inc. – Plano, TX
UU. Verona Pharma, Inc. – Savannah, GA

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

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

VV. Capital City Drug – Austin, TX
WW. DHL Supply Chain (USA) – Forest Park, GA
XX. Epiq Animal Health – Dublin, OH

YY. HUB Pharmaceuticals LLC – Plymouth, MI
ZZ. Lovell Government Services, Inc. – Pensacola, FL
AAA. Medea Inc. – Pleasanton, CA
BBB. Med Stop Pharmaceuticals, Inc. – Houston, TX
CCC. Nippon Express U.S.A., Inc. – Long Beach, CA
DDD. Outdate Rx, LLC – Redlands, CA
EEE. Reassurance Logistics LLC – Boca Raton, FL
FFF. Reliance Wholesale, Inc. – Collierville, TN
GGG. Reliance Wholesale, Inc. – Miami, FL
HHH. Spectrum Medical X-Ray Co. – Santa Monica, CA

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

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

III. Norco Inc. – Sparks, NV
JJJ. Wellness Essentials Inc. – Las Vegas, NV

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

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

KKK. Best Pet Rx, Inc. – Manassas, VA
LLL. MixMyRx Ventures LLC – Orlando, FL
MMM. Personalized Skin Solutions, Inc. – Imperial, PA

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

NNN. AnovoRx Group, LLC – Chandler, AZ
OOO. CenterWell Pharmacy, Inc. – Orlando, FL
PPP. Cerebral Rx – Cape Coral, FL
QQQ. CF #11507 – Richardson, TX
RRR. Custom Formulary Inc. – Dallas, TX
SSS. Ivation Pharmacy LLC – Pflugerville, TX
TTT. Live Well Pharmacy – Flower Mound, TX
UUU. Magellan Rx Pharmacy, LLC – Orlando, FL
VVV. Magellan Rx Pharmacy, LLC – Salt Lake City, UT
WWW. Mark Cuban Cost Plus Pharmacy LLC – Dallas, TX
XXX. Onco360 – Scottsdale, AZ
YYY. OSRX, Inc. - #2685 – Missoula, MT
ZZZ. Propel Pharmacy, LLC – Cicero, NY
AAAA. SelectRx – Monaca, PA
BBBB. Symphony Clinic, LLC – Gainesville, FL

CCCC. Symphony Clinic, LLC – Tucson, AZ
DDDD. TheraCom – Brooks, KY
EEEE. Truax Patient Services, LLC – Bemidji, MN
FFFF. TrustedMedRx, LLC – Boca Raton, FL
GGGG. Watson RX Solutions, Inc. – Florence, AL
HHHH. Wholescripts Pharmacy, LLC – Orlando, FL

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

IIII. Advanced Surgical Center, LLC – Las Vegas, NV
JJJJ. Henderson Ambulatory Surgery Center for Minimally Invasive Procedures – Las Vegas, NV

◈ REGULAR AGENDA ◈

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

A.	Michael Burkintas, RPH	(22-063-RPH-S)
B.	Cynthia To	(18-008-RPH-B-S)
C.	Robert Chancellor	(19-003-CS-B-S)
D.	Lindsay Hoffman	(19-003-CS-C-S)
E.	Wesley Robertson	(21-063-CS-S)
F.	Walgreens Pharmacy #03844	(22-096-PH-S)
G.	Kerry Otero, RPH	(22-096-RPH-S)
H.	Morgan Towler	(22-096-PTT-S)
I.	Walgreens Pharmacy #3842	(17-105-PH-S)
J.	Kristi Nguyen, RPH	(17-105-RPH-A-S)
K.	Cheryl Mettus, RPH	(17-105-RPH-B-S)
L.	Thuy Trandac, RPH	(17-105-RPH-C-S)
M.	Walgreens Pharmacy #6425	(22-359-PH-S)
N.	Juan Peidra Flores, RPH	(22-359-RPH-S)
O.	Walgreens Pharmacy #4854	(18-021-PH-S)
P.	MinhQuang Nguyen, RPH	(18-021-RPH-A-S)
Q.	Dimitris Efstathiou, RPH	(18-021-RPH-C-S)
R.	Maria Cruz, RPH	(18-021-RPH-D-S)
S.	Walgreens Pharmacy #4854	(19-100-PH-S)
T.	MinhQuang Nguyen, RPH	(19-100-RPH-S)
U.	Victor Bruce, MD	(22-228-CS-S)
V.	Jonathan Sorelle, MD	(22-027-CS-S)
W.	Eric Shyu, DDS	(21-102-CS-S)
X.	Heather Harvey APRN	(23-074-PR-O)

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

Malcolm Paul (22-479-S)

7. Stipulation and Order to Set Aside Order of Default and Enter a Payment Plan (For Possible Action).

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

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

   A. Family Medical Pharmacy, LLC – North Las Vegas, NV
   B. First Choice Pharmacy – Las Vegas, NV
   C. Pharma Budies LLC – Las Vegas, NV
   D. Vax Squad – Las Vegas, NV
   E. Vital Care of Summerlin – Las Vegas, NV

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

   Partell Specialty Pharmacy – Las Vegas, NV

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

    A. 1st Choice Pharmacy – Holiday, FL
    B. Custom Rx Pharmacy and Wellness Concepts – Wichita, KS
    C. CVS/Specialty – Linthicum Heights
    D. Kings Park Slope, LLC – Brooklyn, NY
    E. Primera Professional Pharmacy – Sugar Land, TX
    F. Town Total Compounding Center – Woodbury, NY
    G. WP Pharma Labs, Inc. – Dallas, TX

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

    A. VistaPharm, LLC – Largo, FL - Background Check Not Required - VAWD-Accredited (NAC 639.593(7)(c))
    B. Zimmer US, Inc. – Warsaw, IN – Background Check Not Required - Publicly Traded (NAC 639.593(7)(a))

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

    BPI Labs, LLC – Largo, FL

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

Amazi Harris

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

    Hany Saad

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

    Jorge Burgos

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

    Jill Marquardt

17. Request from Walgreen Co. to authorize their pharmacies as allowed by NAC 639.7145 – **(FOR POSSIBLE ACTION)**

18. Request for approval for Board Staff to conduct a survey to assess pharmacy workplace conditions (**FOR POSSIBLE ACTION**)

19. Review and approval of the Policy Manual **(FOR POSSIBLE ACTION)**

20. Discussion and possible action to amend, revise and/or approve proposed FY24 budget **(FOR POSSIBLE ACTION)**

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

22. Executive Secretary Report:

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

23. Date and Location of Next Scheduled Board Meeting:

    July 12-13, 2023 – Reno, NV

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

25. Adjournment

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

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

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

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

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NEVADA STATE BOARD OF PHARMACY

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

(775) 850-1440 • 1-800-364-2081 • FAX (
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• Web Page: bop.nv.gov

MINUTES

April 12-13, 2023

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, April 12, 2023, at 9:00 am. The meeting will continue, Thursday, April 13, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

Hyatt Place
1790 E Plumb Ln
Reno, NV 89502

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

DRAFT

Board Members Present:

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

Board Members Not Present:

Gener Tejero

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Gregory Zunino	Darlene Nases
Joe Dodge	Mui Lee	Sophia Long	

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

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

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

President Park performed the roll call. One Board member was absent, and a quorum was established.

2. Public Comment April 12, 2023, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

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

3. Approval of the March 8-9, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Jade Jacobo recused herself from the item since she was not present for the March Board meeting.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the March 8-9, 2023, Board meeting minutes.

Second: Krystal Freitas

Action: Passed unanimously (Jacobo recused).

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

A. Critical Nurse Staffing, LLC – Grand Junction, CO
B. Mi-Med Supply Co. Inc. – Irvine, CA
C. Synapse Health, Inc. – Evanston, IL

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

Background Check Not Required by Law.

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

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

D. Acacia Pharma Inc. – Solana Beach, CA
E. Aerogen – Chicago, IL
F. Baxter Pharmaceutical Solutions, LLC – Bloomington, IN
G. Boxout – Jacksonville, FL
H. Endo Pharmaceuticals, Inc. – Malvern, PA
I. Evergreen Theragnostics, Inc. – Springfield, NJ
J. F2G Inc. – Princeton, NJ
K. Hugel Aesthetics, Newport Beach, CA
L. Marketlab, Inc – Caledonia, MI
M. Phoenix Assurance, LLC – Memphis, TN
N. Radius Health, Inc – Boston, MA
O. STI Pharma, LLC – Newtown, PA
P. TriMed, Inc. – Valencia, CA

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

Q. Abbot Molecular Inc. – Itasca, IL
R. Ethicon, Inc. – Raritan, NJ
S. Illumina, Inc. – San Diego, CA
T. Madrigal Pharmaceuticals, Inc. – West Conshohocken, PA
U. McKesson Medical-Surgical Inc. – Commerce City, CO

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

V. Kenco Logistic Services, LLC – Chattanooga, TN
W. Medline Industries, LP – Tracy, CA
X. Prodigy Health LLC – Austin, TX

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

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

Y. Aero-Med, LLC – East Hartford, CT
Z. Catalyst Pharmaceuticals, Inc. – Coral Gables, FL
AA. Liquidia Technologies, Inc. – Morrisville, NC
BB. Tarsus Pharmaceuticals, Inc. – Irvine, CA

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

CC. InSource, Inc. – Bastian, VA

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

DD. CJ Logistics America, LLC – Channahon, IL
EE. NDC HomeCare LLC – Jacksonville, FL
FF. NDC HomeCare LLC – Waco, TX

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

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

GG. Airgas USA, LLC – Winnemucca, NV

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

HH. NDC HomeCare LLC – North Las Vegas, NV

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

II. Renown Pharmacy – Reno, NV

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

JJ. ER at Desert Springs an Extension of Valley Hospital – Las Vegas, NV
KK. Rancho Pharmacy – Las Vegas, NV
LL. Willow Springs Center Pharmacy – Reno, NV

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

MM. Cure 4 The Kids Foundation – Las Vegas, NV

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

NN. Epiq Scripts – Richardson, TX
OO. Expert Compounding Pharmacy – Lake Balboa, CA

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

PP. BioPlus Specialty Pharmacy Services, LLC – Altamonte Springs, FL
QQ. Eventus Rx LLC – Fort Myers, FL
RR. FlexCare Specialty Services, LLC – Houston, TX
SS. Medscripts Medical Pharmacy – Greenville, SC

TT. Optum Pharmacy 701, LLC – Mesa, AZ
UU. River Medical Pharmacy, LLC – San Antonio. TX
VV. Roman Health Pharmacy LLC – Torrance, CA
WW. Route 300 Pharmacy – Newburgh, NY
XX. Santa Barbara Specialty Pharmacy, LLC – Carpinteria, CA
YY. Santa Rosa Pharmacy – Santa Rosa Beach, FL

4.9 Application for Nevada Warehouse License – Non- Appearance **(FOR POSSIBLE ACTION)**

ZZ.Renown Health – Reno, NV

Agenda Item 4MM, Cure 4 The Kids Foundation, has withdrawn their application.

Krystal Freitas recused herself from Agenda Item 4JJ and 4LL due to her employment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda excluding Agenda Items 4JJ and 4LL.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda Items 4JJ and 4LL.

Second: Wayne Mitchell

Action: Passed unanimously (Freitas recused).

◈ REGULAR AGENDA ◈

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

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

This matter was continued to a future Board meeting.

C. Joseph Eberle, MD (22-040-CS-N)

This matter was continued to a future Board meeting.

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

Ed Lemons appeared as counsel on behalf of Dr. Sherellen Gerhart.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Dr. Gerhart prescribing controlled substances on an expired registration.

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

The proposed stipulated penalties for Dr. Sherellen Gerhart's Certificate of Registration No. CS25926 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Stipulation and Order for Dr. Sherellen Gerhart as presented by Mr. Keegan.

Second: Wayne Mitchell

Action: Passed unanimously.

E. Amanda Marie Wagner, MD (21-029-CS-N)

This matter was dismissed.

F. Carrie Chaney, APRN (22-167-CS-N)

Lyn Beggs appeared as counsel on behalf of Carrie Chaney.

Peter Keegan prosecuted the case regarding Ms. Chaney prescribing controlled substances on an expired registration.

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

The proposed stipulated penalties for Ms. Carrie Chaney's Certificate of Registration No. CS17469 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order for Carrie Chaney as presented by Mr. Keegan.

Second: Krystal Freitas

Action: Passed unanimously.

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

B. Carrie Chaney

Peter Keegan provided background on the application and Ms. Chaney's disclosure from the Nevada State Board of Nursing regarding her prescribing controlled substances on an expired registration.

Ms. Beggs commented that Ms. Chaney has retired and no longer works full-time but would like to maintain her controlled substance registration.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Controlled Substance Registration for Carrie Chaney.

Second: Wayne Mitchell

Action: Passed unanimously.

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

J. Robert Fredericks, MD (22-197-CS-N)

Mark Gunderson appeared as counsel on behalf of Dr. Robert Fredericks.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding violations related to prescribing controlled substances.

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

The proposed stipulated penalties for Dr. Robert Fredericks Certificate of Registration No. CS02438 are the following: 1) CS02438 is suspended for two years, the suspension is stayed

and respondent is placed on probation; 2) public reprimand; 3) a fine of $5,000 for the violations with payment plan; 4) $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 5) respondent shall establish and put into practice all necessary policies and procedures to ensure compliance with any controlled substances prescriptions; and 6) respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Board discussion ensued.

Board Action:

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

Second: Rolf Zakariassen

Action: Passed unanimously.

G.	CVS Pharmacy #8792	(22-211-PH-N)
H.	Eric Nguyen, RPH	(22-211-RPH-A-N)
I.	Christopher Smyrniotis, RPH	(22-211-RPH-B-N)

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

President Park commented that a quorum was still present.

Brian Convery (CVS Representative), Eric Nguyen, and Christopher Smyrniotis appeared and were sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case involving the misfill of levothyroxine 50mcg to an incorrect dosage of 300mcg.

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

The proposed stipulated penalties for Eric Nguyen Certificate of Registration No. 20856 are the following: 1) pay a $3,000 fine for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Christopher Smyrniotis Certificate of Registration No. 17855 are the following: 1) pay a $1,500 fine for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for CVS Pharmacy #8792 Pharmacy License No. PH00637 are the following: 1) pay a $4,500 fine for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Stipulation and Order's for CVS Pharmacy #8792, Eric Nguyen, and Christopher Smyrniotis as presented by Mr. Keegan.

Second: Krystal Freitas

Aye: Park, Freitas, Tomasso
Nay: Mitchell

Action: Motion Carries (Jacobo and Zakariassen recused).

8. Rehearing on Kinex Medical Company, LLC, Case No. 21-039-MP-S, pursuant to Order of the First Judicial District Court in Case No. 22-OC-00047-1B (**FOR POSSIBLE ACTION)**

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

Brett Kandt provided background regarding a limited rehearing to amend the Findings of Fact, Conclusions of Law and Order in Case No. 21-039-MP-S to comply with the First Judicial District Court's remand Order in Case No. 22-OC-00047-1B.

Mr. Kandt presented a proposed Amended Findings of Fact, Conclusions of Law and Order with redlined verbiage regarding the previous suspension of License No. MP00623 in paragraph 9 for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Amended Findings of Fact, Conclusions of Law and Order with redlined language as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

Gener Tejero was present for the Board meeting at 11:18 AM.

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

L. Carrie Lambert, DVM (22-484-DV-N)

No representative was present on behalf of Carrie Lambert.

Brett Kandt prosecuted the case regarding Ms. Lambert's suspension of her license to practice veterinary medicine by the Nevada Board of Veterinary Medical Examiners relating to alcohol abuse, the resulting suspension of Certificate of Registration No. DV00694 and her failure to comply with the conditions placed upon her Dispensing Veterinarian registration.

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

The proposed stipulated penalties for Carrie Lambert's Certificate of Registration No. DV00694 are the following: 1) respondent's registration is revoked; 2) respondent may not possess, administer, prescribe or dispense a controlled substance until she has petitioned the Board for reinstatement and the Board reinstates her Certificate of Registration; 3) respondent may not petition for reinstatement of her Certificate of Registration for a period of one year from the effective date of this Order; and 4) $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Kandt confirmed that Ms. Lambert agreed with the Stipulation and Order and advised that she would not be present for the hearing.

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the Stipulation and Order for Carrie Lambert as presented by Mr. Kandt.

Second: Wayne Mitchell

Action: Passed unanimously.

A. Ryan Zeller, DO (23-013-CS-N)

Ryan Zeller appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding Dr. Zeller prescribing controlled substances on an expired registration.

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

President Park admitted Exhibits 1-5.

Mr. Zunino provided background on the Counts to the Board and requested the Board find Dr. Zeller guilty of Count One and dismiss Count Two and Count Three.

Dr. Zeller provided his testimony and shared his practice with the Board.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find the Findings of Fact, Conclusion of Law and Order consistent with paragraphs 1-17 of the Notice of Intended Action and Accusation.

Second: Wayne Mitchell

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Dr. Ryan Zeller guilty of Count One and dismissed Count Two and Count Three.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to discipline Dr. Ryan Zeller by imposing a fine of $5,000 for the violations.

Second: Gener Tejero

Action: Passed unanimously.

K. Gary Wisner, MD (22-423-CS-N)

There was no representative present on behalf of Dr. Gary Wisner.

Dr. Gary Wisner was not present for the hearing.

Brett Kandt prosecuted the case against Dr. Wisner regarding felony counts of healthcare insurance fraud in California.

Mr. Kandt called Shirley Hunting as a witness.

Shirley Hunting appeared and was sworn in by President Park prior to answering questions and offering testimony on the service of the Notice of Intended Action and Accusation to Dr. Wisner.

Mr. Kandt called Kristopher Mangosing as a witness.

Kristopher Mangosing appeared and was sworn in by President Park prior to answering questions and offering testimony on the service of the 21-day Notice of the hearing to Dr. Wisner.

Mr. Kandt requested the Board to enter Exhibits 1-2 into the record.

President Park admitted Exhibits 1-2.

Mr. Kandt requested the Board make Findings of Fact consistent with paragraphs 1-2 of the Notice of Intended Action and Accusation and find that the Respondent was properly notified of the hearing.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-2 of the Notice of Intended Action and Accusation and found that the Respondent was properly notified of the hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Kandt requested the Board make Conclusions of Law consistent with paragraphs 3-5 of the Notice of Intended Action and Accusation.

Board Action:

Motion: Wayne Mitchell moved to make Conclusions of Law consistent with paragraphs 3-5 of the Notice of Intended Action and Accusation.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Jade Jacbobo moved to find Dr. Gary Wisner guilty of Counts 1-3 of the Notice of Intended Action and Accusation.

Second: Gener Tejero

Action: Passed unanimously.

Mr. Kandt recommended that Dr. Gary Wisner's Certificate of Registration No. CS28822 be revoked for a period of five years.

Board Action:

Motion: Rolf Zakariassen moved to revoke Dr. Gary Wisner's Certificate of Registration No. CS28822 for a period of five years. Dr. Wisner must appear before the Board to petition for reinstatement.

Second: Krystal Freitas

Action: Passed unanimously.

23. Discussion and possible action to approve settlement agreement in *Lee v. Nevada State Board of Pharmacy et al.*, U.S. District Court Case No: 22-cv-00363-GMN-BNW, including payment of $19,000 by the Board. **(FOR POSSIBLE ACTION)**

Brett Kandt provided background on the settlement to the Board. He requested the Board authorize the Executive Secretary to execute any necessary documents for the settlement.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the payment of the $19,000 and authorize the Executive Secretary to execute any necessary documents for the settlement.

Second: Wayne Mitchell

Action: Passed unanimously.

14. Application for Nevada Veterinary Drug Supplier License – (Appearance) **(FOR POSSIBLE ACTION)**

C-A-L Ranch Stores – Reno, NV

Randy Holmes, Regional Manager, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on the application and the disclosure regarding engaging in the sale of veterinary drugs in Nevada without the proper licensure and issuance of a cite and fine which the applicant paid and then applied for a Nevada license.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Veterinary Drug Supplier License for C-A-L Ranch Stores.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. CenterPoint Medical LLC – Las Vegas, NV

Travis Paul and Diana Paul, Co-Owners, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, provided background on the application and questioned their business model, how they plan to get business, and their experience with products that they are providing.

Mr. Paul and Mrs. Paul answered questions to the Board's satisfaction.

Ms. Paul confirmed that she is not currently practicing as a licensed registered nurse. Nevada law prohibits a practicing health professional from owning a medical products business.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Nevada Medical, Devices, Equipment and Gases License for CenterPoint Medical LLC pending positive inspection.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

B. Swift Pharmaceutical Inc – Las Vegas, NV

Arlene Melendres, Owner, and Mary Rose Arriola, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino provided background on the application.

The Board questioned Ms. Melendres about why she decided to open a pharmacy, the business model, the products that they plan to sell, and Ms. Arriola's experience as a pharmacist.

Ms. Melendres and Ms. Arriola answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: President Park moved to approve the Nevada Pharmacy License for Swift Pharmaceutical Inc. pending a favorable inspection.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. AleraCare Pharmacy – Phoenix, AZ

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

Joe Dodge provided background on the application and questioned the ownership change, clarification of their glove fingertip failure process, and Ms. Lowe's disclosure for a cite and fine related to not having stability studies for extended beyond use dates and utilizing ScanRDI sterility test that were not USP 71 compliant.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacbo moved to approve the change of ownership for Out-of-State Compounding Pharmacy License for AleraCare Pharmacy.

Second: Krystal Freitas

Action: Passed unanimously.

27. Review and consideration for approval of retention incentives for employees of the Nevada State Board of Pharmacy, with such incentives to be quantified and disbursed in accordance with the criteria described in Assembly Bill No. 268 of the 82nd (2023) Session of the Nevada Legislature. **(FOR POSSIBLE ACTION)**

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, provided background to the Board and requested consideration for approval of the retention incentives for employees of the Nevada State Board of Pharmacy.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the retention incentives for all Nevada State Board of Pharmacy employers in accordance with the criteria described in Assembly Bill No. 268 of the 82nd (2023) Session of the Nevada Legislature.

Second: Richard Tomasso

Action: Passed unanimously.

7. Stipulation to Rehearing *** Respondents Las Vegas Scripts RX and Nathan Edouard, RPH, Only **(FOR POSSIBLE ACTION)**

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

William Hopkins appeared to represent Las Vegas Scripts Rx and Nathan Edouard.

Ayesha Medhi appeared as counsel on behalf of Las Vegas Scripts Rx and Nathan Edouard.

Peter Keegan provided background on the appearance regarding a reconsideration for a full rehearing for July 12, 2023, for Las Vegas Scripts Rx and Nathan Edouard which would entail an Amended Accusation and new evidence.

Mr. Hopkins clarified that he is not barred in Nevada, but he is working to be admitted per pro hac vice in Nevada with Ms. Medhi.

Sophia Long wanted confirmation that the pro hac vice will be completed by July which allows a non-barred attorney in Nevada to practice.

Mr. Hopkins confirmed that it should be completed before July.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation for a Rehearing for Las Vegas Scripts Rx and Nathan Edouard.

Second: Krystal Freitas

Action: Passed unanimously.

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

General Counsel provided the report to the Board's satisfaction.

26. Executive Secretary Report:

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

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

20. Approval of Pharmacy Technician and Pharmacy Technician in Training Applications. **(FOR POSSIBLE ACTION)**

Yenh Long provided background on the applications and presented the Pharmacy Technician and Pharmacy Technician in Training Applications with proposed changes for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Pharmacy Technician and Pharmacy Technician in Training Applications as presented by Ms. Long.

Second: Wayne Mitchell

Action: Passed unanimously.

26. Executive Secretary Report:

A. Financial Report

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

21. Approval of Pharmacy Technician and Pharmacy Technician in Training Application Processing Procedures **(FOR POSSIBLE ACTION)**

Dave Wuest and Yenh Long provided background on the agenda item. They requested direction on how the Board would like staff to proceed with the processing procedures for incomplete Pharmacy Technician and Pharmacy Technician in Training Applications that do not disclose criminal history properly.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to allow Board staff to deny any incomplete Pharmacy Technician and Pharmacy Technician in Training applications and put on the Consent Agenda.

Second: Richard Tomasso

Action: Passed unanimously.

22. Approval of Mechanical Device License Application. **(FOR POSSIBLE ACTION)**

Yenh Long provided background on the application and presented the Mechanical Device License Application for the Board's consideration.

Gener Tejero wanted clarification if a Mechanical Device located in a hospital is exempt.

Ms. Long confirmed.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Mechanical Device License Application as presented by Ms. Long.

Second: Wayne Mitchell

Action: Passed unanimously.

26. Executive Secretary Report

Dave Wuest informed the Board that he will implement a cite and fine process for pharmacies with managing pharmacist changes who do not notify the Board in a timely manner. If they have no managing pharmacist, the Board will proceed with an Accusation.

Public Comment at 3:35 PM

There was no public comment.

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

Board Members Present:

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

Board Staff Present:

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

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

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment April 13, 2023, 9:00 AM

Liz MacMenamin from the Retail Association of Nevada commented that she would like Board members to think about maligning statements or ill feelings about a community pharmacy during a Board meeting. The industry has been providing health care services in the community, and they would like to express their disappointment regarding prior comments made about a community pharmacy in the Board meeting. The industry would like to continue to work with the regulatory Board to make sure and provide healthcare to the public while keeping in mind the public safety and welfare of all.

◈ REGULAR AGENDA ◈

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

Vincent Alexis

Vincent Alexis appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long provided background on the application and the disclosures regarding a federal conviction of attempted travel in interstate & foreign commerce to engage in illicit sexual conduct and an administrative action in Texas which resulted in revocation of his veterinary license. She commented that the disclosure documents provided were created by him and were not the actual legal documents.

Mr. Alexis requested a closed session.

Board Action:

Motion: President Park moved to go into closed session for Vincent Alexis.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

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

Second: Jade Jacobo

Action: Passed unanimously.

President Park commented that Mr. Alexis will submit all necessary legal documents to complete his application and asked if he would like to table his application to a future Board meeting.

Mr. Alexis confirmed.

President Park tabled application at his request.

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

B. Maverick Medical, Inc. – Kingsbury, NV

Wendy May Real, Co-Owner and Operations Manager, and Mark Spalding, Co-Owner and Administrator, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on the application and the business model.

Ms. Long questioned on how Mr. Spalding will be the administrator for the Nevada location while being the Vice President of the California location.

Ms. Real clarified that they are closing the California location and relocating the business to the Nevada location.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Medical, Devices, Equipment and Gases License for Maverick Medical, Inc. pending a favorable inspection.

Second: Gener Tejero

Action: Passed unanimously.

24. Request from Smith's Food and Drug (also known as Kroger Health) to authorize their pharmacies as allowed by NAC 639.7145 – **(FOR POSSIBLE ACTION)**

Dave Wuest provided background on the request as Smith's/Kroger's leadership is currently unable to attend but felt that he could present the request.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Smith's Food and Drug (also known as Kroger Health) petition to authorize their pharmacies as allowed by NAC 639.714.

Second: Rolf Zakariassen

Action: Passed unanimously.

26. Executive Secretary Report

Dave Wuest presented the ten regulations that he will be submitting to the governor in accordance with Executive Order 2023-003.

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

A. 986 Pharmacy #8017 – Las Vegas, NV

Robert Ojeda, Owner, and Jamila Ormond, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Jamila Ormond from her previous employment but can participate in this matter fairly and without bias.

Gregory Zunino provided background on the application and questioned their business model, Ms. Ormond's experience as a pharmacist, how they expect to get business, and the available resources available if they need help.

Mr. Ojeda and Ms. Ormond answered questions to the Board's satisfaction.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Nevada Pharmacy application for 986 Pharmacy #8017 pending a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

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

B. Basic Home Infusion, LLC – Wayne, NJ

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

Joe Dodge provided background on the application and questioned the change of ownership, their business model, and NABP's inspection results.

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

Mr. Dodge commented that he reviewed their disclosures, which were mostly related to inspection results by the New Jersey Board of Pharmacy that they did not report to other Boards. However, he feels comfortable moving forward with the application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the change of ownership and the name change for Out-of-State Compounding Pharmacy for Basic Home Infusion, LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Raley's Pharmacy Wholesaler – Sacramento, CA

Jennifer Hall, Pharmacy Supervisor of Compliance, and Cynthia Fong, Director of Pharmacy, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest provided background on the application and commented that the wholesaler applicant still needs to do fingerprints.

Ms. Hall provided background on their business model to the Board.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Out-of-State Wholesaler License for Raley's Pharmacy Wholesaler pending completion of any outstanding application activities.

Second: Wayne Mitchell

Action: Passed unanimously.

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

D. InfuCare Rx – Glendale, CA
E. InfuCare Rx of LA – Kenner, LA

Jessica McLendon (Supervisor of Licensing), Richard Anderson (Managing Pharmacist for Kenner, LA), and Dulari Patel (Managing Pharmacist for Glendale, CA) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application and questioned their business model for the California and the Louisiana location and each managing pharmacist's experience.

Ms. Patel and Mr. Anderson answered questions to the Board's satisfaction.

Mr. Dodge questioned Louisiana's disclosure regarding an Alabama action relating to not maintaining a supervising pharmacist and notifying the Board with an action plan to designate another pharmacist within a timely manner.

Ms. McLendon provided further information on the disclosure to the Board.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Out-of-State Compounding Pharmacy License for Infucare Rx and to add sterile compounding services to InfuCare Rx of LA.

Second: Jade Jacobo

Action: Passed unanimously.

F. Precision Compounding Pharmacy and Wellness – Bellmore, NY

Christian Stella, CEO and Pharmacist, and Lisa Capriola, Chief Compliance Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge provided background on the application and questioned their business model, products being shipped into Nevada, their inspection results, the Managing Pharmacist's experience, and how they plan to gain business.

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

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Out-of-State Compounding Pharmacy License for Precision Compounding Pharmacy and Wellness.

Second: Wayne Mitchell

Action: Passed unanimously.

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

B. Animal Health International, Inc. – Chandler, AZ

Jeff Wigfield, Senior Director of Pharmacy, and Steve Brown, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest requested a Letter of Authorization for Mr. Wigfield and Mr. Brown to speak on behalf of the company.

Mr. Wuest provided background on the application and questioned their business model and their disclosures regarding a misfill by Mr. Brown and a disclosure related to misbranding.

Mr. Wigfield provided further clarification to the Board on the disclosure which was related to Animal Health International's wholesaling operation rather than this pharmacy operation.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Out-of-State Pharmacy License for Animal Health International, Inc. pending the Letter of Authorization.

Second: Wayne Mitchell

Action: Passed unanimously.

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

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

Donna Tribble (Administrator), Dr. Christopher Costa (Medical Director), and Glenys Castro (Consultant Pharmacist) appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Glenys Castro from her previous employment but can participate in this matter fairly and without bias.

Dave Wuest provided background on the application and questioned their business model, Ms. Castro's experience as a pharmacist, and if Ms. Castro found any concerns at the surgery center.

Dr. Costa and Ms. Castro answered questions to the Board's satisfaction.

Mr. Wuest recommended security cameras due to the increase of burglaries on controlled substances but commented that it is not required by law.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Ambulatory Surgery Center License for Sierra Surgery Center pending a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. CSI Pharmacy – Nash, TX

Alisha Smith, Managing Pharmacist, and Jack Lemley, Co-Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Lemley wanted to clarify that the wrong ownership type was selected. The company is non-publicly traded.

Peter Keegan provided background on application and questioned their business model and Mr. Sheets disclosure regarding a substance abuse disorder which the Arkansas Board of Pharmacy disciplined his license.

Mr. Lemley provided further background on Mr. Sheets' discipline and commented that he has no further issues.

Board discussion ensued.

Board Action:

Motion: Gener Tejero moved to approve the Out-of-State Pharmacy License for CSI Pharmacy pending proper application and the necessary application documents.

Second: Jade Jacobo

Action: Passed unanimously.

D. NaphCare Pharmacy, LLC – Birmingham, AL

Seetal Tejura appeared as General Counsel on behalf of NaphCare Pharmacy, LLC.

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

Peter Keegan provided background on the application and questioned the change of ownership, their business model, and their disclosure from the Ohio Board Pharmacy relating to failure to maintain compliance with proper record keeping, security and control of dangerous drugs, and improper retention of expired drugs.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the change of ownership and the location change for NaphCare Pharmacy, LLC.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Ozomor Surgical Center – Las Vegas, NV

Lisa Momodu (Consultant Pharmacist), Festus Ebonka (Administrator), Valando Sterling (Owner and Executive Director), and Yesenia Sanchez (Office Manager) appeared and was sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Lisa Momodu from her previous employment but can participate in this matter fairly and without bias.

Dave Wuest provided background on the application and questioned their business model.

Ms. Sterling and Mr. Ebonka answered questions to the Board's satisfaction.

Mr. Wuest provided Dr. Bernard Addoquaye's, Medical Director, discipline with the Board relating to allowing a non-licensee to use his credentials to prescribe dangerous drugs and/or controlled substances.

Mr. Wuest questioned Ms. Momodu on whether this is her first surgery center as a consultant pharmacist and how the controlled substances will be securely locked up.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Ambulatory Surgical Center License for Ozomor Surgical Center pending a favorable inspection.

Second: Krystal Freitas

Action: Passed unanimously.

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

Amazi Harris

This matter was continued to a future Board meeting.

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

Chloe Swanson

Chloe Swanson appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino provided background on the application and questioned her disclosure regarding a battery charge.

Ms. Swanson provided further clarification on what occurred with her battery charge to the Board.

The Board questioned Ms. Swanson about why she wants to be a pharmaceutical technician and her current history with alcohol.

Ms. Swanson answered the Board's questions.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Pharmaceutical Technician in Training Registration for Chloe Swanson pending a favorable PRN-PRN evaluation or equivalent.

Second: Gener Tejero

Action: Passed unanimously.

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

A. Jorge Burgos

Jorge Burgos appeared and was sworn in by President Park prior to answering questions and offering testimony.

Crane Pomerantz appeared as counsel on behalf of Jorge Burgos.

Brett Kandt provided background on the application and questioned his criminal and administrative disclosure as the documentation is missing.

Dr. Burgos and Mr. Pomerantz provided background on the charges and his discipline regarding open and gross lewdness.

Mr. Kandt commented that the Board should have the necessary conviction documentation to proceed with the application.

Mr. Pomerantz provided testimony on behalf of Dr. Burgos, and he commented that the Nevada Board of Medical Examiners has no restrictions on his license. He is requesting the Board to consider his controlled substance registration with that in mind.

President Park requested a complete application for the Board to proceed with his application.

Board discussion ensued.

President Park asked Dr. Burgos if he would like to table his application to get the necessary disclosure documentation to complete his application.

Mr. Pomerantz agreed to table application.

President Park tabled application at their request.

C. Selwyn Kidney

This matter was withdrawn.

D. John Tkach

John Tkach appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on the application and questioned his disclosure which was not provided in his application. However, the Board located his public documents for his review.

Dr. Tkach provided clarification on his disclosure relating to prescribing controlled substances and not properly documenting it which the Maine Board of Pharmacy disciplined him. Thereafter, he applied for the Nevada Board of Medical Examiners who put restrictions on his registration.

Board discussion ensued.

President Park requested a complete application for the Board to proceed with his application.

Board discussion ensued.

President Park asked Dr. Tkach if he would like to table his application to get the necessary disclosure documentation to complete his application.

Dr. Tkach agreed to table application.

President Park tabled application at his request.

29. Public Comment at 1:56 PM

There was no public comment.

28. Date and Location of Next Scheduled Board Meeting:

June 14-15, 2023 – Las Vegas, NV

30. Adjournment

4

4A

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M MP01530	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: ABACOA MEDICAL SUPPLIES, INC.

MDEG Physical Address: 751 PARK OF COMMERCE DR., SUITE 138

City: BOCA RATON State: FLORIDA Zip: 33487-3623

Mailing Address (if different from physical address): P. O. BOX 294009

City: BOCA RATON State: FLORIDA Zip: 33429-4009

Telephone: 561-994-2302 Website: WWW.ABACOAMEDICAL.COM

Email: MEDICAID@ABACOAMEDICAL.COM

Name of MDEG Administrator (NAC 639.694): LAWRENCE A. DICKSON

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9-3	■ Tue: 9-3	■ Wed: 9-3	■ Thurs: 9-3	■ Fri: 9-3
☐ Sat: CLOSED	☐ Sun: CLOSED	☐ Holidays: CLOSED		

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

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

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

Name: NO Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

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

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

LAWRENCE A. DICKSON

Print Name of Authorized Person Submitting Application

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

Date 4/6/23

Board Use Only	Date Received: 4.10.23	Amount: 500.00 - CK. 2056

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any): N/A

Corporation/Organization Name: ABACOA MEDICAL SUPPLIES, INC.

Mailing Address: P. O. BOX 294009

City: BOCA RATON State: FLORIDA Zip: 33429-4009

Telephone: 561-994-2302 Email: MEDICAID@ABACOAMEDICAL.COM

Contact Person Name: LAWRENCE A. DICKSON

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

ABACOA MEDICAL SUPPLIES INC
INCORPORATED IN THE STATE OF FLORIDA

List of Officers

Lawrence A. Dickson
President-Director
[redacted]NE Bay Isle Dr.
Boca Raton, FL 33487-1731

Janine C. Dickson
Vice President-Director
[redacted]NE Bay Isle Dr.
Boca Raton, FL 33487-1731

Christina M. Dickson
Secretary & Treasurer-Director
[redacted]South Country Club Blvd.
Boca Raton, FL 33487-2326

James P. Dickson
Vice President
[redacted]South Country Club Blvd.
Boca Raton, FL 33487-2326

ABACOA MEDICAL SUPPLIES INC
INCORPORATED IN THE STATE OF FLORIDA

List of Owners

Janine C. Dickson
Vice President-Director
[redacted]NE Bay Isle Dr.
Boca Raton, FL 33487-1731
% of Ownership – 60%

Christina M. Dickson
Secretary & Treasurer-Director
[redacted]South Country Club Blvd.
Boca Raton, FL 33487-2326
% of Ownership – 20%

James P. Dickson
Vice President
[redacted]South Country Club Blvd
Boca Raton, FL 33487-2326
% of Ownership – 20%

State of Florida
Department of State

I certify from the records of this office that ABACOA MEDICAL SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on August 17, 2017, effective August 21, 2017.

The document number of this corporation is P17000069418.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on January 12, 2023, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of January, 2023



Secretary of State

Tracking Number: 3043791848CC

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

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

ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving *you.*

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

LOCATED AT
751 PARK OF COMMERCE DR Ste 138
BOCA RATON, FL 33487

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
45-9053 MISC MERCHANDISE SALES	ABACOA MEDICAL SUPPLIES INC		B22.695162 - 07/07/22	$33.00	B40159238

This document is valid only when receipted by the Tax Collector's Office.

STATE OF FLORIDA
PALM BEACH COUNTY
2022/2023 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 2018106632
EXPIRES: SEPTEMBER 30, 2023

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

ABACOA MEDICAL SUPPLIES INC
ABACOA MEDICAL SUPPLIES INC
751 PARK OF COMMERCE DR STE 138
BOCA RATON FL 33487-3623

12
6 - 3225



751 PARK OF COMMERCE DR.
Suite 138
Boca Raton, FL 33487-3623
561-994-2302

Florida State License

Not Required per attached

Florida Administrative Code 59A-25.002,3.(2)

FLORIDA ADMINISTRATIVE CODE

59A-25.002 Licensure Requirements.

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

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

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

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

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

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

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

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

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

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

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

(3) Licensing application and fees:

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

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

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

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

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

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/06/2023

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

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

PRODUCER	CONTACT NAME: Danielle Maschenic	
The Beacon Group, Inc. 6001 Broken Sound Pkwy.,N.W. Suite 500 Boca Raton FL 33487-2730	PHONE (A/C, No, Ext): (561) 994-9994	FAX (A/C, No): (561) 997-7087
	E-MAIL ADDRESS: dmaschenic@beacongroupinc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Ohio Security Insurance Co	24082
INSURED Abacoa Medical Supplies, Inc. 751 Park of Commerce Drive Suite 138 Boca Raton FL 33487	INSURER B : Transportation Ins Co #01807	01807
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL233612047 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			BKS61720918	07/23/2022	07/23/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAS61720918	07/23/2022	07/23/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC625293896	03/05/2023	03/05/2024	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

Novitas Solutions, Inc.
P.O. Box 3704
Mechanicsburg PA 17055-1863

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Rick S. Ward
D048332

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ABACOA MEDICAL SUPPLIES, INC.

LIST OF MEDICARE AND MEDICAID NUMBERS

STATE	MEDICARE PROVIDER ID
FLORIDA	7688260001

STATE	MEDICAID PROVIDER ID
ALABAMA	225119
ARIZONA	435148
ARKANSAS	234796741
CALIFORNIA	937133
COLORADO	1619465689 / 9000170371
DELAWARE	250572523
DISTRICT OF COLUMBIA	067848214
FLORIDA	101491800
GEORGIA	003227252A
IDAHO	1619465689
ILLINOIS	1619465689
INDIANA	300019499
IOWA	1619465689
KANSAS	OLD # - 201220760A NEW ID: 30004619230001
KENTUCKY	7100570080
LOUISIANA	2483871
MARYLAND	282023400
MICHIGAN	1619465689
MISSISSIPPI	06058509 /new MESA PROVIDER ID: 006058509 - 1619465689
MISSOURI	620065893
MONTANA	1619465689
NEBRASKA	10026761200
NEVADA	1619465689 / 250000653
NEW JERSEY	0698636
NEW MEXICO	53407334
NORTH CAROLINA	1619465689
NORTH DAKOTA	1480327 / 1619465689
OHIO	0393111
OKLAHOMA	200806460 A
OREGON	1619465689 / 500758565
PENNSYLVANIA	103657700 0001
RHODE ISLAND	1619465689
SOUTH CAROLINA	DM1616
SOUTH DAKOTA	1619465689/3002474
TENNESSEE	Q047492
TEXAS	3967036 01 / 1619465689
UTAH	1619465689
VERMONT	6710681
VIRGINIA	1619465689
WASHINGTON	2124621
WEST VIRGINIA	1619465689
WISCONSIN	100092814
WYOMING	1619465689 / 151768600

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG ABACOA MEDICAL SUPPLIES, INC. MDEG License # (if applicable) MP01530

Physical Address 751 PARK OF COMMERCE DR., SUITE 138

City BOCA RATON State FLORIDA Zip 33487-3623

Mailing Address (if different from physical address) P. O. BOX 294009

City BOCA RATON State FLORIDA Zip 33429-4009

Telephone 561-994-2302 Website WWW.ABACOAMEDICAL.COM

Licensing Company Email MEDICAID@ABACOAMEDICAL.COM

Section 2: Personal Information

First LAWRENCE Middle A Last DICKSON

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

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

Mailing Address P. O. BOX [redacted]

City BOCA RATON State FL Zip 33429-4009

Telephone [redacted] Email LARRY@ABACOAMEDICAL.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF MIAMI		08/77-05/78	
Address	**City**	**State**	**Zip**
1320 S DIXIE HWY	CORAL GABLES	FL	33146
Diploma/Degree obtained, if any			
BBA ACCOUNTING			

School Name		From - To (MM/YY – MM/YY)	
COUNTY COLLEGE OF MORRIS		09/75 - 05/77	
Address	**City**	**State**	**Zip**
214 CENTER GROVE RD	RANDOLPH	NJ	07869
Diploma/Degree obtained, if any			
AA ACCOUNTING			

School Name		From - To (MM/YY – MM/YY)	
MORRISTOWN HIGH SCHOOL		09/67 - 06/71	
Address	**City**	**State**	**Zip**
50 EARLY ST	MORRISTOWN	NJ	07960
Diploma/Degree obtained, if any			
HS			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/99 - PRES	[redacted] NE BAY ISLE DR	BOCA RATON	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
ABACOA MEDICAL SUPPLIES, INC.			08-17 - PRESENT
Business Address	**City**	**State**	**Zip**
751 PK OF COMMERCE DR, SUITE 138	BOCA RATON	FL	33487
Phone	**Title**	**Number of Employed Hours**	
800-777-2927	PRESIDENT	2,080 PER YEAR	
Description of Duties			
OVERALL MANAGEMENT			

Business Name			From - To (MM/YY – MM/YY)
AMERICAN MEDICAL SUPPLIES, INC.			07/93 - 09/17
Business Address	**City**	**State**	**Zip**
751 PARK OF COMMERCE DR, SUITE 136	BOCA RATON	FL	33487
Phone	**Title**	**Number of Employed Hours**	
800-575-2345	PRESIDENT	2,080	
Description of Duties			
MANAGEMENT			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-30-23
Date

I, LAWRENCE A. DICKSON, **certify that as the MDEG Administrator for**

ABACOA MEDICAL SUPPLIES, INC.,

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

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

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

LAWRENCE A. DICKSON
Print Name (~~First~~, Last)

Original Signature (electronic, copies or stamps not accepted)

3-30-23
Date

Board Use Only	Date Received: 4-10-23

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ABACOA MEDICAL SUPPLIES, INC

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01530

Physical Address 751 PARK OF COMMERCE DR., SUITE 138

City BOCA RATON State FL Zip 33487-3623

Mailing Address (if different from physical address) P. O. BOX 294009

City BOCA RATON State FL Zip 33429-4009

Telephone 561-994-2302 Website WWW.ABACOAMEDICAL.COM

Licensing Company Email MEDICAID@ABACOAMEDICAL.COM

Section 2: Personal Information

First JANINE Middle C Last DICKSON

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

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

Mailing Address P. O. BOX [redacted]

City BOCA RATON State FL Zip 33429-4009

Telephone [redacted] Email MEDICAID@ABACOAMEDICAL.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of Miami		08/76-05/79	
Address	City	State	Zip
1320 S Dixie Hwy, FL 33146	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
BFA			

School Name		From - To (MM/YY – MM/YY)	
COLLEGE OF BOCA RATON		01/76-05/76	
Address	City	State	Zip
3601 N Military Trl.	Boca Raton	FL	33486
Diploma/Degree obtained, if any			
NONE			

School Name		From - To (MM/YY – MM/YY)	
Our Lady Star of the Sea		09/73 - 01/76	
Address	City	State	Zip
467 Fairford Rd,	Grosse Pointe Woods	MI	48236
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/99-CURRENT	[redacted]NE BAY ISLE DRIVE	BOCA RATON	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
ABACOA MEDICAL SUPPLIES, INC			08/17-PRESENT
Business Address	**City**	**State**	**Zip**
751 Park of Commerce Dr, Unit 138	Boca Raton	FL	33487
Phone	**Title**		
800-777-2927	DIRECTOR		
Description of Duties			
OVERALL MANAGEMENT, MEMBER OF THE BOARD OF DIRECTORS			

Business Name			From - To (MM/YY – MM/YY)
POPE JOHN PAUL II HIGH SCHOOL			09/07-05/15
Business Address	**City**	**State**	**Zip**
4001 N Military Trail	Boca Raton	FL	33431
Phone	**Title**		
561 314 2100	THELOGY TEACHER		
Description of Duties			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-3023
Date

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

JANINE C. DICKSON

Print Name (First, Last)

Janine C Dickson

Original Signature (electronic, copies or stamps not accepted)

3-30-23

Date

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

State of FLORIDA, ss. County of PALM BEACH

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

Janine C Dickson

Original Signature

3-30-23

Date

Subscribed and Sworn to before me this 30 day of March, 2023

Notary Public Signature

LENA VARTANIAN
Notary Public - State of Florida
Commission # HH 198229
My Comm. Expires Feb 13, 2026
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ABACOA MEDICAL SUPPLIES, INC.

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01530

Physical Address 751 PARK OF COMMERCE DR., SUITE 138

City BOCA RATON State FL Zip 33487-3623

Mailing Address (if different from physical address) P. O. BOX 294009

City BOCA RATON State FL Zip 33429-4009

Telephone 561-994-2302 Website WWW.ABACOAMEDICAL.COM

Licensing Company Email MEDICAID@ABACOAMEDICAL.COM

Section 2: Personal Information

First CHRISTINA Middle M Last DICKSON

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

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

Mailing Address P. O. BOX [redacted]

City BOCA RATON State FL Zip 33429-2009

Telephone [redacted] Email MEDICAID@ABACOAMEDICAL.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Florida Atlantic University		08/04 - 05/08	
Address	City	State	Zip
777 Glades Rd.	Boca Raton	FL	33431
Diploma/Degree obtained, if any			
B.A. in Communication			

School Name		From - To (MM/YY – MM/YY)	
W.T. Dwyer High School		08/98 - 05/02	
Address	City	State	Zip
13601 N. Military Trail	Palm Beach Gardens	FL	33418
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/14 - current	[redacted] S. Country Club Blvd.	Boca Raton	FL	33487
01/12 - 02/14	[redacted] Jeffery St.	Boca Raton	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Abacoa Medical Supplies, Inc.				From - To (MM/YY – MM/YY): 08/17 - present
Business Address: 751 Park of Commerce Dr., Ste. 138	City: Boca Raton		State: FL	Zip: 33487
Phone: 800-777-2927	Title: Director			
Description of Duties: Management				

Business Name: MECE Preschool				From - To (MM/YY – MM/YY): 08/18 - 12/21
Business Address: 625 NE Mizner Blvd.	City: Boca Raton		State: FL	Zip: 33432
Phone: 561-368-1215	Title: teacher			
Description of Duties: pre school teacher				

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

3-30-23
Date

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

CHRISTINA M. DICKSON

Print Name (First, Last)

C. Dickson

Original Signature (electronic, copies or stamps not accepted)

3-30-23

Date

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

State of FLORIDA, ss. County of PALM BEACH

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

C. Dickson

Original Signature

3-30-23

Date

Subscribed and Sworn to before me this 30 day of March 2023.

Lena VA

Notary Public Signature

LENA VARTANIAN
Notary Public - State of Florida
Commission # HH 198229
My Comm. Expires Feb 13, 2026
Bonded through National Notary Assn.

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ABACOA MEDICAL SUPPLIES, INC.

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01530

Physical Address 751 PARK OF COMMERCE DR., SUITE 138

City BOCA RATON State FL Zip 33487-3623

Mailing Address (if different from physical address) P. O. BOX 294009

City BOCA RATON State FL Zip 33429-4009

Telephone 561-994-2302 Website MEDICAID@ABACOAMEDICAL.COM

Licensing Company Email MEDICAID@ABACOAMEDICAL.COM

Section 2: Personal Information

First JAMES Middle P Last DICKSON

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

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

Mailing Address P. O. BOX [redacted]

City BOCA RATON State FL Zip 33429-4009

Telephone [redacted] Email JP@ABACOAMEDICAL.COM

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

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

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

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

School Name: Pope John Paul II			From - To (MM/YY – MM/YY) 8/98 – 6/01	
Address: 4001 N. Military Trl	City: Boca Raton		State: FL	Zip: 33431
Diploma/Degree obtained, if any: H.S. Diploma				
School Name: Palm Beach State College			From - To (MM/YY – MM/YY) 6/01 – 12/01	
Address: 801 Palm Beach State College Dr	City: Boca Raton		State: FL	Zip: 33431
Diploma/Degree obtained, if any:				
School Name: Belmont Abbey College			From - To (MM/YY – MM/YY) 1/02 – 5/05	
Address: 100 Belmont Mt Holly Rd	City: Belmont		State: NC	Zip: 28012
Diploma/Degree obtained, if any: BA Political Science				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/'05 – 11-'13	[redacted] Jeffery St	Boca Raton	FL	33487
11-'13 – Present	[redacted] S. Country Club Blvd	Boca Raton	FL	33487
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: American Medical Supplies			From - To (MM/YY – MM/YY): 1-[illegible]	
Business Address: 751 Park of Commerce Dr	City: Boca Raton		State: FL	Zip: 33487
Phone: 561-362-7105	Title: Mgmt.			
Description of Duties: Ran Daily operations for shipping/receiving & Inventory Control				

Business Name: Abbott			From - To (MM/YY – MM/YY):	
Business Address: 751 Park of Commerce Dr	City: Boca Raton		State: FL	Zip: 33487
Phone: 561-362-7105	Title: Mgmt			
Description of Duties: Same				

Business Name: Abacus Medical Supplies			From - To (MM/YY – MM/YY):	
Business Address: 751 Park of Commerce Dr	City: Boca Raton		State: FL	Zip: 33487
Phone: 561-994-2302	Title: V.P.			
Description of Duties: Run Daily operations				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-30-23
Date

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

JAMES P. DICKSON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-30-23

Date

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

State of FLORIDA, ss. County of PALM BEACH

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

Original Signature

3-30-23

Date

Subscribed and Sworn to before me this 30 day of March 2023.

Notary Public Signature

LENA VARTANIAN
Notary Public - State of Florida
Commission # HH 198229
My Comm. Expires Feb 13, 2026
Bonded through National Notary Assn.

(Seal)

4B

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Appy Medical, LLC

MDEG Physical Address: 8789 South Redwood Road Suite 250

City: West Jordan State: Utah Zip: 84088

Mailing Address (if different from physical address): Same as above address

City: _____ State: _____ Zip: _____

Telephone: 855-613-2466 Website: Website still being developed. Web Address will be www.appymedical.com

Email: compliance@appymedical.com

Name of MDEG Administrator (NAC 639.694): Hans Hanson

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 9am-5pm	■ Tue: 9am-5pm	■ Wed: 9am-5pm	■ Thurs: 9am-5pm	■ Fri: 9am-5pm
☐ Sat:	☐ Sun:	☐ Holidays: See attached list of holidays we are closed		

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NPI: 1861009052
PTAN: 7917570001
Trading Partner Information/Submitter ID: B08901180

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

Name: NA _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Utah

Parent Company (if any): _____

Corporation/Organization Name: Appy Medical, LLC

Mailing Address: 8789 South Redwood Road Suite 250

City: West Jordan State: Utah Zip: 84088

Telephone: 855-613-2466 Email: compliance@appymedical.com

Contact Person Name: Hans Hanson

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Hans Hanson

Print Name of Authorized Person Submitting Application

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

Date 4/8/2023

Board Use Only	Date Received: 5-1-23	Amount: 500.00 CK-1004

Appy Medical Recognized Holidays

New Year's Day

Memorial Day

July 4th

Labor Day

Thanksgiving

Christmas Day

Appy Medical Ownership

Name: Tod Robinson

Title: Member (100% Owner)

Address: [redacted]Rancho Sierra Bnd, San Diego, CA 92130

Phone: [redacted]

Email: [redacted]

Name: Hans Hanson

Title: Manager

Address: [redacted]S. Fawley Ln., Herriman, UT 84096

Phone: [redacted]

Email: hans.hanson@appymedical.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/24/2023

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

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

PRODUCER	CONTACT NAME:	
NUTMEG INS AGENCY INC/PHS 76210797 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	PHONE (A/C, No, Ext): (888) 925-3137	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC#
Appy Medical LLC 8789 S REDWOOD RD BLDG 4 STE 250 WEST JORDAN UT 84088-5741	INSURER A : Hartford Underwriters Insurance Company	30104
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] General Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			76 SBU AH7WNM	11/13/2022	11/13/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$2,000,000 $1,000,000 $10,000 $2,000,000 $4,000,000 $4,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Employment Practices Liability Insurance			76 SBU AH7WNM	11/13/2022	11/13/2023	Each Claim Limit Annual Aggregate Limit	$25,000 $25,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

For Informational Purposes
8789 S REDWOOD RD BLDG 4 STE 250
WEST JORDAN UT 84088-5741

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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This form cannot be hand written.

State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Certificate of Organization (Limited Liability Company)

RECEIVED
JUL 22 2020
Utah Div. of Corp. & Comm. Code

Print
Clear Form
Instructions

Important: Read instructions before completing form **Non-Refundable Processing Fee: $70.00**

1. Name of Limited Liability Company:	Appy Medical, LLC
2. Principal office address: Utah Street Address Required PO Box can be listed after Street Address	2767 W. Lizzi Cv. (Address) South Jordan (City) UT (State) 84095 (Zip)
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): Joshua Wayne Miller *The address must be listed if you have a non-commercial registered agent. See instructions for further details.* Address of the Registered Agent: 2767 W. Lizzi Cv. Utah Street Address Required, PO Boxes can be listed after the Street Address City: South Jordan State UT Zip: 84095	
4. Signature of Organizer Signature:	Ed Tsuji, Organizer
5. Name and Address of Members and/or Managers (optional):	1. Joshua Wayne Miller (Name) Member (Position) 2767 W. Lizzi Cv. (Address) South Jordan (City) UT (State) 84095 (Zip) 2. Bethany Bird (Name) Member (Position) 4282 Antler Trail SE (Address) Smyrna (City) GA (State) 30082 (Zip)
6. Duration (optional):	✓ The duration of the company shall be perpetual ☐ The duration of the company shall be _____
7. Purpose (optional):	

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Optional Inclusion of Ownership Information: This information is not required.

Is this a female owned business? ◯ Yes ◯ No

Is this a minority owned business? ◯ Yes ◯ No If yes, please specify: Select/Type the race of the owner here

Mailing/Faxing Information: www.corporations.utah.gov/contactus.html Division's Website: www.corporations.utah.gov

State of Utah
Department of Commerce
Division of Corporations and Commercial Code
I hereby certified that the foregoing has been filed and approved on this 22 day of JUL 2020 in this office of this Division and hereby issued This Certificate thereof.

Examiner VLS Date 7·28·20

Jason Sterzer
Division Director

Date 7.22.20
Rec # 8432905
Amt Pd $75.00

03/16

11864205-0160

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

04/04/2023
11864205-016004042023-2351499

CERTIFICATE OF EXISTENCE

Registration Number:	11864205-0160
Business Name:	APPY MEDICAL, LLC
Registered Date:	July 22, 2020
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LIMITED LICENSE

Appy Medical LLC

EFFECTIVE **05/03/2021**

EXPIRATION **09/30/2023**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11974968-1714 Pharmacy - Class E Business

Durable Medical Equipment Providers

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

APPY MEDICAL LLC
8789 S REDWOOD RD BLDG 4 STE 250
WEST JORDAN UT 84088

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LIMITED LICENSE

EFFECTIVE DATE: **05/03/2021**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **Appy Medical LLC**
8789 S Redwood Rd Bldg 4 Ste 250
West Jordan UT 84088

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11974968-1714 **Pharmacy - Class E Business**

Durable Medical Equipment Providers

DBA: **None Associated**

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Appy Medical, LLC MDEG License # (if applicable): _____

Physical Address: 8789 South Redwood Road Suite 250

City: West Jordan State: Utah Zip: 84088

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-613-2466 Website: www.appymedical.com

Licensing Company Email: _____

Section 2: Personal Information

First: Hans Middle: Josef Last: Hanson

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

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

Mailing Address: [redacted] S Fawley Lane

City: Herriman State: Utah Zip: 84096

Telephone: [redacted] Email: hans.hanson@appymedical.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Lockesburg High School		08/98 - 05/2002	
Address	**City**	**State**	**Zip**
128 East Main Street	Lockesburg	AR	71846
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/22 - 04/23	[redacted]S Fawley Lane	Herriman	UT	84096
01/20 - 10/22	[redacted] S Double Arch Circle	West Jordan	UT	84081
07/17 - 01/20	[redacted]Saint Charles St Apt B	Alameda	CA	94501
03/16 - 07/17	[redacted]Lotus Way	West Jordan	UT	84081
03/14 - 03/16	[redacted]South Howick St	Salt Lake City	UT	84107
05/12 - 03/14	[redacted]Alpine Trail Drive	Draper	UT	84020

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

Business Name			From - To (MM/YY – MM/YY)	
Byram Healthcare			09/07 - 05/17	
Business Address		**City**	**State**	**Zip**
120 Bloomingdale Rd #301		White Plains	NY	10605
Phone	**Title**		**Number of Employed Hours**	
877-902-9726	Director - Customer Operations; Diabetes Product Manager		20,800	
Description of Duties				
Oversaw the entire customer operations including: Customer Service Training & Oversight, Documentation & Authorizations departments, New account setups, IT & Reporting, oversaw and managed all systems & workflows				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/8/2023
Date

I, Hans Hanson, **certify that as the MDEG Administrator for**

Appy Medical, LLC,

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

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

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

Hans Hanson
Print Name (First, Last)

Hans Hanson
Original Signature (electronic, copies or stamps not accepted)

4/8/2023
Date

Board Use Only	Date Received: 5-1-23

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Appy Medical, LLC

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

Physical Address: 8789 South Redwood Road Suite 250

City: West Jordan State: Utah Zip: 84088

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-613-2466 Website: www.appymedical.com

Licensing Company Email:

Section 2: Personal Information

First: Tod Middle: Jeffrey Last: Robinson

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

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

Mailing Address: [redacted] Rancho Sierra Bend

City: San Diego State: CA Zip: 92130

Telephone: [redacted] Email: [redacted]

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
San Diego State University		8-81 To 6-85	
Address	**City**	**State**	**Zip**
5500 Campanile Drive	San Diego	CA	92182
Diploma/Degree obtained, if any			
BS-Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Northridge High School		8-75 To 6-78	
Address	**City**	**State**	**Zip**
9601 Zelzah Ave	Northridge	CA	91325
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/19 To Present	[redacted] Rancho Sierra Bnd	San Diego	CA	92130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/05 To 03/19	[redacted] Modena Place	San Diego	CA	92130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Shuttle Health, Inc.			07/21 To Present
Business Address	**City**	**State**	**Zip**
4629 Rancho Sierra Bnd	San Diego	CA	92130
Phone	**Title**		
858-442-1855	Chairman of the Board		

Description of Duties

Guide the companies direction and provide funding.

Business Name			From - To (MM/YY – MM/YY)
Solara Medical Supplies, Inc			01/03 To 06/18
Business Address	**City**	**State**	**Zip**
2084 Otay Lakes Road, Ste. 101 & 102	Chula Vista	CA	91915
Phone	**Title**		
858-442-1855	CEO		

Description of Duties

Founded and ran the company until its sale to Linden Capital Partners. LP in June of 2018.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-21-23
Date

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

Tod Robinson

Print Name (First, Last)

Tod Robinson

Original Signature (electronic, copies or stamps not accepted)

04/01/2023

Date

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

State of CALIFORNIA, ss. County of SAN DIEGO

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

Original Signature

4/1/2023

Date

Subscribed and Sworn to before me this 1st day of APR 2023

Notary Public Signature

JEFFREY DALE CLAGG
Notary Public - California
San Diego County
Commission # 2339991
My Comm. Expires Dec 11, 2024

(Seal)

APPY MEDICAL, LLC

MEMBERSHIP INTEREST PURCHASE AGREEMENT

This Membership Interest Purchase Agreement ("Agreement") dated as of June 18, 2021, is between Tod J. Robinson, as Trustee of the Tod J. Robinson Separate Property Trust dated December 17, 2017, ("Purchaser") and Hans Hanson ("Seller") as it relates to certain membership interest in Appy Medical, LLC ("Company"), with reference to the following facts.

RECITALS

A. Purchaser wishes to acquire from Seller and Seller wishes to sell to Purchaser certain interests of the Company, and

B. Purchaser and Seller are entering into this Agreement to provide for such acquisition and issuance and to establish certain rights and obligations in connection therewith.

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the parties hereby agree as follows:

1. **PURCHASE AND SALE OF SHARES.**

1.1 Purchase and Sale of Shares. Effective Upon signing of this agreement, and subject to the terms and conditions of this Agreement, Purchaser hereby purchases from the Seller, and the Seller hereby sells to the Purchaser, his entire fifty percent membership interest of the Company (the "Membership Interest"), for a purchase price of One Thousand Dollars and Zero Cents ($1,000.00) (the "Purchase Price").

1.2 Deliveries by Purchaser. Purchaser hereby delivers to the Seller:

a. The full Purchase Price by check or other method acceptable to the Seller; and

b. Any and all other documents reasonably requested by Seller.

2. **SELLER'S REPRESENTATIONS AND WARRANTIES.** The Seller represents and warrants to Purchaser as follows:

2.1 Authorization, Execution, and Delivery of Agreement.

a. The execution and delivery of this Agreement, the sale of the Membership Interest to Purchaser, and the consummation of the transactions contemplated hereby (i) are within power and authority of the Seller, and (ii) do not require the approval or consent of any other person or entity. This Agreement has been duly executed and delivered by the Seller, and this Agreement constitutes the legal, valid, binding, and enforceable obligation of the Seller, subject to

applicable bankruptcy, insolvency, and similar laws affecting creditors' rights generally and subject to general principles of equity (regardless of whether enforcement is sought in a proceeding in equity or at law).

b. The Membership Interest has been duly authorized by all necessary company action on the part of the Seller and was validly issued, fully paid, and nonassessable, and the Purchaser will acquire valid title to the Membership Interest, free and clear of any encumbrances.

2.2 **No Misrepresentation.** This Agreement contains no untrue statements of a material fact or omits to state a material fact necessary to make the statements contained therein not misleading.

3. PURCHASER'S REPRESENTATIONS AND WARRANTIES. Purchaser represents and warrants to the Seller as follows:

3.1 **Execution and Delivery of the Agreement.** This Agreement has been duly executed and delivered by Purchaser and constitutes the legal, valid, binding, and enforceable obligation of Purchaser, subject to applicable bankruptcy, insolvency, and similar laws affecting creditors' rights generally and subject to general principles of equity (regardless of whether enforcement is sought in a proceeding in equity or at law).

3.2 **No Brokers.** No broker, finder, or investment banker is entitled to any brokerage, finder's, or other fee or commission in connection with the transactions contemplated hereby based on arrangements made by or on Purchaser's behalf.

3.3 **Purchase Entirely for Own Account.** This Agreement is made with Purchaser on Purchaser's representation to Seller, which Purchaser confirms by execution of this Agreement, that Purchaser is acquiring the Shares for Purchaser's own account, not as a nominee or agent, and not with a view to the resale or distribution of any part thereof, other than as permitted by applicable federal and state securities law. By executing this Agreement, Purchaser further represents Purchaser does not have any contact, undertaking, agreement, or arrangement with any person to sell, transfer, or grant participation to such person or to any third person with respect to any of the Shares.

3.4 **Power To Execute Agreement.** Purchaser represents Purchaser has full power and authority to enter into this Agreement.

3.5 **Access to Information About Seller.** Purchaser has had the opportunity to discuss the Seller's business and affairs with such officers or other Seller officials as Purchaser deems necessary or appropriate, and Purchaser believes he has received

all the information Purchaser considers necessary or appropriate for deciding whether to purchase the Membership Interest.

3.6 **Investment Experience.** Purchaser acknowledges he is able to fend for himself, can bear the economic risk of this investment, and has such knowledge and experience in financial or business matters that he is capable of evaluating the merits and risks of the investment in the Shares.

3.7 **Restricted Securities.** Purchaser understands the Shares he is purchasing are characterized as restricted securities under the federal securities laws because they were acquired from Seller in a transaction not involving a public offering and under such laws and applicable regulations the securities may be resold without registration only in certain limited circumstances.

4. GENERAL PROVISIONS.

4.1 **Survival of Representations, Warranties, and Covenants.** Notwithstanding any investigation conducted or notice or knowledge obtained by or on behalf of any party hereto, the representations, warranties, and covenants in this Agreement will survive the sale of the Membership Interest under this Agreement.

4.2 **Expenses.** Each party will pay its, his, or her own expenses incidental to the preparation of this Agreement, the carrying out of the provisions hereof, and the consummation of the transaction contemplated hereby.

4.3 **Utah Corporate Securities Law.** THE SALE OF THE SECURITIES THAT ARE THE SUBJECT OF THIS AGREEMENT HAVE NOT BEEN QUALIFIED WITH THE DIVISION OF CORPORATE FINANCE OF THE STATE OF UTAH; THE ISSUANCE OF SUCH SECURITIES AND THE PAYMENT OR RECEIPT OF ANY PART OF THE CONSIDERATION FOR SUCH SECURITIES BEFORE UTAH QUALIFICATION IS UNLAWFUL UNLESS THE SALE OF SECURITIES IS EXEMPT FROM QUALIFICATION BY SECTIONS 61-1-14 OF THE UTAH UNIFORM SECURITIES ACT. THE RIGHTS OF ALL PARTIES TO THIS AGREEMENT ARE EXPRESSLY CONDITIONED ON SUCH QUALIFICATION BEING OBTAINED, UNLESS THE SALE IS SO EXEMPT.

4.4 **Governing Law.** This Agreement will be governed by, and construed in accordance with, the laws of the State of Utah, excluding those laws that direct the application of the laws of another jurisdiction.

4.5 **Headings.** The headings of the sections of this Agreement are for convenience and will not be considered in construing or determining the interpretation of this Agreement.

4.6 **Amendments and Waivers.** Any term of this Agreement may be amended and the observance of any term of this agreement may be waived (either generally or in a particular instance and whether retroactively or prospectively) only with the written consent of, or a written instrument signed by the Seller and Purchaser. Any amendment or waiver effected in accordance with this Section 4.6 will be binding on the Seller and Purchaser and their respective successors and assigns.

4.7 **Attorney's Fees.** If any action at law or in equity (including arbitration) is necessary to enforce or interpret the terms of the Agreement., the prevailing party will be entitled to reasonable attorney's fees, costs, and necessary disbursements in audition to any other relief to which such party may be entitled.

4.8 **Severability.** In case any provision of this Agreement will be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions will not in any way be affected or impaired thereby.

4.9 **Entire Agreement: Successors and Assigns.** This Agreement constitutes the entire agreement of the parties with regard to the subject matter hereof and supersedes any and all prior negotiations, correspondence, understanding and agreements among the parties regarding the subject matter hereof, Subject to the expectations specifically set forth in this Agreement, the terms and conditions of this Agreement will inure to the benefit of and be binding on the respective executors, administrators, heirs, successors and assigns of the parties.

4.12 **Incorporation of Recitals.** The recitals set forth on the first page of this Agreement are hereby incorporated into and made part of this Agreement.

4.13 **Counterpart and Electronic Signatures.** This Agreement may be executed in any number of counterparts, and with counterpart signature pages, including facsimile, pdf, or similar counterpart signature pages, all of which together will for all purposes constitute one Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

PURCHASER

The Tod J. Robinson Separate Property Trust, dated December 22, 2017.

Tod Robinson

Tod J. Robinson, Trustee

SELLER

Hans Hanson

HELLOSIGN

Audit Trail

TITLE	Appy Medical, LLC Transfer Documents
FILE NAME	Membership Intere...eement_Hanson.pdf
DOCUMENT ID	51fb21733e99121f4b23a756600e0a0265443de5
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	Completed

Document History

SENT	**06 / 17 / 2021** 12:46:51 UTC-7	Sent for signature to Hans Hanson (hans.hanson@appymedical.com) and Tod Robinson (robinson.tod@gmail.com) from dbarger@dbsquaredlaw.com IP: 107.143.99.21
VIEWED	**06 / 17 / 2021** 13:14:57 UTC-7	Viewed by Tod Robinson (robinson.tod@gmail.com) IP: 70.95.147.76
SIGNED	**06 / 17 / 2021** 13:15:18 UTC-7	Signed by Tod Robinson (robinson.tod@gmail.com) IP: 70.95.147.76
VIEWED	**06 / 18 / 2021** 08:26:59 UTC-7	Viewed by Hans Hanson (hans.hanson@appymedical.com) IP: 65.155.123.4
SIGNED	**06 / 18 / 2021** 19:35:25 UTC-7	Signed by Hans Hanson (hans.hanson@appymedical.com) IP: 174.23.178.223
COMPLETED	**06 / 18 / 2021** 19:35:25 UTC-7	The document has been completed.

APPY MEDICAL, LLC

MEMBERSHIP INTEREST PURCHASE AGREEMENT

This Membership Interest Purchase Agreement ("Agreement") dated as of June 18, 2021, is between Tod J. Robinson, as Trustee of the Tod J. Robinson Separate Property Trust dated December 17, 2017, ("Purchaser") and Joshua Miller ("Seller") as it relates to certain membership interest in Appy Medical, LLC ("Company"), with reference to the following facts.

RECITALS

A. Purchaser wishes to acquire from Seller and Seller wishes to sell to Purchaser certain interests of the Company, and

B. Purchaser and Seller are entering into this Agreement to provide for such acquisition and issuance and to establish certain rights and obligations in connection therewith.

NOW, THEREFORE, in consideration of the premises and for other good and valuable consideration, the parties hereby agree as follows:

1. **PURCHASE AND SALE OF SHARES.**

1.1 **Purchase and Sale of Shares.** Effective Upon signing of this agreement, and subject to the terms and conditions of this Agreement, Purchaser hereby purchases from the Seller, and the Seller hereby sells to the Purchaser, his entire fifty percent membership interest of the Company (the "Membership Interest"), for a purchase price of One Thousand Dollars and Zero Cents ($1,000.00) (the "Purchase Price").

1.2 **Deliveries by Purchaser.** Purchaser hereby delivers to the Seller:

a. The full Purchase Price by check or other method acceptable to the Seller; and

b. Any and all other documents reasonably requested by Seller.

2. **SELLER'S REPRESENTATIONS AND WARRANTIES.** The Seller represents and warrants to Purchaser as follows:

2.1 **Authorization, Execution, and Delivery of Agreement.**

a. The execution and delivery of this Agreement, the sale of the Membership Interest to Purchaser, and the consummation of the transactions contemplated hereby (i) are within power and authority of the Seller, and (ii) do not require the approval or consent of any other person or entity. This Agreement has been duly executed and delivered by the Seller, and this Agreement constitutes the legal, valid, binding, and enforceable obligation of the Seller, subject to

applicable bankruptcy, insolvency, and similar laws affecting creditors' rights generally and subject to general principles of equity (regardless of whether enforcement is sought in a proceeding in equity or at law).

b. The Membership Interest has been duly authorized by all necessary company action on the part of the Seller and was validly issued, fully paid, and nonassessable, and the Purchaser will acquire valid title to the Membership Interest, free and clear of any encumbrances.

2.2 **No Misrepresentation.** This Agreement contains no untrue statements of a material fact or omits to state a material fact necessary to make the statements contained therein not misleading.

3. PURCHASER'S REPRESENTATIONS AND WARRANTIES. Purchaser represents and warrants to the Seller as follows:

3.1 **Execution and Delivery of the Agreement.** This Agreement has been duly executed and delivered by Purchaser and constitutes the legal, valid, binding, and enforceable obligation of Purchaser, subject to applicable bankruptcy, insolvency, and similar laws affecting creditors' rights generally and subject to general principles of equity (regardless of whether enforcement is sought in a proceeding in equity or at law).

3.2 **No Brokers.** No broker, finder, or investment banker is entitled to any brokerage, finder's, or other fee or commission in connection with the transactions contemplated hereby based on arrangements made by or on Purchaser's behalf.

3.3 **Purchase Entirely for Own Account.** This Agreement is made with Purchaser on Purchaser's representation to Seller, which Purchaser confirms by execution of this Agreement, that Purchaser is acquiring the Shares for Purchaser's own account, not as a nominee or agent, and not with a view to the resale or distribution of any part thereof, other than as permitted by applicable federal and state securities law. By executing this Agreement, Purchaser further represents Purchaser does not have any contact, undertaking, agreement, or arrangement with any person to sell, transfer, or grant participation to such person or to any third person with respect to any of the Shares.

3.4 **Power To Execute Agreement.** Purchaser represents Purchaser has full power and authority to enter into this Agreement.

3.5 **Access to Information About Seller.** Purchaser has had the opportunity to discuss the Seller's business and affairs with such officers or other Seller officials as Purchaser deems necessary or appropriate, and Purchaser believes he has received

all the information Purchaser considers necessary or appropriate for deciding whether to purchase the Membership Interest.

3.6 **Investment Experience.** Purchaser acknowledges he is able to fend for himself, can bear the economic risk of this investment, and has such knowledge and experience in financial or business matters that he is capable of evaluating the merits and risks of the investment in the Shares.

3.7 **Restricted Securities.** Purchaser understands the Shares he is purchasing are characterized as restricted securities under the federal securities laws because they were acquired from Seller in a transaction not involving a public offering and under such laws and applicable regulations the securities may be resold without registration only in certain limited circumstances.

4. GENERAL PROVISIONS.

4.1 **Survival of Representations, Warranties, and Covenants.** Notwithstanding any investigation conducted or notice or knowledge obtained by or on behalf of any party hereto, the representations, warranties, and covenants in this Agreement will survive the sale of the Membership Interest under this Agreement.

4.2 **Expenses.** Each party will pay its, his, or her own expenses incidental to the preparation of this Agreement, the carrying out of the provisions hereof, and the consummation of the transaction contemplated hereby.

4.3 **Utah Corporate Securities Law.** THE SALE OF THE SECURITIES THAT ARE THE SUBJECT OF THIS AGREEMENT HAVE NOT BEEN QUALIFIED WITH THE DIVISION OF CORPORATE FINANCE OF THE STATE OF UTAH; THE ISSUANCE OF SUCH SECURITIES AND THE PAYMENT OR RECEIPT OF ANY PART OF THE CONSIDERATION FOR SUCH SECURITIES BEFORE UTAH QUALIFICATION IS UNLAWFUL UNLESS THE SALE OF SECURITIES IS EXEMPT FROM QUALIFICATION BY SECTIONS 61-1-14 OF THE UTAH UNIFORM SECURITIES ACT. THE RIGHTS OF ALL PARTIES TO THIS AGREEMENT ARE EXPRESSLY CONDITIONED ON SUCH QUALIFICATION BEING OBTAINED, UNLESS THE SALE IS SO EXEMPT.

4.4 **Governing Law.** This Agreement will be governed by, and construed in accordance with, the laws of the State of Utah, excluding those laws that direct the application of the laws of another jurisdiction.

4.5 **Headings.** The headings of the sections of this Agreement are for convenience and will not be considered in construing or determining the interpretation of this Agreement.

4.6 **Amendments and Waivers.** Any term of this Agreement may be amended and the observance of any term of this agreement may be waived (either generally or in a particular instance and whether retroactively or prospectively) only with the written consent of, or a written instrument signed by the Seller and Purchaser. Any amendment or waiver effected in accordance with this Section 4.6 will be binding on the Seller and Purchaser and their respective successors and assigns.

4.7 **Attorney's Fees.** If any action at law or in equity (including arbitration) is necessary to enforce or interpret the terms of the Agreement., the prevailing party will be entitled to reasonable attorney's fees, costs, and necessary disbursements in audition to any other relief to which such party may be entitled.

4.8 **Severability.** In case any provision of this Agreement will be invalid, illegal, or unenforceable, the validity, legality, and enforceability of the remaining provisions will not in any way be affected or impaired thereby.

4.9 **Entire Agreement: Successors and Assigns.** This Agreement constitutes the entire agreement of the parties with regard to the subject matter hereof and supersedes any and all prior negotiations, correspondence, understanding and agreements among the parties regarding the subject matter hereof, Subject to the expectations specifically set forth in this Agreement, the terms and conditions of this Agreement will inure to the benefit of and be binding on the respective executors, administrators, heirs, successors and assigns of the parties.

4.12 **Incorporation of Recitals.** The recitals set forth on the first page of this Agreement are hereby incorporated into and made part of this Agreement.

4.13 **Counterpart and Electronic Signatures.** This Agreement may be executed in any number of counterparts, and with counterpart signature pages, including facsimile, pdf, or similar counterpart signature pages, all of which together will for all purposes constitute one Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

PURCHASER

The Tod J. Robinson Separate Property Trust, dated December 22, 2017.

Tod Robinson

Tod J. Robinson, Trustee

SELLER

Joshua Miller

Josh Miller

HELLOSIGN

Audit Trail

TITLE	Appy Medical, LLC Transfer Documents
FILE NAME	Membership Intere...eement_Miller.pdf
DOCUMENT ID	695e6e966767255098ba5e82d2a0385cf7ca6aed
AUDIT TRAIL DATE FORMAT	MM / DD / YYYY
STATUS	Completed

Document History

SENT	**06 / 17 / 2021** 12:48:26 UTC-7	Sent for signature to Joshua Miller (jmille58@yahoo.com) and Tod J. Robinson (robinson.tod@gmail.com) from dbarger@dbsquaredlaw.com IP: 107.143.99.21
VIEWED	**06 / 17 / 2021** 13:15:28 UTC-7	Viewed by Tod J. Robinson (robinson.tod@gmail.com) IP: 70.95.147.76
SIGNED	**06 / 17 / 2021** 13:15:41 UTC-7	Signed by Tod J. Robinson (robinson.tod@gmail.com) IP: 70.95.147.76
VIEWED	**06 / 17 / 2021** 14:44:29 UTC-7	Viewed by Joshua Miller (jmille58@yahoo.com) IP: 65.155.123.4
SIGNED	**06 / 22 / 2021** 14:53:38 UTC-7	Signed by Joshua Miller (jmille58@yahoo.com) IP: 65.155.123.4
COMPLETED	**06 / 22 / 2021** 14:53:38 UTC-7	The document has been completed.

4C

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Avanos Medical Sales, LLC

MDEG Physical Address: 4054 Pike Lane

City: Concord State: CA Zip: 94520

Mailing Address (if different from physical address): Same as physical address above.

City: _____ State: _____ Zip: _____

Telephone: 844-428-2667 Website: www.avanos.com

Email: Carlos.garciajr@avanos.com

Name of MDEG Administrator (NAC 639.694): Carlos Garcia Jr.

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

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 7AM-4:30PM	■ Tue: 7AM-4:30PM	■ Wed: 7AM-4:30PM	■ Thurs: 7AM-4:30PM	■ Fri: 7AM-4:30PM
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed		

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

See Attachment A

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

N/A

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: North Carolina

Parent Company (if any): Avanos Medical, Inc. (publicly traded company)

Corporation/Organization Name: Avanos Medical Sales, LLC

Mailing Address: 5405 Windward Parkway

City: Alpharetta State: GA Zip: 30004

Telephone: 844-428-2667 Email: Valarie.paquin@avanos.com

Contact Person Name: Valarie Paquin

N/A

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Carlos Garcia Jr.

Print Name of Authorized Person Submitting Application

Carlos Garcia

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

2/27/2023

Date

Board Use Only	Date Received: 4-5-23	Amount: 500.00 CK-1025381

Attachment A

Regarding the Disciplinary Actions

While the applicant's facility located in Concord, CA has not been subject to any discipline, as previously reported to your office, Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, was subject to a disciplinary proceeding in February 2020, in the state of Colorado. The charges in dispute were failure to notify the Board in a timely manner in connection with a name change. Avanos paid a $1,150.00 fine and resolved the matter and is currently in good standing with the Colorado State Board of Pharmacy. The delay in notification was inadvertent and procedures have been put in place to ensure that a similar delay does not occur. Enclosed is a copy of the Colorado Stipulation and Final Agency Order.

In addition, as previously reported, in July 2020, Avanos received an administrative complaint from Florida alleging that 1) the company failed to notify the Florida Department of Business and Professional Regulation (Department) within 10 days of a change in Designated Representative; 2) Avanos operated as an out-of-state prescription drug wholesale distributor without a valid permit; and 3) Avanos failed to maintain business records with required elements. Avanos paid a $12,400 fine to resolve the matter and is working towards resolving the issues noted by the Department. Enclosed is a copy of the final Florida Settlement Agreement.

Lastly, in September 2021, Avanos received an administrative complaint from Maine alleging that the company failed to notify the Maine Board of Pharmacy (Board) of the Colorado and Florida disciplinary actions within 10 days as required under Maine law. Avanos paid a $500 fine to resolve the matter. Enclosed is a copy of the final Maine Consent Agreement.

Signature: Carlos Garcia

Date: 2/27/2023

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 27, 2020

Avanos Medical Sales, LLC
6620 S. Memorial Place, Suite 100
Tucson, AZ 85706

Sent via email: Alzira.Martins@avanos.com

RE: Case No. 2019-2025 - Stipulation and Final Agency Order

Dear Pharmacy Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective February 24, 2020.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released you from the terms and conditions of the February 24, 2020, Stipulation and Final Agency Order and restored your Registration No. WHO.0007416 to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Program Director

cc: Dennis Morris sent via email: dennis.morris@hyh.com
Thomas Kozma sent via email: Thomas.Kozma@avanos.com
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2025

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AVANOS MEDICAL SALES, LLC, REGISTRATION NO. WHO 7416,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Avanos Medical Sales ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-2025, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2017).

2. Respondent Outlet was originally registered in the State of Colorado on or about June 19, 2008, being issued registration number WHO 7416, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 6620 S. Memorial Place, Ste. 100, Tucson, Arizona 85706.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a name change and fee. In this case, 120 days transpired between September 17, 2018, the date the name changed, and January 14, 2019, the date the application and fee were received.

6. Respondent Outlet admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and

provides grounds for disciplinary action against Respondent Outlet's Colorado registration as a wholesaler outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Pharmacy Board Rules and Regulations

4.05.00 License Changes.
a. Name change. A licensee shall report a name change and provide appropriate supporting documentation within 30 days of such change. If the licensee wishes to obtain a new wall license with the new name, the licensee shall pay the requisite fee.

DISPOSITION

7. Letter of Admonition. This Final Agency Order shall constitute a Letter of Admonition as set forth in section 12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Outlet for the acts and omissions described in paragraphs 5-6 above.

8. Waiver of Right to Contest. By entering into this Final Agency Order, Respondent Outlet agrees to waive the right provided by section 12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents **($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7416) and the case number (2019-2025) on the check.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none

of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 21 Feb. 2020
Authorized Representative

Thomas Kozma, Director, Regulatory Affairs
Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 24 day of February, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2019-055427**

v.

AVANOS MEDICAL SALES, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055427 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Avanos Medical Sales, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as an out-of-state prescription drug wholesale distributor.

2. Respondent's address of record is 6620 South Memorial Place, Suite 100, Tucson, AZ 85756.

3. Respondent was issued a Notice of Violation on July 8, 2020, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

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adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019055427, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of twelve thousand and four hundred dollars ($12,400). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2019-055427 have been corrected.

9. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

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STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055427. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

13. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

17. It is expressly understood that this agreement is subject to approval of the

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Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

AVANOS MEDICAL SALES, LLC

By: DocuSigned by: Michelle Sadler E1CCC08B50CF417...

Name: Michelle Sadler

Title: Senior Director Global Regulatory Affairs

Date: 29-Jul-20

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: [signature]

Name: WALTER S. COPELAND

Title: DIVISION DIRECTOR

Date: 08.11.2020

Prepared by:

Curt Bender
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

September 22, 2021

Sent via email: ross.mansbach@avanos.com

Avanos Medical Sales LLC
Attn: Samuel Ross Mansbach
Senior Vice President and General Counsel (Interim)
5405 Windward Parkway
Alpharetta, GA 30004-4667

Re: Complaint No. 2021-PHA-17386

Dear Mr. Mansbach:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $500.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact our office at (207) 624-8651 with any questions.

Sincerely,

Jessica Gowell

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: John Nichols, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Board Investigator
Kelly McLaughlin, Complainant

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
AVANOS MEDICAL SALES, LLC	)	CONSENT AGREEMENT
	)	
Case No. 2021-PHA-17386	)	
	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Avanos Medical Sales, LLC, for the renewal of its prescription drug wholesaler license. The parties to this Consent Agreement are: Avanos Medical Sales, LLC ("Avanos"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since November 28, 2016, Avanos has been licensed in Maine as a prescription drug wholesaler with a registered location of 6620 South Memorial Place, Suite 100, Tucson, Arizona (license number **WH70002353**).

2. On February 24, 2020, the Colorado State Board of Pharmacy imposed discipline against Avanos's Colorado registration as a non-resident wholesaler (Registration # WHO 7416) in Case No. 2019-2025.

3. Avanos then failed to report the Colorado disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On August 11, 2020, the State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics, imposed discipline against Avanos's Florida license in Case Number 2019-055427.

5. Avanos then failed to report the Florida disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

6. On September 25, 2020, Avanos reported to the Board for the first time that it had been disciplined by the Colorado State Board of Pharmacy and the State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics.

7. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

8. At its meeting on August 5, 2021, the Board reviewed the above information and voted to preliminarily deny Avanos's application for renewal of its license to be a prescription drug wholesaler. In lieu of the denial, the Board also voted to offer Avanos this Consent Agreement. Unless Avanos either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, by **September 11, 2021**, the preliminary denial of Avanos's application for licensure as a prescription drug wholesaler will become final.

COVENANTS

9. Avanos admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant

to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken in another jurisdiction against a professional license no later than 10 days after the action was taken.

10. As discipline for the violation admitted to in paragraph 9 above, Avanos agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of five hundred dollars ($500.00) payment of which shall be made payable to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. Upon receipt of the signed Consent Agreement with the enclosed payment of the civil penalty from Avanos, the Board will renew Avanos's license contingent upon it meeting all other eligibility criteria.

12. Violation of any of the terms or conditions of this Consent Agreement by Avanos shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and Avanos agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Avanos fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Avanos, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Avanos. The Board may also

consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Avanos.

14. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

15. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

16. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

17. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

18. Avanos acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 8/20/2024

AVANOS MEDICAL SALES, LLC

By: _____

Print Name: _____

Title: _____

DATED: 9/21/21

BRADLEY S. HAMILTON, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 9/22/21

JOHN NICHOLS
Assistant Attorney General

Attachment B

LLC Information

Avanos Medical Sales, LLC

Avanos Medical Sales, LLC is wholly-owned by its parent company, Avanos Medical, Inc., a publicly traded company.

LLC Officers:

Kerr W. Holbrook
Sr. Vice President and Chief Commercial Officer

Mojirade James
SVP and General Counsel

Michael C. Greiner
SVP and CFO

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AVANOS MEDICAL SALES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of March, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of February, 2023.

Elaine F. Marshall

Secretary of State

Certification# 115477311-1 Reference# 19525541- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Avanos Medical Sales, LLC
4054 Pike Lane
Concord, CA 94520

LICENSE NUMBER: 113941
EXPIRATION DATE: 5/13/2024

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

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

Printed: 3/23/2023

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/01/2022

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

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

PRODUCER
Aon Risk Services Southwest, Inc.
Dallas TX Office
5005 Lyndon B Johnson Freeway
Suite 1500
Dallas TX 75244 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Ironshore Specialty Insurance Company	25445
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Avanos Medical, Inc
5405 Windward Parkway
Alpharetta GA 30064 USA

COVERAGES **CERTIFICATE NUMBER:** 570096300075 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Products Liab			HC7CAB4CMK003	11/01/2022	11/01/2023	Per Occurrence	$10,000,000
				SIR applies per policy terms & conditions			Aggregate	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insured includes: Avanos Medical Sales, LLC.

CERTIFICATE HOLDER

Porzio Life Sciences, LLC
100 Southgate Parkway
PO Box 1997
Morristown NJ 07962-1997 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Southwest, Inc.

Holder Identifier :

Certificate No : 570096300075

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Attachment F

Medical Devices, Equipment and Gases (MDEG) Administrator Form

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

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

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Avanos Medical Sales, LLC — MDEG License # (if applicable): Pending

Physical Address: 4054 Pike Lane

City: Concord — State: CA — Zip: 94520

Mailing Address (if different from physical address): Same as physical address above.

City: — State: — Zip:

Telephone: 844-428-2667 — Website: www.avanos.com

Licensing Company Email: valarie.paquin@avanos.com

Section 2: Personal Information

First: Carlos — Middle: — Last: Garcia

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

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

Mailing Address: 4054 Pike Lane

City: Concord — State: CA — Zip: 94520

Telephone: [redacted] — Email: Carlos.garciajr@avanos.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Penn Foster		07/16 - 07/17	
Address	City	State	Zip
Online	N/A	N/A	N/A
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/09 - Present	[redacted] Shasta Creek Ct.	Patterson	CA	95363
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
Avanos Medical Sales, LLC			09/15 - Present	
Business Address		**City**	**State**	**Zip**
4054 Pike Lane		Concord	CA	94520
Phone	**Title**		**Number of Employed Hours**	
209-871-7881	Sr. Supply Support		40 hours/week	
Description of Duties				
Service Manager of operations at the Concord, CA facility.				

N/A

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

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

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Carlos Garcia Jr., **certify that as the MDEG Administrator for**

Avanos Medical Sales, LLC,

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

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

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

Carlos Garcia
Print Name (First, Last)

Carlos Garcia
Original Signature (electronic, copies or stamps not accepted)

2/27/2023
Date

Board Use Only	Date Received: 4.5.23

4D

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: CGM Monitors Corp

MDEG Physical Address: 1100 Business Pkwy Suite 190

City: Richardson State: Texas Zip: 75081

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 469-854-0196 Website: cgmmonitors.com

Email: ms@delivermymeds.com

Name of MDEG Administrator (NAC 639.694): Anum Nafees-Chaudhary

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

Check the Days the Business will be Opened and provide the Hours of Operation				
▣ Mon:8AM - 5PM	▣ Tue:8AM - 5PM	▣ Wed:8AM - 5PM	▣ Thurs:8AM - 5PM	▣ Fri:8AM - 5PM
☐ Sat:Closed	☐ Sun:Closed	☐ Holidays:Closed		

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

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

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): None

Corporation/Organization Name: CGM Monitors Corp

Mailing Address: 1100 Business Pkwy Suite 190

City: Richardson State: Texas Zip: 75081

Telephone: 469-854-0196 Email: ms@delivermymeds.com

Contact Person Name: Muhammad Shoaib

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Shahbaz Chaudhary

Print Name of Authorized Person Submitting Application

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

02/28/2023

Date

Board Use Only	Date Received: 3.20.23	Amount: 500.00 CK-291 ✓ PROCESSED 3.21.23

CGM Monitors Corp

1100 BUSINESS PKWY STE 190 RICHARDSON, TX 75081

Facility Inspection Report

Dear Concerned,

I am writing this on the behalf of CGM Monitors Corp, it is to inform you that inspection was not done due to the covid-19 pandemic, our facility has never been inspected by the State Board of Pharmacy. If our facility is inspected, we will send you a copy of the inspection report.

Regards,

SHAHBAZ CHAUDHARY

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/23/2023

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

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

PRODUCER

PROG ADVANTAGE AGCY
P.O. BOX 438001
HIGHLAND HEIGHTS, OH 44143

CONTACT NAME: Progressive BOP Service Team
PHONE (A/C, No, Ext): 1-888-426-7064 FAX (A/C, No):
E-MAIL ADDRESS: BOPService@progressive.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : United Financial Casualty Co.	11770
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

CGM Monitors Corp
1100 BUSINESS PKWY STE 190
RICHARDSON, TX 75081-5073

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Businessowner Policy GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	N	N	PGR944420372	05/04/2022	05/04/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 50,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

CERTIFICATE HOLDER

Link Logistics Real Estate
Holdco LLC - Tenants
602 W Office Center Drive Suite 200
Ft. Washington, PA 19034

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Mark Pauk

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M_CL

CGM Monitors Corp

Officers List

1. **Name:** Shahbaz Chaudhary **Title**: President

   Address: [redacted] Salisbury dr. Parker Texas 75002

   Cell number: [redacted]

   Email: sc@delivermymeds.com

   % ownership: 100%

2. **Name**: Anum Chaudhary **Title:** Compliance officer
   Address: [redacted] Salisbury dr. Parker Texas 75002
   Direct number: [redacted]
   Email: ac@delivermymeds.com
   %ownership: 0%

3. **Name:** Muhammad Shoaib **Title:** Store manager
   Address: [redacted] Saint Paul Dr Apt. [redacted] Richardson Texas 75080
   Cell number: [redacted]
   Email: ms@delivermymeds.com
   % ownership: 0%

Please contact this office immediately if any information on this license is incorrect.

- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov.**
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

CGM MONITORS
4401 SALISBURY DR
PARKER TX 75002

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CGM MONITORS CORP DBA
CGM MONITORS
1100 BUSINESS PKWY STE 190
RICHARDSON, TX 75081

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002996
Expires: January 22, 2024

NON-TRANSFERABLE

Commissioner

512235

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CGM Monitors Corp. (file number 804305010), a Domestic For-Profit Corporation, was filed in this office on November 09, 2021.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: November 11, 2021

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 28, 2023.

Jane Nelson
Secretary of State

10461 Mill Run Circle, Suite 1250 • Owings Mills, MD 21117
phone 877.776.2200 • *local* 410.581.6222 • *fax* 410.581.6228 • *online* www.bocusa.org

March 08, 2023

CGM Monitors Corp
1100 Business Pkwy Ste 190
Richardson, TX 75081-5073

Go online to my.bocusa.org to:
- view your facility record
- pay your annual fees
- update select information
- print out a certificate

With BOC, your login is your facility number, which begins with an "S" and is located on your current certificate. Your [redacted] is the last six digits of your tax ID number.

Dear CGM Monitors Corp,

We are pleased to inform you that CGM Monitors Corp meets the accreditation requirements of the Board of Certification/Accreditation (BOC). BOC standards meet the DMEPOS accreditation requirements under section 1834 (a)(20) of the Social Security Act (SSA) and the federal regulations at 42 CFR 424.58. BOC based its decisions on a review of your application and site survey conducted on **March 03, 2023.**

BOC has approved CGM Monitors Corp, whose NPI number is **1285388678** for an effective date of **March 08, 2023**, through **March 31, 2026**, for the following DMEPOS product categories:

DM05,DM06,PE03,PE04,DM12,DM24,DM13,DM25,R07,DM16,PD04,OR03,OR04,DM17,PD06,DM22,PD09,M10
(Please see the attached for an explanation of the codes.)

The enclosed certificate demonstrates to the public that CGM Monitors Corp is a BOC-accredited facility. Your accreditation is valid through the date listed on your certificate.

Please provide feedback on your recent site survey, as well as any additional feedback on the accreditation process at www.bocusa.org/surveyor. The information you provide will be used for BOC to continue to improve.

Thank you for your continued commitment to patient care. We look forward to continuing our partnership with you. If you have any questions, please contact the BOC Facility Accreditation Team at 410.581.6222 or fa@bocusa.org.

Sincerely,
BOC Facility Accreditation Team

P.S. Have you heard about the Certified DME Specialist, an individual certification acknowledging the professionalism of your employees? Find out more at http://cdme.org.

Facility Accreditation Application Progress:



Application Received	Application Reviewed; ready for survey	On-site facility survey	Site survey report under review	Accreditation Awarded!

BOC is committed to keeping you informed about your facility's progress. If there is any cause for delay in the accreditation process, BOC will inform you of what we need to get your application back on track.

10461 Mill Run Circle, Suite 1250 • Owings Mills, MD 21117
phone 877.776.2200 • *local* 410.581.6222 • *fax* 410.581.6228 • *online* www.bocusa.org

Product Category Codes

A

Automatic External Defibrillators (AEDs) **DM01**

B

Blood Glucose Monitors and Supplies (mail order) **DM06**
Blood Glucose Monitors and Supplies (non-mail order) **DM05**
Breast Prostheses and Accessories **PD01**

C

Canes and Crutches **M01**
Cochlear Implants **PD02**
Commodes/Urinals/Bedpans **DM02**
Continuous Passive Motion (CPM) Devices **DM03**
Continuous Positive Airway Pressure (CPAP) Devices **R01**
Contracture Treatment Devices: Dynamic Splint **DM04**

D

Diabetic Shoes/Inserts-Non-Custom **S02**
Diabetic Shoes/Inserts-Custom **S03**

E

Enteral Nutrients **PE03**
Enteral Equipment and/or Supplies **PE04**
External Infusion Pumps **DM12**
External Infusion Supplies **DM24**

F

Facial Prostheses **PD03**

G

Gastric Suction Pumps **DM07**

H

Heat & Cold Applications **DM08**
High Frequency Chest Wall Oscillation (HFCWO) Devices **R02**
Hospital Beds-Electric **DM09**
Hospital Beds-Manual **DM10**

I

Implanted Infusion Pumps and Supplies **DM14**
Infrared Heating Pad Systems **DM11**
Insulin Infusion Pumps **DM13**
Insulin Infusion Supplies **DM25**
Intermittent Positive Pressure Breathing (IPPB) Devices **R04**
Intrapulmonary Percussive Ventilation Devices **R05**

L

Limb Prostheses **PR01**

M

Mechanical In-Exsufflation Devices **R06**

N

Nebulizer Equipment and Supplies **R07**
Negative Pressure Wound Therapy Pumps and Supplies **DM15**
Neuromuscular Electrical Stimulators (NMES) **DM16**
Neurostimulators **PD04**

O

Ocular Prostheses **PD05**
Orthoses: Custom Fabricated **OR01**
Orthoses: Prefabricated (non-custom fabricated) **OR02**
Orthoses: Off-The-Shelf **OR03**
Orthoses: Penile Pumps **OR04**
Osteogenesis Stimulators **DM17**
Ostomy Supplies **PD06**
Oxygen Equipment and Supplies **R08**

P

Parenteral Nutrients **PE05**
Parenteral Equipment and/or Supplies **PE06**
Patient Lifts **M02**
Pneumatic Compression Devices **DM18**
Power Operated Vehicles (Scooters) **M03**
Prosthetic Lenses: Conventional Contact Lenses **PD12**
Prosthetic Lenses: Conventional Eyeglasses **PD11**

R

Respiratory Assist Devices **R09**
Respiratory Suction Pumps **R10**

S

Seat Lift Mechanisms **M04**
Somatic Prostheses **PD07**
Speech Generating Devices **DM19**
Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays/Pads **DM20**
Support Surfaces: Used Pressure Reducing Beds/Mattresses/Overlays/Pads **DM26**
Surgical Dressings **S01**

T

Tracheostomy Supplies **PD08**
Traction Equipment **DM21**
Transcutaneous Electrical Nerve Stimulators (TENS) **DM22**

U

Ultraviolet Light Devices **DM23**
Urological Supplies **PD09**

V

Ventilators Accessories Supplies **R12**
Voice Prosthetics **PD10**

W

Walkers **M05**
Wheelchair Seating/Cushions **M10**
Wheelchairs-Complex Rehabilitative Manual Wheelchairs **M08**
Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories **M08A**
Wheelchairs-Complex Rehabilitative Power Wheelchairs **M09**
Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories **M09A**
Wheelchairs-Standard Manual **M06**
Wheelchairs-Standard Manual Related Accessories **M06A**
Wheelchairs-Standard Power **M07**
Wheelchairs-Standard Power Related Accessories **M07A**

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM05,DM06,PE03,PE04,DM12,DM24,DM13,DM25,R07,DM16,PD04,OR03,OR04,DM17,PD06,DM22,PD09,M10

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

CGM Monitors Corp

1100 Business Pkwy Ste 190
Richardson, TX 75081-5073

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

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

Judi L. Knott, MA, MBA, President & CEO

S63167

Facility Number

March 2026

Accredited Through

Accredited Since: *2023*

BOC is a CMS deemed accrediting organization.

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

CPL-03 Rev 06/13

939923

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

This is your registration certificate for your records. Such registration shall be shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This registration is not transferable. Questions can be emailed to the Drug Control Division at dcp.drugwholesalers@ct.gov.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. All renewal notifications and certificates will only be emailed to your last reported email on record. You can update your email, mailing address or print a duplicate certificate by logging into your account with your User ID and Password at www.elicense.ct.gov. Visit our website at www.ct.gov/dcp.

Mailing address:

CGM MONITORS CORP
1100 BUSINESS PKWY STE 190
RICHARDSON, TX 75081-5073

Email on file to be used for receiving all notices from this office:

ms@delivermymeds.com

939923

STATE OF CONNECTICUT ✦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

CGM MONITORS CORP

1100 BUSINESS PKWY STE 190
RICHARDSON, TX 75081-5073

has satisfied the qualifications required by law and is hereby issued a

WHOLESALER OF DRUGS, COSMETICS & MEDICAL DEVICES

Controlled Substances: No Rx Legend Drugs: No Non Rx Legend Drugs: No Medical Devices: Yes

Cosmetics: No Medical Gases and Oxygen: No Durable Medical Equipment (DME): Yes

Registration #: CSW.0005237
Effective Date: 03/09/2023
Expiration Date: 06/30/2023

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner

State of New Hampshire

Board of Pharmacy

Authorized as

MAN/DIST/WHOLE/BROKER

Issued To

CGM MONITORS CORP

License Number: 07730
Active

Issue Date: 03/13/2023

Expiration Date: 03/31/2025

State of New Hampshire
Board of Pharmacy

Authorized as
MAN/DIST/WHOLE/BROKER

Issued to: CGM MONITORS CORP

Active

License #: 07730
Issue Date: 03/13/2023
Expiration Date: 03/31/2025

OPLC Pocket Card; Cut on dotted lines

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	CGM Monitors Corp.
Address :	1100 Business pkwy suite 190 Richardson TX 75081
License No :	C002230
Permit Type :	Medical Gas
Sub Type :	Durable Medical Equipment
Date Issued :	11/03/2022
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 03/08/2023

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CGM Monitors Corp MDEG License # (if applicable) _____

Physical Address 1100 Business Pkwy Suite 190

City Richardson State Texas Zip 75081

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Anum Middle _____ Last Chaudhary

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

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

Mailing Address [redacted] Salisbury drive

City Parker State Texas Zip 75002

Telephone [redacted] Email ms@delivermymeds.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
A.I Prince Tech		2003 Graduated	
Address	**City**	**State**	**Zip**
401 Flatbush Ave	Hartford	CT	06106
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Manchester Community College		2010	
Address	**City**	**State**	**Zip**
P.O.Box 1046	Hartford	CT	06045
Diploma/Degree obtained, if any			
Some College			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
(08/10-07/15)	[redacted]UTOPIA PARKWAY	FRESH MEADOWS	NY	11365
From - To (MM/YY – MM/YY)	Address	City	State	Zip
(08/15-10/21)	[redacted]WINDEMERE WAY	24 WINDEMERE WAY	NY	11797
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/21-CURRENT)	[redacted]SALISBURY DRIVE	PARKER	TX	75002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)	
CGM Monitors Corp			12/21-Current	
Business Address		**City**	**State**	**Zip**
1100 Business Pkwy Suite 190		richardson	TX	75081
Phone	**Title**		**Number of Employed Hours**	
833-323-6337	Compliance Officer		40 hours/week	
Description of Duties				
HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.				

Business Name			From - To (MM/YY – MM/YY)	
Syosset Pharmacy			11/18-09/21	
Business Address		**City**	**State**	**Zip**
175 JERICHO TURNPIKE, WEST LOBBY SUITE		Syosset	NY	11791
Phone	**Title**		**Number of Employed Hours**	
516-865-1151	Compliance Officer		40 hours/week	
Description of Duties				
HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.				

Business Name			From - To (MM/YY – MM/YY)	
Oceana Pharmacy			04/16-03/18	
Business Address		**City**	**State**	**Zip**
3211 CONEY ISLAND AVE		Brooklyn	NY	11235
Phone	**Title**		**Number of Employed Hours**	
347-868-6394	Compliance Officer		40 hours/week	
Description of Duties				
HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.				

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

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

I, Anum Chaudhary, **certify that as the MDEG Administrator for**

CGM Monitors Corp,

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

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

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

Anum Chaudhary
Print Name (First, Last)

Anum Chaudhary
Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

Board Use Only	Date Received: 3.27.23

Anum Nafees-Chaudhary

Parker, TX 75002

[redacted]

Professional Summary:

Motivated Management Trainee eager to learn all aspects of Health care Industry while further developing advanced Management abilities. Dedicated leader, problem-solver and team manager with 15 years of experience in customer service and management. Ambitious Management Trainee with customer-focused approach and strong desire to learn all aspects of Management industry. Talented leader, communicator and conflict manager with good multitasking and organizational skills.

Skills:

- Staff Management
- Employee engagement
- Customer Relations
- Office administration
- Operations oversight
- Office management

Work History:

CGM Monitors Corp – Richardson, TX

Compliance Officer 12/21 to Present

- Controlled costs and optimized spending via restructuring of budgets for labor, capital assets, inventory purchasing and technology upgrades.
- Established workflow processes, monitored daily productivity and implemented modifications to improve overall performance of personnel.
- Maintained customer satisfaction with forward-thinking strategies focused on addressing customer needs and resolving concerns.

Syosset Pharmacy – Syosset, NY

Compliance officer 11/18-09/21

- Controlled costs and optimized spending via restructuring of budgets for labor, capital assets, inventory purchasing and technology upgrades.
- Established workflow processes, monitored daily productivity, and implemented modifications to improve overall performance of personnel.
- Maintained customer satisfaction with forward-thinking strategies focused on addressing customer needs and resolving concerns.

Oceana Pharmacy – Brooklyn, NY

Assistant Management 02/2017- 03/21

- Consulted with insurance company representatives to complete claims processing, resolve concerns and reconcile payments.
- Communicated with patients to collect information about prescriptions and medical conditions or arrange consultations with pharmacists.
- Answered incoming phone calls and addressed questions from customers and healthcare providers.
- Trained pharmacy interns and newly hired pharmacy technicians.
- Educated patients on possible drug interactions, potential side effects and optimal methods of administration.
- Implemented procedures necessary for compounding, mixing, packaging, and labeling.
- Offered patients and patrons information on various immunizations.
- Boosted team member productivity by enhancing performance monitoring and instituting motivational approaches.

Strategically managed resources, milestones, and budgets, saving and expenses.

Education:

06/2009 – Associate of Arts: Paralegal

Manchester Community College – Manchester, CT

4E

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

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

Section 1: General Information

Facility Name: Comprehensive Sleep Solutions

MDEG Physical Address: 4425 E Agave Rd. Bldg. 3, Suite 101

City: Phoenix State: AZ Zip: 85044

Mailing Address (if different from physical address): PO Box 9004 ATTN: Licensing Dept.

City: Clearwater State: FL Zip: 33758

Telephone: 602-313-2582 Website: N/A

Email: Licensing@lincare.com

Name of MDEG Administrator (NAC 639.694): David Kayo

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

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

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

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
NPI: 1013639251

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona

Parent Company (if any): Comprehensive Sleep Solutions LLC

Corporation/Organization Name: Lincare Holdings Inc

Mailing Address: 19387 US HWY 19 N

City: Clearwater State: FL Zip: 33764

Telephone: 800-284-2006 Email: Licensing@lincare.com

Contact Person Name: Collin Waller

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Gregory McCarthy, Chief Operations Officer

Print Name of Authorized Person Submitting Application

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

4/20/23

Date

Board Use Only	Date Received: 4-24-23	Amount: 500.00 CC

COMPREHENSIVE SLEEP SOLUTIONS LLC
19387 U S HIGHWAY 19 NORTH
CLEARWATER, FL 33764
Ph: 727-530-7700
Tax ID: 86-1002654 State of Incorporation: Arizona 8/21/2000

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER
0% Controlling Interest

Crispin Teufel
19387 US Highway 19 North
Clearwater, FL 33764
(727) 530-7700

CHIEF OPERATIONS OFFICER
0% Controlling Interest

Gregory G. McCarthy
19387 US Highway 19 North
Clearwater, FL 33764
(727) 530-7700

Ownership Information
Lincare Inc. (DE Corporation) Tax ID: 59-2852900
100% Owned by
Lincare Holdings Inc. (DE Corporation) Tax ID: 51-0331330

ENTITY INFORMATION

Search Date and Time: 4/24/2023 10:54:23 AM

Entity Details

Entity Name:

COMPREHENSIVE SLEEP SOLUTIONS, L.L.C.

Entity ID:

L09608133

Entity Type:

Domestic LLC

Entity Status:

Active

Formation Date:

8/25/2000

Reason for Status:

In Good Standing

Approval Date:

8/25/2000

Status Date:

Original Incorporation Date:

8/25/2000

Life Period:

Perpetual

Business Type:

Any legal purpose

Last Annual Report Filed:

Domicile State:

Arizona

Annual Report Due Date:

Years Due:

Original Publish Date:

10/17/2000

Privacy Policy (http://azcc.gov/privacy-policy) | Contact Us (http://azcc.gov/corporations/corporation-contacts)

Statutory Agent Information

Name:

CT CORPORATION SYSTEM

Appointed Status:

Active 6/10/2019

Attention:

Address:

3800 NORTH CENTRAL AVENUE SUITE 460, PHOENIX, AZ 85012, USA

Agent Last Updated:

4/12/2022

E-mail:

Attention:

Mailing Address:

3800 NORTH CENTRAL AVENUE SUITE 460, PHOENIX, AZ 85012, USA

County:

Maricopa

Principal Information

Title	Name	Attention	Address	Date of Taking Office	Last Updated
Member	Lincare Inc.		19387 US 19 N, Attn: Legal Dept, CLEARWATER, FL, 33764, Pinellas County, USA		4/12/2022
Manager	Crispin Teufel		19387 US 19 N, Attn: Legal Dept, CLEARWATER, FL, 33764, Pinellas County, USA		4/12/2022
Manager	Greg McCarthy		19387 US 19 N, Attn: Legal Dept, CLEARWATER, FL, 33764, Pinellas County, USA		4/12/2022

Page 1 of 1, records 1 to 3 of 3

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Address

Attention:

Address: 19387 US 19 N, Attn: Legal Dept, CLEARWATER, FL, 33764, USA

County: Pinellas

Last Updated: 4/12/2022

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/7/2022

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

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

PRODUCER	CONTACT NAME: Haendel Conil
Phone No.: (212) 488-0200 Fax No.: (212) 488-0220	PHONE (A/C, No, Ext): 212.488.0445 / FAX (A/C, No):
EPIC Insurance Brokers & Consultants 1140 Avenue of the Americas New York, NY 10036	E-MAIL ADDRESS: Haendel.Conil@epicbrokers.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.	35300
INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674
INSURER C: TRAVELERS INDEMNITY COMPANY	25658
INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO	36420
INSURER E:	
INSURER F:	

INSURED
Comprehensive Sleep Solutions, LLC
19387 US 19 North
Clearwater, FL 33764

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			USL00157022	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ Excluded
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER							$
B	AUTOMOBILE LIABILITY			CAP-7440L676	01/01/2022	01/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			USL00157122	10/01/2022	10/01/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			UB-1R81742A-22-51-K	01/01/2022	01/01/2023	X PER STATUTE OTH-ER	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH)			UB-1R614596-22-51-R	01/01/2022	01/01/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
D	PROFESSIONAL LIABILITY			U5F00031622	10/01/2022	10/01/2023	$1,000,000 Each Act / $3,000,000 Aggregate	

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

Certificate issued as evidence of the above insurance for Any and All Named Insured occupied locations anywhere in the United States.

CERTIFICATE HOLDER

EVIDENCE OF INSURANCE COVERAGE

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



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ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/12/2022
Receipt Number: 2022132699
Receipt Amount $: 100.00

Medical Gas - Durable Medical Equipment

	PERMIT NO	EXPIRES
	C002233	10/31/2024
Issued to :	Comprehensive Sleep Solutions, LLC Comprehensive Sleep Solutions, LLC PO BOX 9004 ATTN: LICENSING DEPT. CLEARWATER, FL 33758	Comprehensive Sleep Solutions, LLC 4425 E AGAVE ROAD BUILDING 3, SUITE 101 PHOENIX, AZ 85044

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Comprehensive Sleep Solutions, LLC
LICENSE NUMBER : C002233
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Comprehensive Sleep Solutions — MDEG License # (if applicable):

Physical Address: 4425 E Agave Rd., Bldg. 3 Suite 101

City: Phoenix — State: AZ — Zip: 85044

Mailing Address (if different from physical address): PO Box 9004 ATTN: Licensing Dept.

City: Clearwater — State: FL — Zip: 33758

Telephone: 602-313-2582 — Website: N/A

Licensing Company Email: licensing@lincare.com

Section 2: Personal Information

First: David — Middle: Scott — Last: Kayo

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

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

Mailing Address: [redacted] E Downing St

City: Mesa — State: AZ — Zip: 85205

Telephone: [redacted] — Email: dave@kayo.us

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Everest College		5/08 to 12/08	
Address	City	State	Zip
8160 S Hardy Dr	Tempe AZ	AZ	85284
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Devry		1/98 to 5/98	
Address	City	State	Zip
2149 W Dunlap	Phoenix	AZ	85201
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Santa Barbara Business College		1/88 to 6/88	
Address	City	State	Zip
school is closed	Fremont	CA	94536
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Washington High		9/82 to 1/86	
Address	City	State	Zip
38442 Fremont Blvd	Fremont	CA	94536
Diploma/Degree obtained, if any			
HS Diploma			

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/1/20 to Present	[redacted] E Downing St	Mesa	AZ	85205
7/1/17 to 3/1/20	[redacted] N. Evergreen Rd #1044	Mesa	AZ	85201
1/5/13 to 7/1/17	[redacted] N 17th Ave.	Phoenix	AZ	85015

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

Business Name			From - To (MM/YY – MM/YY)
Lincare			8/14/20 to present
Business Address	**City**	**State**	**Zip**
4601 E Hilton Ave	Phoenix	AZ	85034
Phone	**Title**		**Number of Employed Hours**
00 741 9250	Team Lead		5200
Description of Duties			
Compliance, Sales, training reps,			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 2 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1999	1999	CA	Fremont	Alameda
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Not obtainalbe		Fremont PD		
Reason/Charge				
Traffic Misdemeanor				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Traffic violation over 30 yrs ago unable to obtain case info now

Original Signature (electronic, copies or stamps not accepted)

2/1/23
Date

I, David Kayo, **certify that as the MDEG Administrator for**

Comprehensive Sleep Solutions,

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

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

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

David Kayo
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/1/23
Date

Board Use Only	Date Received: 4-24-23

4F

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

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

Section 1: General Information

Facility Name: Deliver My Meds Corp

MDEG Physical Address: 1100 BUSINESS PKWY, STE 185

City: RICHARDSON State: TEXAS Zip: 75081

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (833)-323-6337 Website: https://www.delivermymeds.com

Email: sc@delivermymeds.com

Name of MDEG Administrator (NAC 639.694): Shahbaz Chaudhary

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

Check the Days the Business will be Opened and provide the Hours of Operation				
☑ Mon: 08:00 AM - 05:00 PM	☑ Tue: 08:00 AM - 05:00 PM	☑ Wed: 08:000 AM - 05:00 PM	☑ Thurs:08:00 AM - 05:00 PM	☑ Fri: 08:00 AM - 05:00 PM
☐ Sat: Closed	☐ Sun: Closed	☐ Holidays: Closed		

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

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

Medicare Provider Number: 7746420001

Maryland Medicaid Provider Number: 995007900

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.012S, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEW YORK

Parent Company (if any): NONE

Corporation/Organization Name: DELIVER MY MEDS CORP

Mailing Address: 1100 BUSINESS PKWY STE 185

City: RICHARDSON State: TEXAS Zip: 75081

Telephone: (833)-323-6337 Email: sc@delivermymeds.com

Contact Person Name: Shahbaz Chaudhary

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Shahbaz Chaudhary

Print Name of Authorized Person Submitting Application

Shahbaz Chaudhary

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

02/23/2023

Date

Board Use Only	Date Received: 3.13.23	Amount: 500.00 CK · 283

DELIVER MY MEDS CORP

1100 BUSINESS PKWY STE 185 RICHARDSON, TX 75081

List of Officers

1. **Name:** Shahbaz Chaudhary
   Title: President

2. **Name:** Muhammad Shoaib
   Title: Manager

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	DELIVER MY MEDS CORP.
DOS ID Number:	5401724
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/29/2018
Statement Status:	PAST DUE DATE
Statement Due Date:	08/31/2020

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 16, 2022 at 08:48 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002195324 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov.**
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey.** The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

DELIVER MY MEDS CORP
4401 SALSBURY DR
LUCAS TX 75002

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

DELIVER MY MEDS CORP
1100 BUSINESS PKWY STE 185
RICHARDSON TX 75081-5073

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002995
Expires: January 22, 2024

NON-TRANSFERABLE

John Hellerstedt
Commissioner

512234

The Board of Certification / Accreditation, International

Owings Mills, Maryland, USA

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM06,DM05,DM02,DM20,M05,M01,M10,PD09,PD06,PE03,PE04,S01,R07,OR03,S02,S03,DM12,DM24,DM08,PD04,OR04,DM17,M03,PD08,DM22, M06,M06A,M07,M07A,DM23,DM11,DM16,DM18,DM25

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

Deliver My Meds
DBA: Deliver My Meds Corp
1100 Business Pkwy Ste 185
Richardson, TX 75081-5073

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

Matthew Gruskin, MBA, BOCO, BOCPD, Credentialing Director

Claudia Zacharias, MBA, CAE, President & CEO

BOARD OF CERTIFICATION / ACCREDITATION
BOC
O&P Certification 1984 DMEPOS Accreditation

S61629
Facility Number

October 2025
Accredited Through

Accredited Since: **2019**

BOC is a CMS deemed accrediting organization.

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

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/22/2023

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

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

PRODUCER	CONTACT NAME: Progressive BOP Services
Progressive Advantage Agency 747 Alpha Dr. Highland Heights, OH 44143	PHONE (A/C, No, Ext): 1-888-426-7064 FAX (A/C, No): E-MAIL ADDRESS: BOPService@progressive.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : United Financial Casualty Co — 11770
INSURED	INSURER B :
Deliver My Meds Corp 1100 Business Parkway Suite 185 Richardson, TX 75081	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] BusinessOwner's Policy GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	N	N	PGR944402742	03/01/2022	03/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 2,000,000 $ 50,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

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

CERTIFICATE HOLDER

Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Deliver My Meds Corp MDEG License # (if applicable) 1002995

Physical Address 1100 BUSINESS PKWY, STE 185

City RICHARDSON State TEXAS Zip 75081

Mailing Address (if different from physical address)

City State Zip

Telephone (833) 323-6337 Website https://delivermymeds.com/

Licensing Company Email karen.tannert@dshs.texas.gov

Section 2: Personal Information

First Shahbaz Chaudhary Middle Javaid Last Chaudhary

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

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

Mailing Address [redacted] SALISBURY DRIVE

City PARKER State TEXAS Zip 75002

Telephone [redacted] Email sc@delivermymeds.com

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

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

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

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

School Name			From - To (MM/YY – MM/YY)	
Razi School			(09/98-06/01)	
Address	**City**		**State**	**Zip**
55-11 QUEENS BLVD	WOODSIDE		NY	11377
Diploma/Degree obtained, if any				
9TH, 10TH AND 11TH GRADE				
School Name			**From - To (MM/YY – MM/YY)**	
MARTIN VAN BUREN HIGH SCHOOL				
Address	**City**		**State**	**Zip**
230-17 HILLSIDE AVE	JAMAICA		NY	11427
Diploma/Degree obtained, if any				
12TH GRAGE - HIGH SCHOOL DIPLOMA				
School Name			**From - To (MM/YY – MM/YY)**	
UNIVERSITY AT BUFFALO				
Address	**City**		**State**	**Zip**
12 CAPEN HALL	BUFFALO		NY	14260
Diploma/Degree obtained, if any				
BACHELOR IN BIOLOGICAL SCIENCES				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
(08/10-07/15)	[redacted]UTOPIA PARKWAY	FRESH MEADOWS	NY	11365
From - To (MM/YY – MM/YY)	Address	City	State	Zip
(08/15-10/21)	[redacted]WINDEMERE WAY	WOODBURY	NY	11797
From - To (MM/YY – MM/YY)	Address	City	State	Zip
(10/21-CURRENT)	[redacted]SALISBURY DRIVE	PARKER	TX	75002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
DELIVER MY MEDS CORP.			(12/18-CURRENT)
Business Address	**City**	**State**	**Zip**
1100 BUSINESS PARKWAY, SUITE 185	RICHARDSON	TX	75081
Phone	**Title**	**Number of Employed Hours**	
(833)323-6337	PRESIDENT	40 hrs weekly, since 2018	
Description of Duties			
MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.			

Business Name			From - To (MM/YY – MM/YY)
SYOSSET PHARMACY			(11/18-CURRENT)
Business Address	**City**	**State**	**Zip**
175 JERICHO TURNPIKE, WEST LOBBY SUITE	SYOSSET	NY	11791
Phone	**Title**	**Number of Employed Hours**	
(516)865-1151	PRESIDENT		
Description of Duties			
MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.			

Business Name			From - To (MM/YY – MM/YY)
OCEANA PHARMACY			
Business Address	**City**	**State**	**Zip**
3211 CONEY ISLAND AVE	BROOKLYN	NY	11235
Phone	**Title**	**Number of Employed Hours**	
(347)868-6394	PRESIDENT		
Description of Duties			
MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.			

Business Name			From - To (MM/YY – MM/YY)
EXPRESS HEALTH MART PHARMACY			(01/13-09/19)
Business Address	**City**	**State**	**Zip**
1173 NOSTRAND AVE	BROOKLYN	NY	11225
Phone	**Title**	**Number of Employed Hours**	
(347)221-1100	PRESIDENT		
Description of Duties			
MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.			

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Shayla Chandy

Original Signature (electronic, copies or stamps not accepted)

02/23/2023

Date

I, Shahbaz Chaudhary, **certify that as the MDEG Administrator for**

Deliver My Meds Corp,

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

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

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

Shahbaz Chaudhary
Print Name (First, Last)

Shahbaz Chaudhary
Original Signature (electronic, copies or stamps not accepted)

02/23/2023
Date

Board Use Only	Date Received: 3.13.23

SHAHBAZ CHAUDHARY

[redacted] Salisbury Drive, Parker, Texas 75002 | sc@delivermymeds.com | Cell: [redacted]

SKILLS & ABILITIES | Since 2012, I have built seven start-up pharmacies from the ground up.

EXPERIENCE | **PRESIDENT** CGM MONITORS: MARCH 2022 TO CURRENT

FOUNDER/CEO DELIVER MY MEDS: DECEMBER 2018 - PRESENT
SOLE MANAGING MEMBER 380 OSER ASSOCIATES LLC: OCTOBER 2018 – PRESENT

A Walmart anchored shopping center with tenants such as Dollar Tree, Rent-A-Center, Domino's Pizza, H&R Block, Great Clips, Skillman Chinese Restaurant, T-Mobile, Today's Dental and Nail Spa.

MANAGING MEMBER NYPROPERTY786: JUNE 2017 - PRESENT

MANAGING MEMBER 180-184 ROCKAWAY AVE LLC: JULY 2017 - PRESENT

PRESIDENT SYOSSET PHARMACY: OCTOBER 2017- PRESENT

PRESIDENT OCEANA PHARMACY: JUNE 2018- PRESENT

SECRETARY VALLEY STREAM PHARMACY: JANUARY 2016- PRESENT

VICE PRESIDENT SPECIALTY CHEMIST: MARCH 2015 – APRIL 2018

PRESIDENT EXPRESS HEALTH MART PHARMACY: MARCH 2013- SEPTEMBER 2019

This is a Pharmacy I build from scratch. Currently with have over ten 340B government contracts with Hospitals and FQHCs. In 2017, our sales were over $15,000,000.00 at this Pharmacy.

PRESIDENT CENTRAL PHARMACY: November 2012 – June 2016.

EDUCATION | **UNIVERSITY AT BUFFALO**, BUFFALO, NY
BACHERLORS IN BIOLOGICAL SCIENSES -2002-2006

REFERENCES | **CHRIS GONZALEZ**, MCKESSON ACCOUNT MANAGER
MCKESSON

Direct Contact: 860-895-2458

DUSTIN KO, Vice President, Business Relationship Manager III.

Chase Bank

Direct Contact: 646-321-8595

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Deliver My Meds Corp

Pharmacy/MDEG/Wholesaler License # (if applicable) 1002995

Physical Address 1100 BUSINESS PKWY, STE 185

City RICHARDSON State TEXAS Zip 75081

Mailing Address (if different from physical address) SAME AS ABOVE

City State Zip

Telephone 469-210-9842 Website https://delivermymeds.com/

Licensing Company Email karen.tannert@dshs.texas.gov

Section 2: Personal Information

First Shahbaz Chaudhary Middle Javaid Last Chaudhary

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

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

Mailing Address [redacted] SALISBURY DRIVE

City PARKER State TEXAS Zip 75002

Telephone (646)463-2226 Email:SC@DELIVERMYMEDS.COM

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
RAZI SCHOOL		(09/98-06/01)	
Address	**City**	**State**	**Zip**
55-11 QUEENS BLVD	WOODSIDE	NY	11377
Diploma/Degree obtained, if any			
9TH, 10TH AND 11TH GRADE			
School Name		**From - To (MM/YY – MM/YY)**	
MARTIN VAN BUREN HIGH SCHOOL		(09/01-06/02)	
Address	**City**	**State**	**Zip**
230-17 HILLSIDE AVE	JAMAICA	NY	11427
Diploma/Degree obtained, if any			
12TH GRAGE - HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
UNIVERSITY AT BUFFALO		(09/02-06/06)	
Address	**City**	**State**	**Zip**
12 CAPEN HALL	BUFFALO	NY	14260
Diploma/Degree obtained, if any			
BACHELOR IN BIOLOGICAL SCIENCES			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
(08/10-07/15)	[redacted] UTOPIA PARKWAY	FRESH MEADOWS	NY	11365
From - To (MM/YY – MM/YY)	Address	City	State	Zip
(08/15-10/21)	[redacted] WINDEMERE WAY	WOODBURY	NY	11797
From - To (MM/YY – MM/YY)	Address	City	State	Zip
(10/21-CURRENT)	[redacted] SALISBURY DRIVE	PARKER	TX	75002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
DELIVER MY MEDS CORP.			(12/18-CURRENT)
Business Address	**City**	**State**	**Zip**
1100 BUSINESS PARKWAY, SUITE 185	RICHARDSON	TX	75081
Phone	**Title**		
(833)323-6337	PRESIDENT		
Description of Duties	MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.		

Business Name			From - To (MM/YY – MM/YY)
SYOSSET PHARMACY			(11/18-CURRENT)
Business Address	**City**	**State**	**Zip**
175 JERICHO TURNPIKE, WEST LOBBY SUITE	SYOSSET	NY	11791
Phone	**Title**		
(516)865-1151	PRESIDENT		
Description of Duties	MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.		

Business Name			From - To (MM/YY – MM/YY)
OCEANA PHARMACY			(08/18-CURRENT)
Business Address	**City**	**State**	**Zip**
3211 CONEY ISLAND AVE	BROOKLYN	NY	11235
Phone	**Title**		
(347)868-6394	PRESIDENT		
Description of Duties	MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.		

Business Name			From - To (MM/YY – MM/YY)
EXPRESS HEALTH MART PHARMACY			(01/13-09/19)
Business Address	**City**	**State**	**Zip**
1173 NOSTRAND AVE	BROOKLYN	NY	11225
Phone	**Title**		
(347)221-1100	PRESIDENT		
Description of Duties	MANAGEMENT DECISION, HUMAN RESOURCE, ACCOUNTING, DRATING POLICIES AND PROCEDURES.		

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Roger Gaudlarg
Original Signature (electronic, copies or stamps not accepted)

2-23-2023
Date

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

SHAHBAZ CHAUDHARY
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-23-2023
Date

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

State of Texas, ss. County of Dallas

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

Original Signature

2-23-2023
Date

Subscribed and Sworn to before me this 23 day of February, 2023

Ariadne K Ramirez
Notary Public Signature

ARIADNE KRYSTAL RAMIREZ
Notary Public, State of Texas
Comm. Expires 07-27-2026
Notary ID 133879285

(Seal)

4G

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*	M P00624	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Hoveround Corporation

MDEG Physical Address: 6015 31st Street East, Suite 201

City: Bradenton State: FL Zip: 34203-5317

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 941-739-6200 Website: www.Hoveround.com

Email: license@hoveround.com

Name of MDEG Administrator (NAC 639.694): Lauri Summerville

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

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

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

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

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

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): _____

Corporation/Organization Name: Hoveround Corporation

Mailing Address: 6015 31st Street East, Suite 201

City: Bradenton State: FL Zip: 34203-5317

Telephone: 941-739-6200 Email: license@hoveround.com

Contact Person Name: Amanda McFaddin

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Lauri Summerville

Print Name of Authorized Person Submitting Application

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

4/13/23

Date

Board Use Only	Date Received: 4-17-23	Amount: 300.00 CK-225134

Medicare & Medicaid Provider Numbers
Registered to Hoverround Corporation
April 2023

Medicare Provider Numbers:

Bradenton, FL	0553540001
Charlotte, NC	0553540002
Syracuse, NY	0553540003
Houston, TX	0553540005
Broadview Heights, OH	0553540006
Raleigh, NC	0553540007
Paramount, CA	0553540008
Wyoming, MI	0553540009
Nashville, TN	0553540010
Pelham, AL	0553540011
Norcross, GA	0553540012

Medicaid Provider Numbers:

Arkansas	138807741
Arizona	343129
California	1649413022
Connecticut	4236627
Delaware	000770716
	250287465
Florida	950568700
Georgia	003227863A
Iowa	0544007
Idaho	806733000
Illinois	593123992001
Indiana	200132770B
	200132770F
	300033792
Kentucky	7100386740
Louisiana	1688878
Maryland	214903600
Michigan	4084608
Minnesota	6809383-00
Missouri	628644502
Mississippi	00440522
New Hampshire	3076583
New Jersey	7272600
New York	1770589
North Carolina	7704975
	7705070
Ohio	2982518
Oklahoma	100799230A
Oregon	500609629
Pennsylvania	001639512-0006
Rhode Island	1023096104
South Carolina	DE2774
Tennessee	1531918
Texas	286342501
Virginia	9114653
Washington	9049032
West Virginia	227494000
Wisconsin	41695800

Nevada Board of Pharmacy

Hoveround Corporation

Company Ownership

Owners
Healthcare Products Industries, Inc.
6015 31st Street East, Suite 201
Bradenton, FL 34203-5317
EIN: 22-3606215

Direct Ownership – 100%

Superar Capital
5105 E Dakota Ave
Fresno, CA 93727-7443
EIN: 87-0869408

Indirect Ownership-100%

HOVEROUND®
Personal Mobility Solutions

Officer & Director List

Director

Adam Frerichs	Director, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203
Lauri Summerville	Director, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203
Nancey Syvong	Director, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203

Officers

Adam Frerichs	CEO, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203
Lauri Summerville	President/CFO, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203
Donna Santella	Vice President of Client Services, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203
Amanda McFaddin	Vice President of Compliance, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203
Nancey Syvong	Secretary, Hoveround Corporation 6015 31st Street E., Suite 201, Bradenton, FL 34203

State of Florida
Department of State

I certify from the records of this office that HOVEROUND CORPORATION is a corporation organized under the laws of the State of Florida, filed on April 27, 1992.

The document number of this corporation is V32694.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on February 17, 2023, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of February, 2023



Secretary of State

Tracking Number: 1448991597CC

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

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

View current license information at: Floridahealthfinder.gov

LICENSE #: 1121
CERTIFICATE #: 25602

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Home Medical Equipment Provider

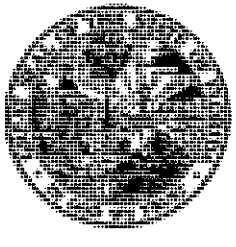
LICENSED

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

HOVEROUND CORPORATION
6015 31st St East Ste 201
Bradenton, FL 34203
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 09/09/2022

EXPIRATION DATE: 03/12/2024



Simone Marstiller, Secretary
Division of Health Quality Assurance

HOVECOR-01 MCARGIL1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/1/2022

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

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

PRODUCER	CONTACT NAME:	
Commercial Ins Specialists LLC 3438 Colwell Ave Tampa, FL 33614	PHONE (A/C, No, Ext): (813) 288-1000	FAX (A/C, No): (813) 330-2424
	E-MAIL ADDRESS: mcargill@cisllcfl.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : HARTFORD INSURANCE CO	38288
INSURED Hoveround Corporation 6015 31st St East Suite 201 Bradenton, FL 34203	INSURER B : Pennsylvania Manufacturers Association Insurance Co	12262
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY							
	CLAIMS-MADE X OCCUR			21ECSOF8927	11/1/2022	11/1/2023	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY							
	X ANY AUTO			21UENDO5372	11/1/2022	11/1/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR							
	X EXCESS LIAB CLAIMS-MADE			21XSON2409	11/1/2022	11/1/2023	EACH OCCURRENCE	$ 5,000,000
	DED RETENTION $						AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		1421841202200	11/1/2022	11/1/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

CERTIFICATE HOLDER

Proof Of Coverage

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Hoveround Corporation — MDEG License # (if applicable): MP00624

Physical Address: 6015 31st Street East, Suite 201

City: Bradenton — State: FL — Zip: 34203-5317

Mailing Address (if different from physical address): same

City: — State: — Zip:

Telephone: 941-739-6200 — Website: www. Hoveround.com

Licensing Company Email: license@hoveround.com

Section 2: Personal Information

First: Lauri — Middle: — Last: Summerville

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

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

Mailing Address: 6015 31st Street East, Suite 201

City: Bradenton — State: FL — Zip: 34203-5317

Telephon[redacted] — Email: license@hoveround.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Venice High School		1986-1990	
Address	**City**	**State**	**Zip**
1 Indian Avenue	Venice	FL	34285
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Univerity of South Florida		1990-1995	
Address	**City**	**State**	**Zip**
	Gainesville	FL	32611
Diploma/Degree obtained, if any			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2003-current	[redacted]Mill Run East	Bradenton	FL	34212
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name			From - To (MM/YY – MM/YY)
Hoveround Corporation			6/12/2000
Business Address	**City**	**State**	**Zip**
6015 31st Street East, Suite 201	Bradenton	FL	34203
Phone	**Title**	**Number of Employed Hours**	
941-739-6200	President/Chief Financial Officer	40 hrs per week	
Description of Duties			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/13/23
Date

I, Lauri Summerville, **certify that as the MDEG Administrator for**

Hoveround Corporation,

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

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

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

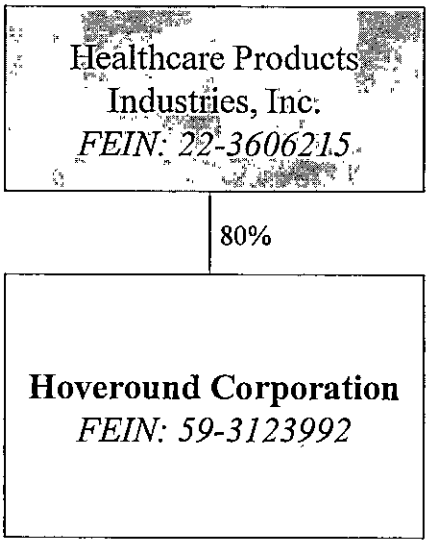
Lauri Summerville
Print Name (First, Last)

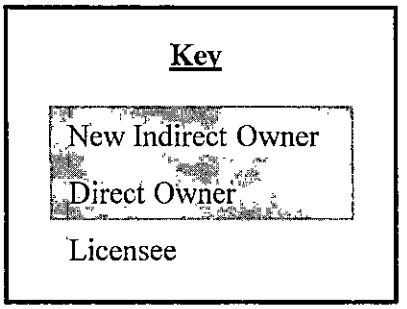
LS
Original Signature (electronic, copies or stamps not accepted)

4/13/23
Date

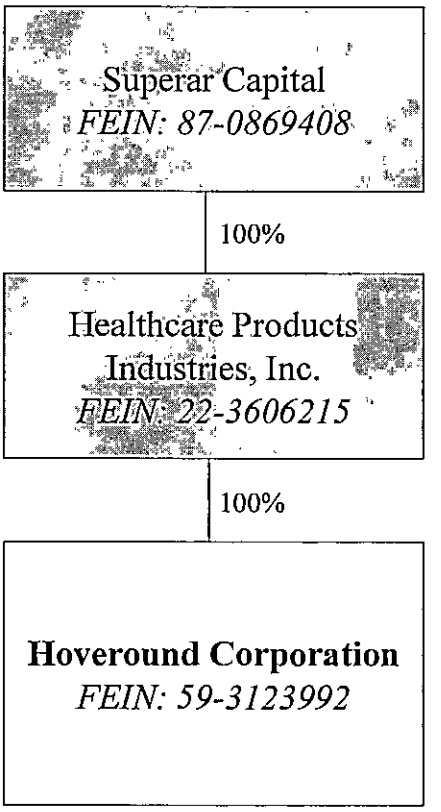
Board Use Only	Date Received: 4-17-23

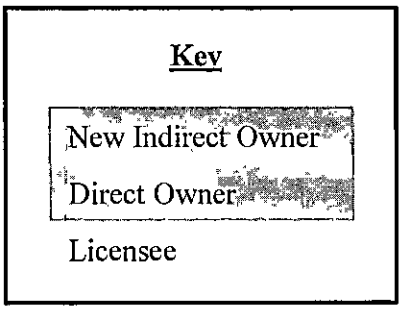
Pre-Close Organization Chart





Post-Close Organization Chart





HOVEROUND®
Personal Mobility Solutions

February 13, 2023

Nevada Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
Email: pharmacy@pharmacy.nv.gov

Re: Notification of Stock Transfer of Hoveround Corporation
License No: MP00624

To Whom It May Concern:

Please accept this letter as notification of a stock transfer for Hoveround Corporation. On January 31, 2023, Hoveround Corporation completed a stock transfer under which Healthcare Products Industries, Inc,'s direct ownership changed from 80% to 100%. Additionally, Superar Capital has 100% direct ownership of Healthcare Products Industries and, therefore, 100% indirect ownership of Hoveround Corporation. The pre and post-close organization charts, which depict this transaction, are attached.

This transaction does not have any impact on Hoveround's operations. Hoveround will continue to provide the same services at the same business location(s) under the same legal entity and federal tax identification number. Furthermore, the transaction is not expected to change or alter any of Hoveround's policies and procedures, personnel, scope of services or service territory.

We trust that we have provided all of the necessary information for Hoveround and no further action is required. If you have any questions or require any additional information, please do not hesitate to contact me at amanmcfa@hoveround.com. Thank you for your attention to this matter.

Sincerely,

Amanda McFaddin, MSHI
Vice President of Compliance

Enclosures

4H

NEVADA STATE BOARD OF PHARMACY

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

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

Non-Refundable $500 fee

Rev (05/12/2022)

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

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

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☒ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☒ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M P01389	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

MDEG Physical Address: 1960 Miro Way

City: Rialto State: CA Zip: 92376

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

City: Northfield State: IL Zip: 60093

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

Email: ralicensing@medline.com

Name of MDEG Administrator (NAC 639.694): Donald Sutphin

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

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

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

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

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

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

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

Medline Industries, Inc
Disciplinary History

Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: Medline Industries, LP

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip: 60093

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

Contact Person Name: Tanya Hughes

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N Simmons

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

2/21/23

Date

Board Use Only	Date Received: _____	Amount: 500 Check# 0100068000

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

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

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

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

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

Title	Name	Address	DOB
President	Andrew J. Mills	[redacted]Woodbridge Lane Highland Park, IL 60035	[redacted]
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022	[redacted]
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035	[redacted]
President of Operations	William K. Abington	[redacted]W Cook Ave Libertyville, IL 60048	[redacted]
President - QA/RA	Lara N. Simmons	[redacted]60th Street Bristol, WI 53104	[redacted]

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE



Medline Industries L.P.
1960 W. Miro Way
Rialto, CA 92376

LICENSE NUMBER: 115264
EXPIRATION DATE: 2/2/2024

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

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

Printed: 2/2/2023

OSP 07 102308

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

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

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

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

Jesse White

SECRETARY OF STATE

Authentication #: 2206800282

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

ATTACHMENT 2

State	DME Medicaid Provider #
AK	1021896 (# changed from MS612IL)
AL	009101450
AR	194904716
AZ	36021
CA	1811997638- Secondary (App for Primary in Processs)
CO	98000060
FL	009220600(FFS waiver program)
GA	003127194A-eff 8/1/2012
IA	1811997638
IL	362596612001
IN	100025130A
KS	100441690A
KY	90032335
LA	1178977
MA	7502885
MD	1811997638
ME	1811997638
MN	100563400
MO	1811997638
MS	00440369
MT	1811997638
NE	36259661200
NJ	5096901
NM	00010700
NV	3316038
NY	00680891
OH	0400435
OK	100793800A
PA	0009052300002
RI	428930
TN	3539772
TX	1091985-02/03/04
UT	362596612
VA	1811997638
WA	1024838
WI	100007900

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

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

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

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

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

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

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

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

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

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

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

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

ADDITIONAL REMARKS

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

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

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NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

NAC 639.694

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

NAC 639.6946

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

NAC 639.6957

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

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

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

NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) MP01389

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

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

City Northfield State IL Zip 60093

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

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Donald Middle David Last Sutphin

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

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

Mailing Address [redacted] Mistral Lane

City Irvine State CA Zip 92617

Telephone [redacted] Email dsutphin@medline.com

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
University of California		1988-1992	
Address	**City**	**State**	**Zip**
900 University Ave	Riverside	CA	92521
Diploma/Degree obtained, if any			
Bachelor of Arts, Administrative Studies			
School Name		**From - To (MM/YY – MM/YY)**	
Yucaipa High School			
Address	**City**	**State**	**Zip**
33000 Yucaipa Blvd	Yucaipa	CA	92399
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2008 - Present	[redacted]Mistral Lane	Irvine	CA	92617
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1/25/2023
Date

I, Donald Sutphin, **certify that as the MDEG Administrator for**

Medline Industries, LP,

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

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

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

Donald Sutphin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/25/2023
Date

Board Use Only	Date Received:

Don Sutphin
[redacted]Mistral Lane
Irvine, California 92617
[redacted]

EDUCATION

University of California, Riverside
Bachelors of Arts, Administrative Studies, 1992

SUMMARY OF QUALIFICATIONS

- Strong background in many areas including: Warehousing and distribution, wholesale and retail sales, building startup/shutdown and call center operations
- Familiar with retail, wholesale and warehouse management systems: SAP, Optum, Rapistan, People Soft, Catalyst, ProTrack and Symbol

PROFESSIONAL EXPERIENCE

Director of Operations - Rialto, California **(2008-Present) Medline**

- Responsibilities include: Reporting directly to the Vice President of Distribution for the west coast, overseeing the overall operation of a 1.1M square foot, 148 door distribution center operating 7 days a week with Symbol, Catalyst, SAP, ProTrack, Knapp, TGW and Fortna
- Oversee the overall operation of Medline's busiest building. Inbound is comprised of approximately 75 inbound trailers per week, 500 LTL pallets per day plus one each of a full 24' truck from UPS and FedEx each day. Outbound shipping handles 42,000 customer direct order lines daily going to Southern California and Las Vegas via private fleet, LTL and parcel carriers
- Outbound shipments total over $800M a year generated by over 12M transactions
- Direct reports include 1 Branch Manager, 4 Warehouse Manager, 21 Supervisors, 23 Team Leaders and 400 Team Members. Dotted line responsibility for private fleet of 70 trucks, Regional Training Supervisor, Human Resources, Recruiting and Maintenance Manager

MAJOR ACCOMPLISHMENTS

- Oversaw the successful startup of a 1.1M Sq. Ft., highly automated distribution center
- Successfully oversaw the implementation of ProTrack, a labor management system, and did so with minimal push back from Team Members
- Brought on $110M in business over a 6 week period with minimal service interruptions to existing or new customers
- Opened 2 additional buildings to support new business
- Addressed the performance issues of over 45 out of 67 Team Members during my first year
- Mentored several people that went on to be promoted to exempt level positions
- Branch received Medline's highest awards, "Branch of the Year" in 2010, 2012 and 2014, "Safety Branch of the Year" in 2010 and 2014 and "Accuracy Branch of the Year" in 2016

Target - Corona, California **(2004-2008)**
Store Team Leader

- Responsibilities include: Reporting directly to the District Team Leader, responsible for overseeing the overall operation of a 130K square foot Target store operating with Symbol, People Soft, and company developed systems
- Required to meet payroll goals while delivering a great looking store
- Sales for the store in 2007 were over $45M generated by over 1.2M transactions
- Store carried over $4.5M of product at any given time represented by over 75,000 SKUs
- Direct reports included 11 Executive Team Leaders, 23 Team Leaders and 200 to 300 Team Members depending on the time of year

MAJOR ACCOMPLISHMENTS

- Lead the 12th fastest growing store at Target in 2005. Sales grew from $28M per year in 2004 to over $35M in sales in 2005.
- Oversaw the remodeling of the store in early 2006 with minimal disruption to Team Members and Guests
- Received the People Development Award for the district in 2006 at the National Sales Meeting
- Worked as the Campus Recruiting Champion for the district. Responsible for finding and interviewing soon to be graduates from California State University, San Bernardino to fill open Executive Team Leader positions
- Lead 10 stores in the areas of payroll and sales forecasting as the District Forecast Champion
- Overcame staffing difficulties in a hard to hire store
- Awarded stock options in 2006, the first year I was eligible to receive them. Stock options are awarded to the top 1/3 of Target Store Managers

Grainger Industrial Supply - Mira Loma, California **(2002-2004)**
Inbound/Outbound Operations Manager

- Responsibilities included: Reporting directly to the Distribution Center Manager while overseeing the daily replenishment of 31 branches in Southern and Central California, Nevada and Arizona from a 330K square foot, 3 story, semi-automated distribution center
- Also responsible for overseeing the receipt of over $2.5M in product per week delivered via 70+ full trailers
- Oversaw the shipment of over 2.5K customer direct orders per day, totaling over $125M per year making our distribution center the largest shipper with UPS's Ontario facility and helping make the Grainger one of their top 5 customers nationwide
- Accountable for the building's inventory accuracy and coordinating the annual count of inventory valued at over $34M and represented by over 56K SKUs
- Inbound - Direct reports included 2 Managers, 3 Team Leads, 5 Specialist and over 70 Team Members
- Outbound - Direct reports included 3 Process Managers, 4 Team Leads, 5 Specialist and over 100 Team Members

MAJOR ACCOMPLISHMENTS

- Improved outbound productivity by 20% by developing and implementing process changes
- Improved order accuracy to customers and branches through awareness and process improvements

- Reduced pallet cost by over $100K per year through price negotiations and improved control processes
- Upon arriving at the building, calmed down a group of Team Members threatening unionization
- Assisted in the roll out of ProTrack, a system used to accurately measure individual and group performance
- While working inbound surveys showed improved Team Members satisfaction, in spite of the shift being overnight and the team being tasked with an ever increasing workload

Grainger Industrial Supply, Anaheim/Irwindale, California **(1998-2001)**

Branch Manager

- Responsibilities included: Reporting to the District Branch Operations Manager. Responsible for overall operation of the largest branch in California including counter, warehouse and call center operations
- Call center handled all of Orange County, California
- Branch had contact with over 350K customers and generated over $12M dollars in sales each year
- Responsibilities also included working with major accounts such as Disneyland, Pepsi and Miller Brewing
- Direct reports included 1 Customer Service Manager, 3 Team Leads and 25 Team Members

MAJOR ACCOMPLISHMENTS

- Branch was selected for a national pilot to test new methods of delivery
- 1 of 3 branches out of over 450 nationwide to have its showroom display photographed and posted on the company web site for other stores to view as an example of how to merchandize their showrooms
- Came in under headcount/payroll goals while supporting other branches with projects and day to day staffing
- Trained an incoming Regional Vice President on branch operations
- Scored over 95% on internal audit of processes making ours one of the top branches in the nation for process management
- Guided the branch through the conversion from a company developed order entry system to a more comprehensive system by SAP in preparation for Y2K

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01389

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

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

City Northfield State IL Zip 60093

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

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Please See Attached Corporate Disciplinary Report

Original Signature (electronic, copies or stamps not accepted)

2/16/2023
Date

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

Michael Drazin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/16/2023
Date

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

State of Illinois, ss. County of Cook

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

Original Signature

2/16/2023
Date

Subscribed and Sworn to before me this 16 day of Feb.

Notary Public Signature

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

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01389

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

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

City Northfield State IL Zip 60093

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

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

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

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			
School Name		**From - To (MM/YY – MM/YY)**	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name		From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.		1992 - Present
Business Address	**City**	**State / Zip**
Three Lakes Drive	Northfield	IL 60093
Phone	**Title**	
847-949-5500	Chief Operating Officer	
Description of Duties		

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

February 18, 2023
Date

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

James D Abrams
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

February 18, 2023
Date

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

State of Illinois, ss. County of Cook

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

Original Signature

February 18, 2023
Date

Subscribed and Sworn to before me this 18th day of February.

Notary Public Signature

ASHLEY ZAMIN
OFFICIAL SEAL
Notary Public - State of Illinois
My Commission Expires
August 06, 2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01389

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

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

City Northfield State IL Zip 60093

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

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

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

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

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

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

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

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

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

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

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary History

CM

Original Signature (electronic, copies or stamps not accepted)

February 16, 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles Mills
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

February 16, 2023
Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Charles Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

February 16, 2023
Date

Subscribed and Sworn to before me this 16th day of February 2023

Barbara Bychowski
Notary Public Signature

"OFFICIAL SEAL"
BARBARA BYCHOWSKI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/29/2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) MP01389

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside			1986-1991	
Address		**City**	**State**	**Zip**
900 Wood Rd		Kenosha	WI	53144
Diploma/Degree obtained, if any				
BA in Economics				
School Name			**From - To (MM/YY – MM/YY)**	
Waterford Union High School			1982-1986	
Address		**City**	**State**	**Zip**
611 W Main St		Waterford	WI	53185
Diploma/Degree obtained, if any				
Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1991 - Present	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment - Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

2/21/17
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons
Print Name (First, Last)

Lara N Simmons — 2/21/23
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lara N Simmons — 2/21/23
Original Signature — **Date**

Subscribed and Sworn to before me this 21 day of February 2023

Haleigh N Kauffman
Notary Public Signature

HALEIGH N KAUFFMAN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
January 09, 2024

(Seal)

41

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada	☒ Out-of-State
[a]Is the business also a wholesaler? (NRS 639.016)	☐ Yes	☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		**MDEG Business Type (check applicable box)**
☐ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☒ Name Change*	M PO1321	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☒ Location Change*		☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: Quantum Medical Supply, Inc.

MDEG Physical Address: 1818 S australian ave Ste 301

City: West Palm Beach State: FL Zip: 33409

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 5614328200 Website: www.nocostshoes.com

Email: marc.vetrano@quantummedicalsupply.com

Name of MDEG Administrator (NAC 639.694): Marc Vetrano

Entities the MDEG will Serve	**Type of MDEG products that will be sold (check all applicable)**
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☒ Diabetic Supplies
☐ Other business entities (specify)[a]:	☒ Orthotics and Prosthetics
	☒ Others: Diabetic Shoes & CGM
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____ Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
☒ Mon: 9a-5p	☒ Tue: 9a-5p	☒ Wed: 9a-5p	☒ Thurs: 9a-5p	☒ Fri: 9a-5p
☐ Sat: closed	☐ Sun: closed	☐ Holidays:		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))

482887000I - medicare
0030425 - FL medicaid

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: N/A Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 8: Sole Owner

Owner's Name: Marc Vetrano

Business Name: Quantum Medical Supply, Inc.

Business Address: 1818 S australian Ave Ste 301

City: West palm Beach State: FL Zip: 33409

Telephone: (561) 432-8200 Email: marc.vetrano@quantummedical supply.com

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marc Vetrano

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4-28-2023

Date

Board Use Only	Date Received: 5-1-23	Amount: 500.00 cc

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
AssuredPartners of NC, LLC - Asheville
1200 Ridgefield Blvd, Suite 254
Asheville NC 28806

CONTACT NAME: Logan Macior
PHONE (A/C, No, Ext): 828-258-2663 **FAX (A/C, No):** 919-582-1999
E-MAIL ADDRESS: logan.macior@assuredpartners.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Massachusetts Bay Insurance Co	22306
INSURER B : Hanover Insurance Company	22292
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED QUANMED-01
Quantum Medical Supply Inc
1818 S Australian Ave #301
West Palm Beach FL 33409

COVERAGES **CERTIFICATE NUMBER:** 1172777969 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			LD6 A655981	6/10/2022	6/10/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WH6D642970	9/16/2022	9/16/2023	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			LD6 A655981	6/10/2022	6/10/2023	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

National Supplier Clearinghouse
Palmetto GBA, AG-495
PO Box 100142
Columbia SC 29202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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State of Florida
Department of State

I certify from the records of this office that QUANTUM MEDICAL SUPPLY INC. is a corporation organized under the laws of the State of Florida, filed on June 4, 2003.

The document number of this corporation is P03000061902.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on January 23, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of April, 2023



Secretary of State

Tracking Number: 0911552392CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

View current license information at: Floridahealthfinder.gov

LICENSE #: 1313665
CERTIFICATE #: 25896

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Home Medical Equipment Provider

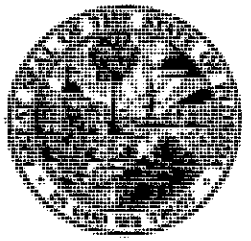
LICENSED

This is to confirm that QUANTUM MEDICAL SUPPLY INC has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized in Chapter 400, Part VII and Chapter 408, Part II, Florida Statutes, and Chapter 59A-25, Florida Administrative Code, and is authorized to operate the following:

QUANTUM MEDICAL SUPPLY INC
1818 S Australian Ave Ste 301
West Palm Beach, FL 33409
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 11/03/2022

EXPIRATION DATE: 11/02/2024



Jason Weida, Interim Secretary

RON DESANTIS
GOVERNOR

JASON WEIDA
INTERIM SECRETARY

January 6, 2023

Email: Marc.Vetrano@Quantummedicalsupply.Com

Marc Jason Vetrano, Administrator
Quantum Medical Supply Inc
1818 S S Australian Ave Ste 301
West Palm Beach, FL 33409

File Number: 4598
License Number: 1313665
Provider Type: Home Medical Equipment Provider

RE: Facility located at 1818 S Australian Ave Ste 301, West Palm Beach

Dear Administrator:

The enclosed Home Medical Equipment Provider license with license number 1313665 and certificate number 25896 is issued for the above provider effective November 3, 2022 through November 2, 2024. The license is being issued for approval of the renewal application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Long Term Care Services Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at http://ahca.myflorida.com/longtermcare.

If we may be of further assistance, please contact me by phone at 850-412-4393 or by email at Kathy.Perry@ahca.myflorida.com.

Sincerely,

Kathy Perry

Kathy Perry
Health Services & Facilities Consultant
Long Term Care Services Unit
Agency for Health Care Administration

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Quantum Medical Supply, Inc. MDEG License # (if applicable) MPD1321

Physical Address 1818 S australian ave ste 301

City West Palm Beach State FL Zip 33409

Mailing Address (if different from physical address) Same as physical

City _____ State _____ Zip _____

Telephone 561-432-8200 Website www.nocostshoes.com

Licensing Company Email marc.vetrano@quantummedicalsupply.com

Section 2: Personal Information

First Marc Middle Jason Last Vetrano

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] anchorage ln N

City North Palm Beach State FL Zip 33408

Telephone 561-432-8200 Email marc.vetrano@quantummedicalsupply.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida State University		08/1997 - 6/1/2000	
Address	**City**	**State**	**Zip**
600 College Ave	Tallahassee	FL	32306
Diploma/Degree obtained, if any			
BS - Management Information Systems			
School Name		**From - To (MM/YY – MM/YY)**	
Wellington High School		8/1990 - 6/1994	
Address	**City**	**State**	**Zip**
2101 Greenview Shores Blvd	Wellington	FL	33414
Diploma/Degree obtained, if any			
High School Dipolma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2020 - Present	[redacted] Anchorage Lane	North Palm Beach	FL	33408
06/2004 - 5/2020	[redacted] Macy St	West Palm Beach	FL	33405
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Quantum Medical Supply			6/2004 - Present	
Business Address		**City**	**State**	**Zip**
1818 S Australian Ave Suite 301		West Palm Beach	FL	33409
Phone	**Title**		**Number of Employed Hours**	
561-432-8200	President/CEO		35,000	
Description of Duties				
Run day to day operations and fit/dispensed diabetc shoes and diabetic supplies				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY -- MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4-28-2023
Date

I, Marc Vetrano, **certify that as the MDEG Administrator for** Quantum Medical Supply, Inc., **that I (initial that you have read and meet the following requirements):**

1. MV Have a high school diploma or its equivalent;
2. MV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marc Vetrano
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-24-2023
Date

Board Use Only	Date Received: 5-1-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Quantum Medical Supply, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) MPO1321

Physical Address 1818 S australian ave Ste 301

City West Palm Beach State FL Zip 33409

Mailing Address (if different from physical address) same as physical

City _____ State _____ Zip _____

Telephone 561-432-8200 Website www.nocostshoes.com

Licensing Company Email marc.vetrano@quantummedicalsupply.com

Section 2: Personal Information

First Marc Middle Jason Last Vetrano

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] anchorage ln N

City North Palm Beach State FL Zip 33408

Telephone 561-432-8200 Email marc.vetrano@quantummedicalsupply.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Florida State University			From - To (MM/YY – MM/YY): 8/1997 - 6-1-2000
Address: 600 College Ave	City: Tallahassee	State: FL	Zip: 32306
Diploma/Degree obtained, if any: BS - Management Information Systems			
School Name: Wellington High School			From - To (MM/YY – MM/YY): 8/1990 - 6/1994
Address: 2101 Greenview Shores Blvd	City: Wellington	State: FL	Zip: 33414
Diploma/Degree obtained, if any: High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2020 - Present	[redacted] Anchorage Lane	North Palm Beach	FL	33408
6/2004 - 5/2020	[redacted] May ST	West Palm Beach	FL	33405
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Quantum Medical Supply			6-2004 / Present
Business Address	**City**	**State**	**Zip**
1818 S Australian Ave Suite 301	West Palm Beach	FL	33409
Phone	**Title**		
561-643-8200	President/CEO		
Description of Duties			
Run day to day operations			

Business Name			From - To (MM/YY – MM/YY)
Turnover Global			7-2014 / Present
Business Address	**City**	**State**	**Zip**
1818 S Australian Ave Suite 700	West Palm Beach	FL	33409
Phone	**Title**		
866-498-8556	Secretary		
Description of Duties			
Part OWNER			

Business Name			From - To (MM/YY – MM/YY)
The Vetted Group			5-5-2017 - 8/2022
Business Address	**City**	**State**	**Zip**
820 Mac St	West Palm Beach	FL	33405
Phone	**Title**		
561-632-2176	OWNER		
Description of Duties			
Owner			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✗
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✗
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✗
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✗
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✗
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✗
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✗
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✗
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✗

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARC VETRANO

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-24-2023

Date

Please have this section completed in the presence of a Notary Public.

State of FLORIDA, ss. County of PALM BEACH

I, MARC VETRANO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-24-2023

Date

Subscribed and Sworn to before me this 24TH day of APRIL.

Notary Public Signature

ERICA M SED

ERICA MARIE SED
MY COMMISSION #HH099192
EXPIRES: MAR 01, 2025
Bonded through 1st State Insurance

(Seal)

Applicant's initials MV

4J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

[a]Is the business also a wholesaler? (NRS 639.016) ☐ Yes ☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Type of Application (check applicable box)		MDEG Business Type (check applicable box)
☒ New MDEG	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9)
☐ Name Change*		☒ Partnership (complete sections 1, 2, 3, 4, 7, 9)
☐ Location Change*	M _____	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9)

Section 1: General Information

Facility Name: VOYAGE MEDICAL SOLUTIONS

MDEG Physical Address: 111 W TYLER ST

City: LONGVIEW State: TX Zip: 75601

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 903-212-3263 Website: WWW.VOYAGEMEDICALSOLUTIONS.NET

Email: ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Name of MDEG Administrator (NAC 639.694): JENNIFER BROWN

Entities the MDEG will Serve	Type of MDEG products that will be sold (check all applicable)
☒ Patients by prescriptions	☐ Medical Gases**
☐ Pharmacies[a]	☐ Respiratory Equipment**
☐ Practitioners[a]	☐ Life-sustaining equipment**
☐ Hospitals/Clinics[a]	☐ Parenteral and Enteral Equipment**
☐ Clinics[a]	☐ Assistive Equipment
☐ Wholesalers[a]	☐ Diabetic Supplies
☐ Other business entities (specify)[a]:	☐ Orthotics and Prosthetics
	☒ Others: BRACES & OSTEOGENESIS STIMULATORS
This application is ONLY required if MDEG products will be sold to patients by prescription.	**These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954):
[a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov)	Name: _____
	Telephone: _____

Check the Days the Business will be Opened and provide the Hours of Operation				
■ Mon: 8AM TO 5PM	■ Tue: 8AM TO 5PM	■ Wed: 8AM TO 5PM	■ Thurs: 8AM TO 5PM	■ Fri: 8AM TO 12PM
☐ Sat: ON CALL	☐ Sun: ON CALL	☐ Holidays: ON CALL		

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.		

Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i))
Medicare - Texas - 7576630001
Medicaid - Texas - 395155001

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)

Name: NONE Credentials: _____ %: _____
Name: NONE Credentials: _____ %: _____
Name: NONE Credentials: _____ %: _____
Name: NONE Credentials: _____ %: _____
Name: NONE Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Partnership

Partnership Name: VOYAGE MEDICAL SOLUTIONS

Mailing Address: 111 W TYLER ST ,

City: LONGVIEW State: TX Zip: 75601

Telephone: 903-212-3263 Email: ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Contact Person Name: JENNIFER BROWN

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List of all general and limited partner names and their percent ownership (NAC 639.6942).**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).**	✓	✓	✓	✓
• **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Brown

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3.27.23

Date

Board Use Only	Date Received: 4-10-23	Amount: 500.00 CK-1509 ✓ processed 4.11.23

Shareholder Information

Justin Jenkins, CEO	Last 4 of SSN: 8572	% ownership: 33.3%
Jennifer Brown, COO	Last 4 of SSN: 3568	% ownership: 33.4%
Matthew Hickman, CFO	Last 4 of 5SN: 7119	% ownership: 33.3%

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Andy Chapman
O'haver Securities PO Box 630630 Nacogdoches, TX 759563	PHONE (A/C, No, Ext): 936-564-1735 FAX (A/C, No): E-MAIL ADDRESS: andyc@cbhins.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Voyage Medical Solutions, LLC 111 W Tyler St. Longview, TX 75601	INSURER A: Utica National Insurance Group	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y	Y	5112562	01/29/2023	01/29/2024	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 4,000,000
							GENERAL AGGREGATE	$ 4,000,000
							PRODUCTS - COMP/OP AGG	$ 4,000,000
								$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Andy Chapman

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Voyage Medical Solutions, LLC (file number 802469951), a Domestic Limited Liability Company (LLC), was filed in this office on June 01, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 26, 2023.

Jane Nelson
Secretary of State

TEXAS Department of State Health Services

License Number: 1002179 *Current Date: 05/31/2022 11:49 AM*

Name:	VOYAGE MEDICAL SOLUTIONS LLC
License Type:	Dev Distributor
License Status:	Current
Expiry Date:	05/29/2024
Effective Rank Date:	06/06/2018
Modifier(s):	Distributor
	Class 3

Addresses

Physical Loc	Address	VOYAGE MEDICAL SOLUTIONS 111 W TYLER ST LONGVIEW , TX HARRISON 75601 US
Mailing Address	Address	VOYAGE MEDICAL SOLUTIONS LONGVIEW , TX HARRISON 75601 US

Food & Drug Owner

Licensee's Role:	Food & Drug License
Related Party Role:	Food & Drug Owner

Related Party Name	License	Address
VOYAGE MEDICAL SOLUTIONS LLC	Owner # Status: Current Expiration Date:	LONGVIEW , TX HARRISON 75601 US

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

VOYAGE MEDICAL SOLUTIONS
111 W TYLER ST
LONGVIEW TX 75601

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

VOYAGE MEDICAL SOLUTIONS LLC DBA
VOYAGE MEDICAL SOLUTIONS
111 W TYLER ST
LONGVIEW, TX 75601

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002179
Expires: May 29, 2024

NON-TRANSFERABLE

Commissioner

512359

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Division for Regulatory Services
PO Box 149347, Austin, TX 78714
(512) 834-6660

Name	VOYAGE MEDICAL SOLUTIONS LLC VOYAGE MEDICAL SOLUTIONS	License Type	Devices
Address	111 W TYLER ST LONGVIEW TX 75601	License Number	1002179
Inspection Type	Periodic/Routine	Inspection Number	248875
Inspector	RICHTER, ELIZABETH	Inspection Date	03/29/2019

NOTICE OF INSPECTIONAL OBSERVATIONS

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of your business on the date listed above. The information that has been gathered is subject to further department review and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector:

RICHTER, ELIZABETH

Date: 03/29/2019

Firm Representative:

Justin Jenkins

Date: 03/29/2019

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
VOYAGE MEDICAL SOLUTIONS, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ P

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
111 W. TYLER ST

Requester's name and address (optional)

6 City, state, and ZIP code
LONGVIEW, TX 75601

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] – [ ][ ] – [ ][ ][ ][ ]

or

Employer Identification number
8 1 – 2 7 1 1 9 2 1

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 1.1.23

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Western Surety Company

COVERAGE CONFIRMATION FOR BOND WHICH IS CONTINUOUS IN FORM

WESTERN SURETY COMPANY confirms that:

Bond No. 62904109 originally dated September 7, 2016 (continuous in form) in the amount of Fifty Thousand and 00/100 DOLLARS ($50,000.00) issued on behalf of Voyage Medical Solutions, LLC, as Principal, Principal's address is 111 West Tyler Street, Longview, Texas 75601 and Tax ID/Medicaid Provider Number is 81-2711921, in favor of the Texas Health and Human Services Commission (HHSC), is in full force and effect and will remain in full force and effect through September 8th, 2023, unless cancelled by the Surety or otherwise terminated.

PROVIDED, that the total liability of WESTERN SURETY COMPANY for all claims on the bond shall not exceed in the aggregate the amount stated above.

Signed and sealed this 18th day of July, 2022.

PROVIDER:

Voyage Medical Solutions, LLC

By: _____
Signature of Authorized Representative

Jennifer Brown, COO
Printed Name and Title

Address of Provider:

111 West Tyler Street

Longview, Texas 75601

WESTERN SURETY COMPANY

By: _____
Paul T. Bruflat,
Vice President

WESTERN SURETY COMPANY CORPORATE SEAL SOUTH DAKOTA

Mailing Address of Surety:
P. O. Box 5077
Sioux Falls, SD 57117-5077

Form F11412

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls, State of South Dakota, its regularly elected Vice President, as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Medicare Dmepos Tin 812711921 Npi 1801244090

bond with bond number 62904109

for Voyage Medical Solutions, LLC

as Principal in the penalty amount not to exceed: $50,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President with the corporate seal affixed this 18th day of July 2022.

ATTEST

Pat Leitheiser

P. Leitheiser, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruflat

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 18th day of July, 2022, before me, a Notary Public, personally appeared Paul T. Bruflat and P. Leitheiser who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.

M. BENT
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL

M. Bent

Notary Public

My Commission Expires March 2, 2026

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.

Form F1875-5-2021

Board of Certification/Accreditation

Owings Mills, Maryland

Accredited Facility

Practice limited to DMEPOS supplier categories:

DM05,DM06,M01,DM03,R01,DM08,DM09,DM10,DM16,PD04,OR02,OR03,OR04,DM18,DM20,DM26,S01,PD08,DM22,M05,M06,M06A,M10

The Board of Certification/Accreditation attests that the Facility named below complies with all requirements for facility accreditation.

Voyage Medical Solutions

111 W Tyler St

Longview, TX 75601-6318

This accreditation is awarded for meeting the professional standards of BOC, together with all the honors, rights, privileges and responsibilities in pursuit of our mission to assure patients, physicians, professional organizations, the public-at-large, and government agencies and representatives of the competence and professionalism of BOC-Accredited Facilities. In witness whereof, we have affixed the seal of the Board and subscribed our names in acknowledgement.

Matthew Gruskin, MBA, BOCO, BOCPD, CDME, Chief Operating Officer

Claudia Zacharias, MBA, CAE, President & CEO

BOARD OF CERTIFICATION / ACCREDITATION BOC O&P Certification 1084 DMEPOS Accreditation

S60479

Facility Number

October 2025

Accredited Through

Accredited Since: *2016*

BOC is a CMS deemed accrediting organization.

This accreditation is the property of BOC — the certificate holder agrees to abide by the BOC and CMS standards.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG VOYAGE MEDICAL SOLUTIONS MDEG License # (if applicable) _____

Physical Address 111 W TYLER ST

City LONGVIEW State TX Zip 75601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 903-212-3263 Website WWW.VOYAGEMEDICALSOLUTIONS.COM

Licensing Company Email ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Section 2: Personal Information

First JENNIFER Middle LYNN Last BROWN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address 1109 MASTERS WAY

City LONGVIEW State TX Zip 75605

Telephone [redacted] Email ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Mansfield High School			08/99-05/03	
Address		**City**	**State**	**Zip**
3001 E Broad St		Mansfield	TX	76063
Diploma/Degree obtained, if any				
HS Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Tarrant County College			01/04-12/04	
Address		**City**	**State**	**Zip**
2100 Southeast Pkwy		Arlington	TX	76018
Diploma/Degree obtained, if any				
40 hours received				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19-current	[redacted] Masters Way	Longview	TX	75605
01/04-04/19	[redacted] Remington Ranch Road	Mansfield	TX	76063
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
VOYAGE MEDICAL SOLUTIONS			05/16-PRESENT
Business Address	**City**	**State**	**Zip**
111 W TYLER ST	LONGVIEW	TX	75601
Phone	**Title**		**Number of Employed Hours**
903-212-3263	CHIEF OPERATING OFFICER		16000 HOURS

Description of Duties

CO-OWNER OF BUSINESS, CHIEF OPERATING OFFICER IN CHARGE OF DAY TO DAY OPERATIONS FOR DME SUPPLY COMPANY

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Jennifer Brown, **certify that as the MDEG Administrator for**

Voyage Medical Solutions LLC,

that I (initial that you have read and meet the following requirements):

1. JB Have a high school diploma or its equivalent;
2. JB Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JB Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JB Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JENNIFER BROWN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/27/2023
Date

Board Use Only	Date Received: 4-10-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler VOYAGE MEDICAL SOLUTIONS LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 111 W TYLER ST

City LONGVIEW State TX Zip 75601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 903-212-3263 Website https://www.voyagemedicalsolutions.com/

Licensing Company Email ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Section 2: Personal Information

First JUSTIN Middle _____ Last JENKINS

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] MASTERS WAY

City LONGVIEW State TX Zip 75605

Telephone [redacted] Email JUSTIN@VOYAGEMEDICALSOLUTIONS.NET

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CHAPEL HILL HIGH SCHOOL		08/96-05/00	
Address	**City**	**State**	**Zip**
13172 SH 64	TYLER	TX	75707
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		**From - To (MM/YY – MM/YY)**	
NORTHEASTERN UNIVERSITY		2012-2014	
Address	**City**	**State**	**Zip**
40 LEON ST	BOSTON	MA	02115
Diploma/Degree obtained, if any			
BACHELOR BUSINESS LEADERSHIP			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 - CURRENT	[redacted]MASTERS WAY	LONGVIEW	TX	75605
04/12 - 04/19	[redacted]RANBURY CT	TYLER	TX	75707
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
VOYAGE MEDICAL SOLUTIONS LLC			05/16 - PRESENT	
Business Address		**City**	**State**	**Zip**
111 W TYLER ST		LONGVIEW	TX	75601
Phone	**Title**			
903-212-3263	CHIEF EXECUTIVE OFFICER			
Description of Duties				
CO-OWNER OF BUSINESS, CHIEF EXECUTIVE OFFICER WHO OVERSEES ALL OF THE BUSINESS RELATED TASKS NOT COVERED BY COO AND CFO.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Justin Jenkins

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/11/23

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Gregg

I, Justin Jenkins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/2023

Date

Subscribed and Sworn to before me this 11 day of April 2023

Notary Public Signature

EVELYN PEARSON
My Notary ID # 131915301
Expires March 4, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler VOYAGE MEDICAL SOLUTIONS LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 111 W TYLER ST

City LONGVIEW State TX Zip 75601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 903-212-3263 Website https://www.voyagemedicalsolutions.com/

Licensing Company Email ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Section 2: Personal Information

First JENNIFER Middle _____ Last BROWN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] MASTERS WAY

City LONGVIEW State TX Zip 75605

Telephone [redacted] Email JENNIFER@VOYAGEMEDICALSOLUTIONS.NET

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
MANSFIELD HIGH SCHOOL		08/99-05/03	
Address	**City**	**State**	**Zip**
3001 E BROAD ST	MANSFIELD	TX	76063
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		From - To (MM/YY – MM/YY)	
TARRANT COUNTY COLLEGE		08/03-12/04	
Address	City	State	Zip
2100 SOUTHEAST PKWY	ARLINGTON	TX	76018
Diploma/Degree obtained, if any			
40 HOURS EARNED - NO DEGREE OBTAINED			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/19 - CURRENT	[redacted] MASTERS WAY	LONGVIEW	TX	75605
01/03 - 04/19	[redacted] REMINGTON RANCH RD	MANSFIELD	TX	76063
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
VOYAGE MEDICAL SOLUTIONS LLC			05/16 - PRESENT
Business Address	**City**	**State**	**Zip**
111 W TYLER ST	LONGVIEW	TX	75601
Phone	**Title**		
903-212-3263	CHIEF OPERATING OFFICER		
Description of Duties			
CO-OWNER OF BUSINESS, CHIEF OPERATING OFFICER IN CHARGE OF DAY-TO-DAY OPERATIONS FOR DME SUPPLY COMPANY			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Brown
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/11/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Gregg

I, Jennifer Brown, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/2023
Date

Subscribed and Sworn to before me this 11 day of April 2023

Notary Public Signature

EVELYN PEARSON
My Notary ID # 131915301
Expires March 4, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler VOYAGE MEDICAL SOLUTIONS LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 111 W TYLER ST

City LONGVIEW State TX Zip 75601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 903-212-3263 Website https://www.voyagemedicalsolutions.com/

Licensing Company Email ANGELA@VOYAGEMEDICALSOLUTIONS.NET

Section 2: Personal Information

First MATTHEW Middle _____ Last HICKMAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]PEGUES PLACE

City LONGVIEW State TX Zip 75601

Telephone [redacted] Email MATTHEW@VOYAGEMEDICALSOLUTIONS.NET

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LONGVIEW HIGH SCHOOL		08/88-05/92	
Address	**City**	**State**	**Zip**
201 E TOMLINSON PKWY	LONGVIEW	TX	75605
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
HARDIN SIMMONS UNIVERSITY		08/92-05/96	
Address	**City**	**State**	**Zip**
2200 HICKORY	ABILINE	TX	79698
Diploma/Degree obtained, if any			
BBA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/13 - CURRENT	[redacted]PEGUES PLACE	LONGVIEW	TX	75601
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
VOYAGE MEDICAL SOLUTIONS LLC			05/16 - PRESENT	
Business Address		**City**	**State**	**Zip**
111 W TYLER ST		LONGVIEW	TX	75601
Phone	**Title**			
903-212-3263	CHIEF FINANCIAL OFFICER			
Description of Duties				
CO-OWNER OF BUSINESS, CHIEF FINANCIAL OFFICER IN ALL FINANCIAL RELATED TASKS				

Business Name			From - To (MM/YY – MM/YY)	
MT2L MEDICAL LLC			2010 - PRESENT	
Business Address		**City**	**State**	**Zip**
19 PEGUES PLACE		LONGVIEW	TX	75601
Phone	**Title**			
	PRESIDENT			
Description of Duties				
SALES - GENERATE NEW BUSINESS AND MANAGE EXISTING BUSINESS				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Hickman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/11/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Gregg

I, Matthew Hickman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/11/2023

Date

Subscribed and Sworn to before me this 11 day of April 2023

Notary Public Signature

EVELYN PEARSON
My Notary ID # 131915301
Expires March 4, 2027

(Seal)

4K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located? St. Louis, MO		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Acera Surgical, Inc.

Physical Address: 1650 Des Peres Rd., Ste. 120

City: St. Louis State: MO Zip: 63131

Mailing Address (if different from physical address): Same

City: _____ State: _____ Zip: _____

Telephone: 844-879-2237 Website: www.acera-surgical.com

Name of Designated Representative (DR): Tamas Kovacs

Licensing Company Email: cochran@acera-surgical.com DR Email: kovacs@acera-surgical.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/23/2020		DE		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
C.A. No.20-980-JLH		U.S. District Court for the District of Delaware		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
See Below			See Below	
Name of Business/Industry/Entity				
See Below				

Provide explanation below:

Acera Surgical, Inc. originally filed the complaint on 7/23/2020. The case number is C.A. No.20-980-JLH in the United States District Court for the District of Delaware.

The lawsuit involves Acera Surgical, Inc., Retectix, LLC, and Washinton University v. Nanofiber Solutions, LLC, Paragen Technologies, LLC, Atreon Orthopedics LLC, and Renovoderm LLC.

A counterclaim is dated 8/18/2021. Nanofiber Solution LLC, and the Research Foundation for the State University of New York v. Acera Surgical, Inc.

Acera Surgical, Inc. has asserted multiple patents against Defendants in view of the sale of certain products made from electrospun fibers. Nanofiber Solutions and SUNY NY have countersigned for infringement of two patents.

Case is currently proceeding through fact discovery. Current trial date is October 30, 2023.

Original Signature (electronic, copies or stamps not accepted)

12/14/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4&5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)

Yes.
A) Acera Surgical, Inc., Retectix, LLC, and Washington University v. Nanofiber Solutions, LLC, Paragen Technologies. LLC, Atreon Orthopedics LLC, and Renovoderm LLC, (Claim)
Nanofiber Solution LLC, and the Research Foundation for the State University of New York v. Acera Surgical, Inc. (counterclaim), C.A. No.20-980-JLH In the United States District Court for the District of Delaware.

Acera has asserted multiple patents against Defendants in view of the sale of certain products made from electrospun fibers. Nanofiber Solutions and SUNY NY have counterclaimed for infringement of two patents. Case is currently proceeding. Judge issued decision December 13 in favor of Acera/Retectix/Washingotn University, and the case continues it's proceeding.

B) Jeffery R. Bray et al., v. Avi Katz, et al. Case No. C.A. No. 2022-0489-LWW, Chancery Court of the State of Delaware. See attached Stipulation re Dismissal.

5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?

Yes. Jeffery R. Bray et al., v. Avi Katz, et al. Case No. C.A. No. 2022-0489-LWW, Chancery Court of the State of Delaware. See attached Stipulation re Dismissal.

Original Signature (electronic, copies or stamps not accepted)

12/13/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Poly-Med, Inc.
Address: 51 Technology Drive City: Anderson State: SC Zip: 29625
Name: Steri-tek
Address: 48225 Lakeview Blvd City: Fremont State: CA Zip: 94538
Name: IMARC Research
Address: 22560 Lunn Rd. City: Strongsville State: OH Zip: 44149
Name: Nanoscience Analytical
Address: 51st Street, Ste. 100 City: Phoenix State: AZ Zip: 85044

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): N/A
Corporation/Organization Name: Acera Surgical, Inc.
Mailing Address: 1650 Des Peres Rd., Ste. 120
City: St. Louis State: MO Zip: 63131
Telephone: 844-879-2237 Email: cochran@acera-surgical.com
Contact Person Name: Julie Cochran

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Acera Surgical, Inc.

Facility Name

Julie Cochran

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/28/2022

Date

Board Use Only	Date Received: 1·4·23	Amount: 1,000 Check # 1109

EFiled: Jun 08 2022 04:58AM EDT
Transaction ID 67702837
Case No. 2022-0489-LWW

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

JEFFERY R. BRAY and CHIRINJEEV KATHURIA,	)	
Plaintiffs,	)	
v.	)	C.A. No. 2022-0489-LWW
AVI KATZ, RALUCA DINU, AGNES REY-GIRAUD, NEIL MIOTTO, NATE LOCKE, and MOSHE BAR-SIMAN-TOV,	)	
Defendants,	)	
and	)	
UPHEALTH, INC., a Delaware Corporation,	)	
Nominal Defendant.	)	

NOMINAL DEFENDANT, UPHEALTH, INC.S' RESPONSE TO PLAINTIFFS' MOTION FOR EXPEDITED PROCEEDINGS

Nominal Defendant, UpHealth, Inc., ("Nominal Defendant" or "UpHealth" or the "Company"), by and through its undersigned attorneys, hereby submits its Response to Plaintiffs' Motion For Expedited Proceedings (the "Motion").

PRELIMINARY STATEMENT

A stockholder, Jeffery Bray, who is also an officer of UpHealth along with one of the nine members of the UpHealth Board, Dr. Chirinjeev Kathuria (together

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with Mr. Bray, "Plaintiffs"), who is a 30% stockholder, have joined together to bring this lawsuit challenging the UpHealth board's decisions to (1) reduce the quorum for the annual meeting of stockholders to one-third as permitted by section 216 of the Delaware General Corporation Law; and (2) to refuse, consistent with UpHealth's bylaws, to hold a special meeting of stockholders so that Mr. Bray, with his irrevocable proxy from Dr. Kathuria and other insiders, could amend UpHealth's bylaws to permit nominations for directors on only five business days' notice.

Plaintiffs seek an expedited trial in advance of the June 28, 2022 annual meeting of stockholders even though UpHealth publicly announced the date of the annual meeting of stockholders on April 15, 2022 and Plaintiffs made no attempt to comply with the Company's advance notice bylaws or do anything at all until May 27, 2022. Mr. Bray asked to nominate unnamed directors at the annual meeting a month away, and more than a month after the deadline for advance notice of nominations.

While some expedition may be warranted, expediting discovery and a full trial in advance of the June 28, 2022 annual meeting is not warranted. Not only are Plaintiffs' guilty of laches and such a short schedule would make adequate discovery impossible, most importantly, there is no irreparable harm because, even if Plaintiffs were to succeed on their claims, as observed by this Court in *Oliver Press*: "an adequate remedy could be fashioned after the fact."

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STATEMENT OF FACTS

1. UpHealth the Board, and Mr. Bray

UpHealth resulted from the merger of Uphealth Holdings, Inc. ("Old UpHealth") and Cloudbreak Health, LLC ("Cloudbreak"). GigCapital2, Inc. ("GigCapital2") merged with Old Uphealth and Cloudbreak on June 9, 2021. (Compl. ¶4.) Old UpHealth was comprised of six companies brought together in connection with the merger with GigCapital2. There are nine members of the UpHealth board of directors: Plaintiff Dr. Chirinjeev Kathuria, Defendants Dr. Avi Katz, Dr. Raluca Dinu, Neil Miotto, Nathan Locke, Agnès Rey-Giraud, and Moshe Bar-Simon-Tov, and non-parties Jerome Ringo and Dr. Mariya Pylypiv. (Compl. ¶¶17-18.)

Uphealth has a classified board, with three Class I directors whose terms expire on the date of the 2022 annual meeting (Mr. Miotto, Mr. Bar-Simon-Tov, and Mr. Ringo), three Class II directors whose terms expire on the date of the 2023 annual meeting (Dr. Dinu, Dr. Pylypiv, and Mr. Locke), and three Class III directors whose terms expire on the date of the 2024 annual meeting (Ms. Rey-Giraud, Dr. Avi Katz, and Dr. Chirinjeev Kathuria). (Compl. ¶¶17-18, 22; Ex. 1 at 4.)

The Verified Complaint (the "Complaint") alleges that "[a]s agreed in the Business Combination Agreement entered into in contemplation of the de-SPAC merger, Plaintiff Chirinjeev Kathuria was added to the Board as of the closing of the

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Business Combination Agreement, and both Plaintiff Chirinjeev Kathuria and Defendant Avi Katz were given the title Co-Chairman of the Board." (Compl. ¶11.)

Dr. Kathuria owns 43,158,752 or approximately 30% of the 143,840,305 outstanding shares of common stock of the Company. (Compl. ¶3.) Non-party Dr. Mariya Pylypiv owns 7,543,457 shares or approximately 5% of the common stock in the Company. (Compl. Ex. C.) Plaintiff Jeffrey Bray is the record owner of 4,088,170 shares of common stock of the Company, and he and his family are beneficial owners of 13,397,483 shares of the Company's common stock. (Compl. ¶2, Ex. C.) Mr. Bray holds an irrevocable proxy to vote certain shares of stock totaling slightly over 50% of the outstanding shares of stock of the Company, including Dr. Kathuria's and Dr. Pylypiv's. (Compl. ¶2-3.) Dr. Pylypiv is an employee of the finance department of the Company. Mr. Bray is the Company's Chief Legislative Affairs Officer.

2. The Annual Meeting

On April 15, 2022, UpHealth publicly announced that the Company's 2022 annual meeting of stockholders was scheduled for June 28, 2022. (Compl. ¶30.) Under UpHealth's bylaws, the deadline for stockholders to have given notice of a nomination for the board of directors was April 25, 2022, ten days after the announcement of the date of the 2022 annual meeting. (*Id.*) Neither Plaintiff, nor

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any other stockholder gave, or attempted to give, notice of a nomination of proposed directors by that date.

On May 10, 2022, the board of directors met and resolved to nominate and reclassify certain directors. (Compl. ¶22.) During that meeting, the UpHealth board considered the nomination for election of directors for election to Class I members. After discussion, with Dr. Kathuria leaving during the discussion (Compl. ¶21), the Board resolved that Mr. Miotto be renominated to the Board, but that Messrs. Bar-Simon-Tov and Ringo, not be renominated to the Board. (Compl. ¶¶19-22.) To fill the vacancies created by these two members of Class I not being renominated, the board resolved that Dr. Dinu be nominated to serve as a Class I director, which would result in there being a vacancy in Class II. And while the board hoped that its incoming CEO could be nominated as the final Class I director, if that were not possible, the board resolved that Ms. Rey-Giraud be nominated to serve as a Class I director instead with the new CEO being appointed to the vacancy in Class III. The board voted by seven to zero to approve the resolutions. The board, by a 5 to 2 vote, approved the minutes of the May 10, 2022, meeting on May 31, 2022. (Compl. ¶43.)

On May 26, 2022, the independent directors of the UpHealth board held a meeting to comply with the requirement of the NYSE that the independent members of the board meet at least annually without members of management of the Company or the non-independent members of the board. (Compl. ¶24; NYSE 303A.03.)

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EFiled: Aug 02 2022 10:00AM EDT
Transaction ID 67890069
Case No. 2022-0489-LWW



IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

JEFFERY R. BRAY and CHIRINJEEV KATHURIA, Plaintiffs, v. AVI KATZ, RALUCA DINU, AGNES REY-GIRAUD, NEIL MIOTTO, NATE LOCKE, and MOSHE BAR-SIMAN-TOV, Defendants, and UPHEALTH, INC., a Delaware corporation, Nominal Defendant.	)	C.A. No. 2022-0489-LWW
AVI KATZ, RALUCA DINU, AGNES REY-GIRAUD, NEIL MIOTTO, and NATE LOCKE, Counterclaim Plaintiffs, v. JEFFERY R. BRAY and CHIRINJEEV KATHURIA, Counterclaim Defendants	)	

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AVI KATZ, RALUCA DINU, AGNES REY-GIRAUD, NEIL MIOTTO, and NATE LOCKE,	)
Third-Party Plaintiffs,	)
v.	)
MARIYA PYLYPIV, SYED SABAHAT AZIM, RICHA SANA AZIM, ALFONSO GATMAITAN, AZFAR MALIK, AM PHYSICIANS LLC, ALEXANDRA BRAY, JACQUE BUTLER, KIMBERLITE SOCIAL INFRA PRIVATE LIMITED, ELIGERE LLC, and SAIMA SIDDIQUI as sole member of ELIGERE LLC,	)
Third-Party Defendants	)

STIPULATION AND [PROPOSED] ORDER DISMISSING ALL CLAIMS WITH PREJUDICE AND WITHOUT COSTS OR ATTORNEY'S FEES

WHEREAS, on June 6, 2022, Plaintiffs Jeffery R. Bray and Chirinjeev Kathuria (collectively, "Plaintiffs") filed their Verified Complaint against Nominal Defendant UpHealth, Inc. ("UpHealth" or "Nominal Defendant") and Individual Defendants Avi Katz, Raluca Dinu, Agnes Rey-Giraud, Neil Miotto, Nate Locke, and Moshe Bar-Siman-Tov, who are the majority members of the Board of Directors of UpHealth ("Director Defendants");

WHEREAS, on June 8, 2022, the Court granted the Motion for Expedited Proceedings and, on June 10, 2022, entered a Stipulation and [Proposed] Order Governing Expedited Discovery and Preliminary Injunction Hearing;

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WHEREAS, on June 17, 2022, Plaintiffs filed a Motion for Preliminary Injunction ("Motion for Preliminary Injunction") seeking to enjoin the annual meeting of stockholders scheduled for June 28, 2022 ("2022 Annual Meeting");

WHEREAS, following briefing, the Court held oral argument on the Motion for Preliminary Injunction on June 23, 2022;

WHEREAS, on June 27, 2022, for the reasons stated on the record on June 24, 2022, the Court entered an Order granting the Motion for Preliminary Injunction in part ("Injunction Order"), enjoining Director Defendants and Nominal Defendant from convening the 2022 Annual Meeting, and requiring Plaintiffs to post a bond in the amount of $300,000 ("Bond");

WHEREAS, on July 1, 2022, Plaintiffs filed a Verified First Amended Complaint ("Amended Complaint") against Director Defendants and Nominal Defendant;

WHEREAS, on July 11, 2022, Director Defendants filed Counterclaims against Plaintiffs and, in addition, filed a Third-Party Complaint against certain third-party defendants ("Third-Party Defendants"), including individuals and entities who are parties to that certain Voting Agreement dated May 27, 2022 ("Voting Agreement");

WHEREAS, the Board of Directors of UpHealth (the "Board"): (i) has accepted the resignation of Moshe Bar-Siman-Tov as a director, (ii) has appointed

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CEO Samuel Meckey as a Class I director to fill the vacancy created by Mr. Bar-Siman-Tov, (iii) has approved a process using the independent firm of Heidrick & Struggles ("H&S") to identify director candidates for appointment to the Board as Class I directors to fill the vacancies that will result from the proposed resignations of Neil Miotto and Jerome Ringo (such two individuals, upon such appointment, together with Mr. Meckey, shall constitute the "New Class I Directors"), and (iv) will approve the nomination of the New Class I Directors for election to the Board as Class I directors at the 2022 Annual Meeting, with such slate consisting of the New Class I Directors to supersede and replace the slate previously nominated by the Board in the Company's proxy statement filed with the U.S. Securities and Exchange Commission on May 31, 2022 that was comprised of Neil Miotto, Raluca Dinu, and Agnes Rey-Giraud; and

WHEREAS, Plaintiffs, including Plaintiff Jeffery Bray who holds an irrevocable proxy to vote all of the shares of common stock beneficially owned by the parties to the Voting Agreement, (i) agree to vote in favor of the New Class I Directors for election at the 2022 Annual Meeting, (ii) otherwise agree not to nominate a competing slate of directors at the 2022 Annual Meeting, support any other director candidates at the 2022 Annual Meeting, and/or block quorum at the 2022 Annual Meeting, and (iii) agree that the nomination window for the 2022 Annual Meeting is closed.

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IT IS HEREBY STIPULATED AND AGREED by the parties hereto, through their undersigned counsel, subject to the approval of the Court, that:

1. The Board shall appoint the New Class I Directors to the Board, to the extent that they are not yet appointed to the Board, nominate the New Class I Directors for election at the 2022 Annual Meeting, and otherwise shall not reclassify any existing director for election at the 2022 Annual Meeting.

2. Plaintiffs, including Plaintiff Jeffery Bray who holds an irrevocable proxy to vote all of the shares of common stock beneficially owned by the parties to the Voting Agreement, shall vote in favor of the New Class I Directors for election at the 2022 Annual Meeting, and otherwise shall not nominate a slate of directors at the 2022 Annual Meeting, support any director nominees other than the New Class I Directors, and/or block quorum at the 2022 Annual Meeting.

3. All claims, counterclaims, and third-party claims are dismissed with prejudice and without costs or attorneys' fees of any kind.

4. The Injunction Order shall be lifted upon entry of this Order.

5. The Bond shall be released upon entry of this Order.

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ACERA SURGICAL, INC. v. NANOFIBER SOLUTIONS, LLC

C.A. No. 20-980-CFC-JLH.

Email | Print | Comments (0)

ACERA SURGICAL, INC., RETECTIX, LLC, AND WASHINGTON UNIVERSITY, Plaintiffs, v. NANOFIBER SOLUTIONS, LLC, PARAGEN TECHNOLOGIES LLC, ATREON ORTHOPEDICS LLC, AND RENOVODERM LLC, Defendants.

United States District Court, D. Delaware.

July 28, 2021.

REPORT AND RECOMMENDATION

JENNIFER L. HALL, *Magistrate Judge.*

Presently pending before the Court are Defendants' Motions to Dismiss for Failure to State a Claim. (D.I. 17; D.I. 35.) As announced at the hearing on July 16, 2021, I recommend that the motions be DENIED. My Report and Recommendation was announced from the bench at the conclusion of the hearing as follows:

> This is the Court's Report and Recommendation on Defendants' motions to dismiss for failure to state a claim. (D.I. 17; D.I. 35.) I will not be issuing a separate opinion, but we will put on the docket a written version that incorporates by reference a transcript of my oral ruling today. I want to emphasize before I start that, while I'm not issuing a separate opinion, we have followed a full process for making the decision that I'm about to state. There was full briefing on these motions, and those papers and the arguments today have been carefully considered.
>
> For the reasons I will discuss, I recommend that Defendants' motions to dismiss be DENIED.
>
> Plaintiffs Acera Surgical, Inc., Washington University, and Retectix, LLC (collectively, Plaintiffs) filed this patent infringement action against Defendants Atreon Orthopedics LLC, Nanofiber Solutions, LLC, Paragen Technologies LLC and Renovoderm LLC (collectively, Defendants) on July 23, 2020. (D.I. 1.)
>
> Defendants moved to dismiss the original complaint for failure to state a claim on September 11, 2020. (D.I. 11.) Plaintiffs filed a first amended complaint on October 2, 2020. (D.I. 16.)
>
> The FAC contained four counts, alleging infringement of four patents. In particular, it alleged that Defendants directly infringe U.S. Patent Nos. 10,617,512 (the '512 patent), 10,080,687 (the '687 patent), 10,682,444 (the '444 patent), and 10,632,228 (the '228 patent) through their manufacture, use, offering for sale, selling and/or importation of two accused products: the Phoenix Wound Matrix and the Rotium Bioresorbable Wick. (D.I. 16.) On October 23, 2020, Defendants moved to dismiss the first amended complaint for failure to state a claim. That motion was fully briefed and remains pending before the Court. (D.I. 17; D.I. 18; D.I. 20; D.I. 22.)

On February 26, 2021, the parties filed a stipulation allowing Plaintiffs to file a second amended complaint to include allegations of direct infringement of a newly issued patent, U.S. Patent No. 10,888,409 (the '409 patent). (D.I. 30.) Plaintiffs filed the SAC on March 3, 2021. (D.I. 32.) Counts One through Four of the SAC are essentially unchanged from the FAC. Count Five alleges that Defendants directly infringe the '409 patent through their manufacture, use, offering for sale, selling, and importation of the Phoenix Wound Matrix product.

The parties agreed that, because Counts One through Four of the SAC were substantially identical to the FAC, the previously-filed motion to dismiss would not be re-briefed. Defendants filed another motion to dismiss on March 23, 2021, arguing that Count Five should also be dismissed, and that motion has also been fully briefed. (D.I. 35; D.I. 36; D.I. 39; D.I. 40; D.I. 41)

On April 26, 2021, the pending motions were referred to me for a Report and Recommendation. Argument was held on both motions to dismiss today, and this is my Report and Recommendation on those motions.

The patents-in-suit relate to polymeric fiber matrices for assisting wound healing. According to the SAC, Plaintiff Washington University is the owner by assignment of the '512, '409, '687, and '444 patents, and Plaintiffs Retectix and Acera are exclusive licensees. The SAC further alleges that Acera is the assignee of all rights related to the enforcement of the '228 patent. (D.I. 32 ¶¶ 22-26.)

The SAC alleges that all four Defendants directly infringe the patents-in-suit through their manufacture, use, sale, and importation of the Phoenix Wound Matrix and Rotium Bioresorbable Wick products. (D.I. 32 ¶¶ 6, 15, 19, 27-28.)

I am not going to read into the record my understanding of the legal standard that applies to a motion to dismiss under Federal Rule of Civil Procedure 12(b)(6), or how that rule has been applied in the context of pleading direct infringement. I set forth those standards in my Report and Recommendation in Boston Fog v. Ryobi. And I incorporate those standards by reference here.1

Here, assuming the facts in the SAC to be true, I believe that Plaintiffs have met the threshold for alleging direct infringement by Defendants.

I will start with Count One, which alleges that Defendants' Phoenix Wound Matrix and Rotium Bioresorbable Wick infringe at least claim 1 of the '512 patent. (D.I. 32 ¶ 32.) I'm not going to read claim 1 into the record,2 but it covers a nanofiber scaffold for use in repairing tissue. The claim requires, among other things, first and second layers of polymeric fibers, first and second portions of the scaffold having different tensile strengths, and it requires that the scaffold be configured to be applied to tissue containing the defect, that it be flexible, and that it be configured to degrade via hydrolysis.3

In support of the assertion that the Phoenix Wound Matrix includes a nanofiber scaffold for use in repairing a tissue defect, the SAC points to documents that describe the Phoenix Wound Matrix as a conformable three-dimensional matrix made from two types of polymer fibers. (See, e.g., D.I. 32 ¶¶ 28, 34-35, Exs. 5-7.) The SAC also points out that Defendants' own publications contain SEM micrographs that illustrate the nanofiber scaffold. (See, e.g., id. ¶ 35, Ex. 7.) The SAC further alleges that the Phoenix Wound Matrix is advertised as being bioabsorbed after 14 to 21 days after degrading via hydrolysis. (Id. ¶¶ 28, 36, Exs. 5, 7.)

In addition, the SAC walks through every element of claim 1 and alleges that each claim element is met by the Phoenix Wound Matrix; many of those allegations parrot the language of the elements of claim 1 and state that the element is met on information and belief.4 (Id. ¶ 36.)

As for the Rotium Bioresorbable Wick, the SAC alleges that it has substantially the same structure as the Phoenix Wound Matrix. (Id. ¶ 37.) The SAC also refers to a SEM micrograph that depicts the nanofibers of the Rotium product and points to exhibits that describe the product for use in healing rotator cuff injuries. (Id. ¶ 37, Exs. 8-10.) The SAC also alleges that the Rotium Bioresorbable Wick, as its name suggests, is advertised as being able to be absorbed by the body (i.e., that it degrades) over 3 to 4 months. (Id. ¶ 38, Ex. 10.)

The SAC also walks through every element of claim 1 and alleges that each claim element is met by the Rotium Bioresorbable Wick; many of those allegations parrot the language of the elements of claim 1 and state that the element is met on information and belief.5 (Id. ¶ 38.)

Determining whether a complaint is plausible is a context-specific task that requires the reviewing court to draw on its judicial experience and common sense.6 I conclude that the allegations set forth in count 1 of the SAC are sufficient to put Defendants on notice of the infringing activity. The SAC specifically identifies two accused products, and it alleges that those products contain every limitation of at least claim 1 of the '512 patent. It also points to promotional materials and other exhibits that demonstrate Plaintiff's view as to how at least some of claim elements of a representative claim are met by the accused products. Under these circumstances, I conclude that the claim is plausible.7

Defendants argue that the allegations are insufficient because the SAC falls to plead specific facts . . . connecting the features of the Accused Products to . . . any claim limitations. I reject that argument. For one thing, as I just explained, the SAC does plead some facts that plausibly suggest that the accused products have some of the claim limitations. For example, the SAC expressly refers to attached exhibits that plausibly support its allegations that the accused products are used for repairing a defect in a tissue substrate, that they contain a nanofiber scaffold, and that they degrade via hydrolysis after a certain period of time. And there is no requirement that the plaintiff plead facts establishing that each element of an asserted claim is met.8

Defendants take issue with Plaintiff's allegations on information and bellef with respect to the remaining claim elements. But pleading upon information and belief is permissible where the requisite facts are particularly within the defendant's knowledge and control.9

Here, Plaintiffs contend—and Defendants don't seriously dispute—that given the nature of the technology, it is difficult to determine from a finished product whether the internal structure of the accused products meets certain claim limitations, for example, the requirement that the claimed nanofiber scaffold have a first layer and a second layer. (D.I. 20 at 19.)

Plaintiffs also contend—and Defendants don't seriously dispute—that Defendants, at least at the time of briefing, had declined to provide discovery that would demonstrate whether the accused products have more than one layer. I'm not saying that Defendants' refusal to provide discovery was inappropriate, but it is a fact. Plaintiffs argue that it is unclear from publicly available information whether the accused products have more than one layer (D.I. 20 at 20; D.I. 39 at 11), and Defendants appear to have taken the position that samples of the accused products are not available to the public or competitors for testing or reverse engineering (D.I. 40, Ex. 1). Under these circumstances, I find that Plaintiffs' allegations on information and belief are appropriate. I do not recommend dismissal of Count One on that basis.

Defendants also point out that Count Four of the SAC alleges that the accused products infringe the '228 patent, which requires a single layer. According to Defendants, the accused products cannot both infringe the two-layer claims in the '512 patent (Count One) and the single layer claims of the '228 patent (Count Four). And that, according to Defendants, makes both counts implausible. I disagree. It is permissible to plead in the alternative.10 Moreover, whether the accused products have one layer or multiple layers is a fact that Plaintiffs say they don't have access to and Defendants do. And there are also potential issues with respect to claim construction that are implicated. So, I do not recommend dismissal on that basis.

Defendants' arguments for dismissal of Counts Two through Five mirror Defendants' arguments for dismissal of Count One. I reject Defendants' arguments for the same reasons. Of course, Counts Two through Five pertain to different patents, each of which have different claims with different elements.11 Counts Three and Five refer only to the Phoenix Wound Matrix product. But the allegations set forth in Counts Two through Five are in substantially the same format as those in Count One. And they state plausible claims for the same reasons that Count One states a plausible claim. In sum, I conclude that Counts One through Five state plausible claims.

I also note that the parties have already negotiated, and the Court has entered, a Protective Order, which means that the discovery that Plaintiffs say they need should be able to be produced if it hasn't already. (D.I. 38.) I also note that the parties have agreed upon the form of a scheduling order that requires the Plaintiffs to provide infringement contentions 30 days after receiving core technical documents and the Plaintiffs have represented at the hearing today that they could provide contentions within approximately 30 days once the scheduling order is entered. (D.I. 26.) Thus, Defendants will soon have more clarity as to what the allegations are. If Plaintiffs press an unsupportable claim of infringement, the Court will deal with that scenario in the appropriate manner at the appropriate time.

Defendants next argue that Counts One through Five should be dismissed as to Defendants Atreon and Paragen on the basis that [the SAC] fails to provide sufficient notice [to those defendants] of the allegedly infringing conduct. (D.I. 18 at 11.)

I disagree. Essentially, the SAC alleges that each Defendant did everything. Defendants Paragen, RenovoDerm and Atreon are alleged to be subsidiaries of Nanofiber, with the same leadership team. (D.I. 32 ¶¶ 10-11.) The SAC alleges that all Defendants jointly control and direct the manufacture and sale of the accused products (id. ¶ 15), and that they are engaged in the business of manufacturing, selling, offering for sale, and/or importing the Phoenix Wound Matrix and the Rotium Bioresorbable Wick, among other nanofiber scaffold products. (Id. ¶¶ 19, 27, 28, 30.) At this stage, those allegations must be taken as true.12

Moreover, regarding Paragen specifically, it is alleged to have been involved in funding the development and commercialization of the Phoenix Wound Matrix. (Id. ¶¶ 11-12.) The SAC also contends that Paragen's website refers to nanofiber scaffolds as our technology. (Id. ¶ 7.)

Regarding Atreon specifically, the SAC alleges that its website advertises the Rotium Bioresorbable Wick and that it contains a SEM image illustrating the nanofiber scaffold of that product. (Id. ¶¶ 30, 37.) Further, Exhibit 10 is a brochure for the Rotium Bioresorbable Wick and it has Atreon's name on it. It appears to have been put out by Atreon. (Id., Ex. 10.)

That is enough to move forward against all the Defendants at this stage.

For the foregoing reasons, I recommend that the Court deny the motions to dismiss.

This Report and Recommendation is filed pursuant to 28 U.S.C. § 636(b)(1)(B),(C), Federal Rule of Civil Procedure 72(b)(1), and District of Delaware Local Rule 72.1.

FootNotes

1. *Bos. Fog, LLC v. Ryobi Techs., Inc.*, No. 19-2310-LPS-JLH, 2020 WL 1532372, at *3 (D. Del. Mar. 31, 2020), *report and recommendation adopted*, No. 19-2310-LPS-JLH, 2020 WL 8079820 (D. Del. June 12, 2020). A defendant may move to dismiss a complaint under Federal Rule of Civil Procedure 12(b)(6) for failure to state a claim. "To survive a motion to dismiss, a complaint must contain sufficient factual matter, accepted as true, to `state a claim to relief that is plausible on its face.'" *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009) (quoting *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007)). A claim is plausible on its face when the complaint contains "factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged." *Id.* (citing *Twombly*, 550 U.S. at 556). A possibility of relief is not enough. *Id.* "Where a complaint pleads facts that are `merely consistent with' a defendant's liability, it `stops short of the line between possibility and plausibility of entitlement to relief.'" *Id.* (quoting *Twombly*, 550 U.S. at 557).

In determining the sufficiency of the complaint under the plausibility standard, all "well-pleaded facts" are assumed to be true, but legal conclusions are not. *Id.* at 679. "[W]hen the allegations in a complaint, however true, could not raise a claim of entitlement to relief, this basic deficiency should be exposed at the point of minimum expenditure of time and money by the parties and the court." *Twombly*, 550 U.S. at 558 (internal marks omitted).

A complaint sufficiently pleads direct patent infringement when it puts the defendant "on notice of what activity . . . is being accused of infringement." *Nalco Co. v. Chem-Mod, LLC*, 883 F.3d 1337, 1350 (Fed. Cir. 2018) (quoting *K-Tech Telecomms., Inc. v. Time Warner Cable, Inc.*, 714 F.3d 1277, 1284 (Fed. Cir. 2013)); *see also BioMérieux, S.A. v. Hologic, Inc.*, No. 18-21-LPS, 2018 WL 4603267, at *3 (D. Del. Sept. 25, 2018). There is no requirement that the plaintiff "plead facts establishing that each element of an asserted claim is met." *Nalco*, 883 F.3d at 1350 (quoting *In re Bill of Lading Transmission & Processing Sys. Patent Litig.*, 681 F.3d 1323, 1335 (Fed. Cir. 2012)).

The Federal Circuit has further directed that, at this stage of the litigation, the plaintiff is "entitled to all inferences in its favor on its theory [of infringement]." *Id.* at 1349. And district courts have been cautioned against resolving claim construction disputes at this stage. *Id.* (reversing the district court's dismissal because "Defendants' arguments boil down to objections to [Plaintiff's] proposed claim construction . . ., a dispute not suitable for resolution on a motion to dismiss").

2. Claim 1 of the '512 patent recites:

1. A multi-laminar electrospun nanofiber scaffold for use in repairing a defect in a tissue substrate, the multi-laminar electrospun nanofiber scaffold comprising:

a first layer formed by a first plurality of deposited electrospun polymeric fibers; and

a second layer formed by a second plurality of deposited electrospun polymeric fibers, wherein the second layer is combined with the first layer,

wherein at least a first portion of the multi-laminar electrospun nanofiber scaffold comprises a higher density of fibers than a second portion of the multi-laminar electrospun nanofiber scaffold, wherein the first portion comprises a higher tensile strength than the second portion,

wherein the multi-laminar electrospun nanofiber scaffold is configured to degrade via hydrolysis after at least one of a predetermined time or an

wherein the multi-laminar electrospun nanofiber scaffold is configured to be applied to the tissue substrate containing the defect,

wherein the multi-laminar electrospun nanofiber scaffold comprises varying density to be sufficiently flexible to facilitate application of the multi-laminar electrospun nanofiber scaffold to uneven surfaces of the tissue substrate, and

wherein the multi-laminar electrospun nanofiber scaffold comprises varying density to be sufficiently flexible to enable movement of the multi-laminar electrospun nanofiber scaffold by the tissue substrate.

3. *See id.* I am attempting to describe the invention in a way that facilitates ease of reading and understanding. In so doing, I make some generalizations about the claim elements. Nothing I say here should be taken as the Court's views on any current or future claim construction (or any other) issues.

4. Paragraph 36 states in its entirety:

36. The multi-laminar electrospun nanofiber scaffold includes multiple layers of fibers including a first layer formed by a first plurality of deposited electrospun polymeric fibers; and a second layer formed by a second plurality of deposited electrospun polymeric fibers, wherein the second layer is combined with the first layer. On information and belief, the multi-laminar electrospun nanofiber scaffold further includes at least a first portion of a higher density than a second portion of the multi-laminar electrospun nanofiber scaffold. On information and belief, the first portion also has a higher tensile strength than the second portion. The Phoenix Wound Matrix is also advertised as being configured to degrade via hydrolysis after 14-21 days, which is at least one of a predetermined time or an environmental condition. The Phoenix Wound Matrix is and configured to be applied to the tissue substrate containing the defect. Finally, the multi-laminar electrospun nanofiber scaffold making of the Phoenix Wound Matrix includes varying density to be sufficiently flexible to facilitate application of the multi-laminar electrospun nanofiber scaffold to uneven surfaces of the tissue substrate and to enable movement of the multi-laminar electrospun nanofiber scaffold by the tissue substrate. These acts by Defendants constitute infringement of the '512 patent in violation of 35 U.S.C. § 271(a).

5. Paragraph 38 states in its entirety:

38. The multi-laminar electrospun nanofiber scaffold includes multiple layers of fibers including a first layer formed by a first plurality of deposited electrospun polymeric fibers; and a second layer formed by a second plurality of deposited electrospun polymeric fibers, wherein the second layer is combined with the first layer. On information and belief, the multi-laminar electrospun nanofiber scaffold further includes at least a first portion of a higher density than a second portion of the multi-laminar electrospun nanofiber scaffold. On information and belief, the first portion also has a higher tensile strength than the second portion. The Rotium Bioresorbable Wick is designed to be fully absorbed by 3-4 months, which is at least one of a predetermined time or an environmental condition. The Rotium Bioresorbable Wick is configured to be applied to the tissue substrate containing the defect. Finally, the multi-laminar electrospun nanofiber scaffold making of the Rotium Bioresorbable Wick includes varying density to be sufficiently flexible to facilitate application of the multi-laminar electrospun nanofiber scaffold to uneven surfaces of the tissue substrate and to enable movement of the multi-laminar electrospun nanofiber scaffold by the tissue substrate. These acts by Defendants constitute infringement of the '512 patent in violation of 35 U.S.C. § 271(a).

6. *Iqbal*, 556 U.S. at 679.

7. *See Align Tech., Inc. v. 3Shape A/S*, 339 F.Supp.3d 435, 444 (D. Del. 2018) (finding complaint sufficient where it alleged that the accused products practice a representative claim and provided examples drawn from product documentation demonstrating that the accused product possessed at least some of the requirements of the representative claim); *see also Vitaworks IP, LLC v. Prinova US LLC*, No. 19-2260-CFC, 2020 WL 7771040, at *2 (D. Del. Dec. 30, 2020) (denying motion to dismiss notwithstanding plaintiff's contention that the complaint failed to allege facts showing how the accused process practiced each step of the claimed method (citing *Nalco* and *Align Tech.*); *Dynamic Data Techs., LLC v. Brightcove Inc.*, No. 19-1190-CFC, 2020 WL 4192613, at *2 (D. Del. July 21, 2020).

8. *Nalco*, 883 F.3d at 1350 (quoting *In re Bill of Lading Transmission & Processing Sys. Patent Litig.*, 681 F.3d 1323, 1335 (Fed. Cir. 2012)); *Dynamic Data*, 2020 WL 4192613, at *2.

9. *NNCrystal US Corp. v. Nanosys, Inc.*, No. 19-1307-RGA, 2020 WL 616307, at *3 (D. Del. Feb. 10, 2020); *Derma Focus LLC v. Ulthera, Inc.*, 201 F.Supp.3d 465, 469 (D. Del. 2016) ("So long as plaintiffs do not use `boilerplate and conclusory allegations' and `accompany their legal theory with factual allegations that make their theoretically viable claim plausible,'" pleading upon information and belief is permissible under *Twombly/Iqbal* where the requisite facts are peculiarly within the defendant's knowledge or control." (citing *McDermott v. Clondalkin Grp., Inc.*, 649 F. App'x 263, 268 (3d Cir. 2016)).

10. *Cf. Lifetime Indus., Inc. v. Trim-Lok, Inc.*, 869 F.3d 1372, 1381 (Fed. Cir. 2017) ("[T]he Federal Rules permit a party to plead in the alternative." (citation omitted)).

11. (D.I. 32 ¶¶ 39-44 (infringement of '687 patent), 45-49 (infringement of '444 patent), 50-55 (infringement of '228 patent; citing attached exhibits and alleging that the accused products contain poly(glycolic acid) and poly(lactide-co-caprolactone), as required by claim 1), 56-60 (infringement of '409 patent; citing attached exhibits and alleging that the Phoenix Wound Matrix contains more than one type of polymer, as required by claim 44)).

12. *See Align Technology, Inc.*, 339 F. Supp. 3d at 447 ("[Plaintiff] is alleging that both of the Defendants did everything. The allegations must at this stage, be taken as true. Time will tell if plaintiff can prove them.").

Comment

LEAGLE™

ACERA SURGICAL, INC. v. NANOFIBER SOLUTIONS, LLC

No. C.A. No. 20-cv-980-CFC-JLH.

Email | Print | Comments (0)

View Case

ACERA SURGICAL, INC., RETECTIX, LLC, AND WASHINGTON UNIVERSITY, Plaintiffs, v. NANOFIBER SOLUTIONS, LLC, PARAGEN TECHNOLOGIES LLC, ATREON ORTHOPEDICS LLC, AND RENOVODERM LLC, Defendants.

United States District Court, D. Delaware.

August 2, 2021.

ORDER

COLM F. CONNOLLY, *Chief District Judge.*

WHEREAS, the Magistrate Judge issued a Report and Recommendation (D.I. 55);

WHEREAS, the Magistrate Judge recommended in the Report and Recommendation that the Court deny Defendants' motions to dismiss the Second Amended Complaint (D.I. 17, D.I. 35);

WHEREAS, Defendants filed Objections to the Report and Recommendation (D.I. 56); and

WHEREAS, the Court concludes that the Magistrate Judge's Report and Recommendation should be adopted for the reasons stated by the Magistrate Judge in her Report and Recommendation;

NOW THEREFORE, at Wilmington on this Second day of August in 2021, IT IS HEREBY ORDERED that

1. The Magistrate Judge's Report and Recommendation (D.I. 55) is ADOPTED;
2. Defendants' Objections (D.I. 56) are OVERRULED; and
3. Defendants' motions to dismiss (D.I. 17; D.I. 35) are DENIED.

Comment

Your Name

Your Email

Comments

1000 Characters Remaining

Leagle.com reserves the right to edit or remove comments but is under no obligation to do so, or to explain individual moderation decisions.

Acera Surgical, Inc.

Wholesaler Application-Section 9 Attachments

List of Officers and Directors

Name	Title
Michael Finegan	CEO
Matthew MacEwan	CSO
Julie Cochran	COO
Corey Brennen	CCO
Rodney Wilson	Board Member
Agnes Rey-Giraud	Board Member

List of All Corporation Shareholders and their percent ownership > 10%

Name	Percentage
Nanoholding, LLC	19%
Wilson Family Legacy Trust No. 1, Rodney Wilson, Trustee	17%
Agnes Rey-Giraud, as Trustee of the Family Legacy Trust No. 1	14%

Attached DE Statement of Good Standing

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant

Osteo Strength Med, LLC (Consultant
Surgical Innovations, LLC (Consultant)
Trinet (PEO)
Zane Korth (Employee)

Need copy of your license, certification, permit or registration issued to your wholesaler business in which wholesaler is located

The State of Missouri does not require Acera to hold a MDEG license.
We are not required to obtain a business license since we are located in the unincorporated area of St. Louis County, MO. I have attached a Certificate of No Tax Due issued by the State of Missouri.

Attached proof of insurance-shall maintain liability insurance of at least 1,000,000

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACERA SURGICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACERA SURGICAL, INC." WAS INCORPORATED ON THE SEVENTH DAY OF JANUARY, A.D. 2013.

Jeffrey W. Bullock, Secretary of State

5270763 8300

SR# 20223289992

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204185484

Date: 08-17-22

The Secretary of State of Delaware issued a certificate for ACERA SURGICAL, INC. whose file number is 5270763 on 08/17/2022 under request number 20223289992 for authentication number 204185484



TAXATION DIVISION
PO BOX 3666
JEFFERSON CITY, MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: 573-751-9268
Fax: 573-522-1265
E-mail: taxclearance@dor.mo.gov

ACERA SURGICAL INC
1650 DES PERES RD STE 120
SAINT LOUIS, MO 63131-1851

DATE: 12/28/2022
VALID THROUGH: 03/28/2023

CERTIFICATE OF NO TAX DUE

MISSOURI ID: 22023411
Notice Number 2035343473

To Whom It May Concern: The Department of Revenue, State of Missouri, certifies the above listed taxpayer has filed all required returns and paid all sales or withholding tax due, including penalties and interest, and does not owe any sales and withholding tax, as of December 27, 2022. This review does not include returns that are not required to be filed as of this date or that have been filed but not yet processed by the Department.

This statement only applies to sales and withholding tax due and is not to be construed as limiting the authority of the Director of Revenue to assess, or pursue collection of liabilities resulting from final litigation, default in payment of any installment agreement entered into with the Director of Revenue, any successor liability that may become due in the future, or audits or reviews of the taxpayer's records as provided by law.

THIS CERTIFICATE REMAINS VALID FOR 90 DAYS FROM THE ISSUANCE DATE.

TAXATION DIVISION

Acera Surgical, Inc.

FDA Registration



FDA U.S. FOOD & DRUG ADMINISTRATION

Home | Food | Drugs | Medical Devices | Radiation-Emitting Products | Vaccines, Blood & Biologics | Animal & Veterinary

Establishment Registration & Device Listing

FDA Home > Medical Devices > Databases

New Search | Back To Search Resu

Establishment:
Acera Surgical, Inc. C/O Linda Braddon, PhD
7842 Hickory Flat Hwy Ste B
Woodstock, GA 30188
Registration Number: 3012429393
FEI Number*: 3012429393
Status: Active
Date Of Registration Status: 2022

Owner/Operator:
Acera Surgical, Inc.
1650 Des Peres Rd, Ste 120
Saint Louis, MO US 63131
Owner/Operator Number: 10051479

Official Correspondent:
Lily Jeng
1650 Des Peres Rd, Ste 120
Saint Louis, MO 63131
Phone: 1-844-8792237-707

NAC 639.593(7)(e)

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message

✓ verified
M.H 2/21/25

ACERSUR-01 PBECKER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Patty Swoboda	
The Daniel and Henry Co. 1001 Highlands Plaza Drive West Suite 500 Saint Louis, MO 63110	PHONE (A/C, No, Ext): (314) 444-5072	FAX (A/C, No): (314) 444-1990
	E-MAIL ADDRESS: SwobodaP@danielandhenry.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hanover Insurance Company	22292
INSURED	INSURER B :	
Acera Surgical, Inc. 1650 Des Peres Road, Suite 120 Des Peres, MO 63131	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 10,000,000
	[X] CLAIMS-MADE [ ] OCCUR			LHK-H536658-01	3/26/2022	3/26/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	[X] Products Liability						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	[ ] OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACERSUR-01 PBECKER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT NAME: Patty Swoboda	
The Daniel and Henry Co. 1001 Highlands Plaza Drive West Suite 500 Saint Louis, MO 63110	PHONE (A/C, No, Ext): (314) 444-5072	FAX (A/C, No): (314) 444-1990
	E-MAIL ADDRESS: SwobodaP@danielandhenry.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Citizens Insurance Company of America	31534
INSURED	INSURER B : Hanover Insurance Company	22292
Acera Surgical, Inc. 1650 Des Peres Road, Suite 120 Saint Louis, MO 63131	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ZBK-H536654-01	3/26/2022	3/26/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 0
	OTHER:							$
A	AUTOMOBILE LIABILITY			ZBK-H536654-01	3/26/2022	3/26/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR			UHK-H536659-01	3/26/2022	3/26/2023	EACH OCCURRENCE	$ 9,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 9,000,000
	DED X RETENTION $ 0							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/17/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AON RISK SERVICES SOUTH INC 3550 LENOX ROAD NORTHEAST SUITE 1700 ATLANTA GA 30326	**CONTACT NAME:** Aon Risk Services, Inc of Florida **PHONE (A/C, No, Ext):** 833-506-1544 **FAX (A/C, No):** **EMAIL ADDRESS:** work.comp@trinet.com
INSURED TriNet Group, Inc. Acera Surgical, Inc. 1 Park Place, Suite 600 Dublin, CA 94568-7983	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Indemnity Insurance Company of North America — 43575 **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 15543186 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PROJECT ☐ LOC OTHER						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WLR_C71179904	07/01/2022	07/01/2023	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation coverage is limited to worksite employees of Acera Surgical, Inc. through a co-employment agreement with TriNet HR III, Inc..

CERTIFICATE HOLDER

Acera Surgical, Inc.
1650 Des Peres Road
Suite 120
Saint Louis, MO 63131

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services South Inc

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Acera Surgical, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1650 Des Peres Rd., Ste. 120

City: St. Louis State: MO Zip: 63131

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 844-879-2237 Website: www.acera-surgical.com

Licensing Company Email: kovacs@acera-surgical.com

Section 2: Personal Information

First: Tamas Middle: Last: Kovacs

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]Laclede Ave., Unit [redacted]

City: St. Louis State: MO Zip: 63108

Telephone: 844-879-2237 ext. 711 Email: kovacs@acera-surgical.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Wharton School of the University of Pennsylvania		08/17 - 05/19	
Address	**City**	**State**	**Zip**
373 Spruce Street	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Cornell University		08/05 - 05/10	
Address	**City**	**State**	**Zip**
300 Day Hall	Ithaca	NY	14853
Diploma/Degree obtained, if any			
B.S. - Operations Research and Information Engineering, M. Eng. - Engineering Management			

School Name		From - To (MM/YY – MM/YY)	
Ladue Horton Watkins High School		08/01 - 05/05	
Address	**City**	**State**	**Zip**
1201 S. Warson Road	St. Louis	MO	63124
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19 - present	[redacted] Laclede Ave., Unit 501	St. Louis	MO	63108
08/18 - 05/19	[redacted] Market St., #907	Philadelphia	PA	19103
07/17 - 08/18	[redacted] Chestnut St., #1001	Philadelphia	PA	19103
12/14 - 07/17	[redacted] Forest Park Ave, Unit 313	St. Louis	MO	63108
01/10 - 12/14	[redacted] Crandon Dr.	St. Louis	MO	63105

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Acera Surgical, Inc.			10/12 - present	
Business Address		**City**	**State**	**Zip**
1650 Des Peres Rd., Suite 120		St. Louis	MO	63131
Phone	**Title**		**Number of Employed Hours**	
844-879-2237	V.P., Operations		15,000+	
Description of Duties				
Product development, R&D, manufacturing and supply-chain, quality management, regulatory, customer service and sales operations, IT, and general business operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name N/A		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Tamas Kovacs, **certify that as the designated representative for**

Acera Surgical, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TK I am at least 21 years of age;
3. TK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tamas Kovacs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tamas Kovacs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of St. Louis

I, Tamas Kovacs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

09/28/2022

Date

Subscribed and Sworn to before me this 28 day of September, 2022

Notary Public Signature

LISA MARIA TOURRETTE
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
MY COMMISSION EXPIRES FEBRUARY 13, 2026
ST. LOUIS COUNTY
COMMISSION #22797226

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Acera Surgical, Inc. MDEG License # (if applicable): N/A

Physical Address: 1650 Des Peres Rd., Ste. 120

City: St. Louis State: MO Zip: 63131

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 844-879-2237 Website: www.acera-surgical.com

Licensing Company Email: kovacs@acera-surgical.com

Section 2: Personal Information

First: Tamas Middle: Robert Last: Kovacs

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Laclede Ave., Uni[redacted]

City: St. Louis State: MO Zip: 63108

Telephone: 844-879-2237 Ext. 711 Email: kovacs@acera-surgical.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Wharton School of the University of Pennsylvania		08/17 - 05/19	
Address	**City**	**State**	**Zip**
3733 Spruce Street	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Cornell University		08/05 - 05/10	
Address	**City**	**State**	**Zip**
300 Day Hall	Ithaca	NY	14853
Diploma/Degree obtained, if any			
B.S - Operations Research and Information Engineering, M. Eng. - Engineering Management			

School Name		From - To (MM/YY – MM/YY)	
Ladue Horton Watkins High School		08/01 - 05/05	
Address	**City**	**State**	**Zip**
1201 S. Warson Road	St. Louis	MO	63124
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19 - present	[redacted] Laclede Ave., Unit [redacted]	St. Louis	MO	63108
08/18 - 05/19	[redacted] Market St., [redacted]	Philadelphia	PA	19103
07/17 - 08/18	[redacted] Chestnut St., [redacted]	Philadelphia	PA	19103
12/14 - 07/17	[redacted] Forest Park Ave., Unit [redacted]	St. Louis	MO	63108
01/10 - 12/14	[redacted] Crandon Dr.	St. Louis	MO	63105
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Acera Surgical, Inc.			10/12 - present	
Business Address		**City**	**State**	**Zip**
1650 Des Peres Rd., Suite 120		St. Louis	MO	63131
Phone	**Title**		**Number of Employed Hours**	
844-879-2237	V.P., Operations		15,000+	
Description of Duties				
Product development, R&D, manufacturing and supply-chain, quality management, regulatory, customer service and sales operations, IT, and general business operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	N/A	City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

09/27/2022
Date

I, Tamas Kovacs, **certify that as the MDEG Administrator for**

Acera Surgical, Inc.,

that I (initial that you have read and meet the following requirements):

1. TK Have a high school diploma or its equivalent;
2. TK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tamas Kovacs
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/27/2022
Date

Board Use Only	Date Received: 1-9-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Acera Surgical, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1660 Des Peres Rd., Ste 120

City St. Louis State MO Zip 63131

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone 844-879-2237 Website www.acera-surgical.com

Licensing Company Email cochran@acera-surgical.com

Section 2: Personal Information

First Rodney Middle Gerard Last Wilson

Alias(es, nicknames, name changes, etc.) Jake

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Fair Oaks Dr.

City St. Louis State MO Zip 63124

Telephone [redacted] Email ww2dinvestments@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. Louis University		9/90-6/95	
Address	**City**	**State**	**Zip**
1 N Grand Blvd	St. Louis	MO	63103
Diploma/Degree obtained, if any			
Master in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
St. Louis College of Pharmacy		9/85-6/90	
Address	**City**	**State**	**Zip**
1 Pharmacy Place	St. Louis	MO	63110
Diploma/Degree obtained, if any			
BS of Pharmacy Degree			

School Name		From - To (MM/YY – MM/YY)	
Ste. Genevieve High School		09/81-06/85	
Address	**City**	**State**	**Zip**
725 Washington St.	Ste. Genevieve	MO	63124
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/07-Current	[redacted] Fair Oaks Dr.	St. Louis	MO	63124
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Acera Surgical, Inc. | From - To (MM/YY – MM/YY): 10/18 - Current
Business Address: 1650 Des Peres Rd | City: St. Louis | State: MO | Zip: 63131
Phone: 844-879-2237 | Title: Board Member
Description of Duties: Board Duties

Business Name: Evergreen Innovations, Inc. | From - To (MM/YY – MM/YY): 6/17 - Current
Business Address: 504 Malcolm Ave SE #200 | City: Minneapolis | State: MN | Zip: 55414
Phone: 612-545-5555 | Title: Board Member
Description of Duties: Board Duties

Business Name: Legacy Drug Store | From - To (MM/YY – MM/YY): 2/16 - Current
Business Address: 609 N State Hwy 47 & B | City: Warrenton | State: MO | Zip: 63383
Phone: 636-377-4102 | Title: Board Member
Description of Duties: Board Duties

Business Name: Focus Scripts | From - To (MM/YY – MM/YY): 07/14 - 5/19
Business Address: 2 Cityplace Dr. 2nd Floor | City: St. Louis | State: MO | Zip: 63141
Phone: 888-290-5156 | Title: Board Member
Description of Duties: Board Duties

Business Name: Bellevue Pharmacy | From - To (MM/YY – MM/YY): 8/10 - 9/14
Business Address: 22 Millwell Dr. | City: Maryland Heights | State: MO | Zip: 63043
Phone: 314-727-8787 | Title: CEO
Description of Duties: CEO - ran the company

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/23/2020		DE		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
C.A. No.20-980-JLH		U.S. District Court for the District of Delaware		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
See Below			See Below	
Name of Business/Industry/Entity				
See Below				

Provide explanation below:

Acera Surgical, Inc. originally filed the complaint on 7/23/2020. The case number is C.A. No.20-980-JLH in the United States District Court for the District of Delaware.

The lawsuit involves Acera Surgical, Inc., Retectix, LLC, and Washinton University v. Nanofiber Solutions, LLC, Paragen Technologies, LLC, Atreon Orthopedics LLC, and Renovoderm LLC.

A counterclaim is dated 8/18/2021. Nanofiber Solution LLC, and the Research Foundation for the State University of New York v. Acera Surgical, Inc.

Acera Surgical, Inc. has asserted multiple patents against Defendants in view of the sale of certain products made from electrospun fibers. Nanofiber Solutions and SUNY NY have countersigned for infringement of two patents.

Case is currently proceeding through fact discovery. Current trial date is October 30, 2023.

Original Signature (electronic, copies or stamps not accepted)

12/14/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rodney D. Wikan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/31/22

Date

Please have this section completed in the presence of a Notary Public.

State of Missouri, ss. County of St. Louis

I, Lisa Maria Tourrette, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/31/22

Date

Subscribed and Sworn to before me this 31 day of October, 2022

Lisa Maria Tourrette

Notary Public Signature

LISA MARIA TOURRETTE
NOTARY PUBLIC - NOTARY SEAL
STATE OF MISSOURI
MY COMMISSION EXPIRES FEBRUARY 13, 2026
ST. LOUIS COUNTY
COMMISSION #22797226

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Acera Surgical, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 1650 Des Peres Rd., Ste.120

City: St. Louis State: MO Zip: 63131

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 844-879-2237 Website: www.acera-surgical.com

Licensing Company Email: cochran@acera-surgical.com

Section 2: Personal Information

First: Agnes Middle: Last: Rey-Giraud

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] MossRock ct.

City: Longmont State: CO Zip: 80503

Telephone: [redacted] Email: ARGPink@gmail.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University Of Chicago		08/97-03/9	
Address	**City**	**State**	**Zip**
5807 S Woodlawn Ave	Chicago	IL	60637
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
EM Lyon business school		09/86-12/87	
Address	**City**	**State**	**Zip**
23 Av. Guy de Collongue	Eculy	France	69130
Diploma/Degree obtained, if any			
Master of Management, Operations Management			

School Name		From - To (MM/YY – MM/YY)	
Ecole National D'Ingenieurs de Saint Etienne		09/82-06/86	
Address	**City**	**State**	**Zip**
58 rue Jean Parot	Saint Etienne	France	42023
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Lycee Etienne Mimard			
Address	**City**	**State**	**Zip**
32 rue Etienne Mimard	Saint Etienne	France	42021
Diploma/Degree obtained, if any			
Baccalaureat, Science and technology			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2022	[redacted] Mossrock ct	Longmont	CO	80503
07/20-07/22	[redacted]county rd [redacted]	Lyons	CO	80540
11/16-07/20	[redacted] Washington Avenue	University city	MO	63130
01/15-11/16	[redacted] Carondelet Plaza, unit [redacted]	Clayton	MO	64105
10/08-01/15	[redacted] Laduemont Dr	Creve Coeur	MO	63141

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Acera Surgical			01-13 - Current	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				
Board member and chair of the board, former CEO				

Business Name			From - To (MM/YY – MM/YY)	
Uphealth Inc			06/2020- Current	
Business Address	**City**		**State**	**Zip**
14000 South Military Trail Suite 203	Delrey Beach		FL	33484
Phone	**Title**			
(312) 618-1322	Board member			
Description of Duties				
Board member and Chair of the compensation committee				

Business Name			From - To (MM/YY – MM/YY)	
GoodRx			08/2016- Current	
Business Address	**City**		**State**	**Zip**
233 Wilshire Boulevard Suite 990	Santa Monica		CA	90401
Phone	**Title**			
1 (855) 268-2822	Board member			
Description of Duties				
Board member and chair of the compliance committee				

Business Name			From - To (MM/YY – MM/YY)	
Pritikin			09/11-06/20	
Business Address	**City**		**State**	**Zip**
8755 NW 36th St	Maimi		FL	33178
Phone	**Title**			
(888) 988-7168	Board member			
Description of Duties				
Board Member				

Business Name			From - To (MM/YY – MM/YY)	
HD Smith			03/13-01/15	
Business Address	**City**		**State**	**Zip**
3201 W White Oaks Dr	Springfield		IL	62704
Phone	**Title**			
(217) 391-2659	Board member			
Description of Duties				
Board member				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
MossRock Development LLC			04/21- Current
Business Address	**City**	**State**	**Zip**
15433 Mossrock ct	Longmont	CO	
Phone	**Title**		
3146072581	Manager		
Description of Duties			
Drive development plan and oversight			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4&5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)

Yes.
A) Acera Surgical, Inc., Retectix, LLC, and Washington University v. Nanofiber Solutions, LLC, Paragen Technologies. LLC, Atreon Orthopedics LLC, and Renovoderm LLC, (Claim)
Nanofiber Solution LLC, and the Research Foundation for the State University of New York v. Acera Surgical, Inc. (counterclaim), C.A. No.20-980-JLH In the United States District Court for the District of Delaware.

Acera has asserted multiple patents against Defendants in view of the sale of certain products made from electrospun fibers. Nanofiber Solutions and SUNY NY have counterclaimed for infringement of two patents. Case is currently proceeding. Judge issued decision December 13 in favor of Acera/Retectix/Washingotn University, and the case continues it's proceeding.

B) Jeffery R. Bray et al., v. Avi Katz, et al. Case No. C.A. No. 2022-0489-LWW, Chancery Court of the State of Delaware. See attached Stipulation re Dismissal.

5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?

Yes. Jeffery R. Bray et al., v. Avi Katz, et al. Case No. C.A. No. 2022-0489-LWW, Chancery Court of the State of Delaware. See attached Stipulation re Dismissal.

Original Signature (electronic, copies or stamps not accepted)

12/13/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AGNES REY GIRAUD

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/13/22

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Boulder

I, Agnès Rey Giraud, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/13/22

Date

Subscribed and Sworn to before me this 13th day of Dec, 2022

Notary Public Signature

my commission exp 10-3-2025

ROBIN A DILLON
NOTARY PUBLIC - STATE OF COLORADO
NOTARY ID 19974009536
MY COMMISSION EXPIRES OCT 3, 2025

(Seal)

WEST BEND
A MUTUAL INSURANCE COMPANY

Bond Number 2534713

License and Permit Bond

Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.

Principal: (Full name and address)
Acera Surgical, Inc.
1650 Des Peres Rd Ste 120
Saint Louis, MO 63131-1851
Effective Date: 12/21/2022

Obligee: (Principal's customer)
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89521-4881
Expiration Date: 12/21/2023

PENAL AMOUNT OF BOND:
Twenty-Five Thousand Dollars and Zero Cents Dollars ($ 25,000.00).
lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for:
PHARMACEUTICAL WHOLESALER SURETY BOND -

NOW, THEREFORE, if said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including all amendments) pertaining to the license or permit, then this obligation shall be null and void; otherwise to remain in full force unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall ipso facto terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Principal shall save and keep harmless the Obligee from all losses or damage which it may sustain or for which it may become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond penalty.

Signed with our hands and sealed with our seals this, the 21st day of December 20 22

Acera Surgical, Inc.

(Principal)

WEST BEND MUTUAL INSURANCE COMPANY

Kevin A. Steiner, Chief Executive Officer

WEST BEND MUTUAL INSURANCE COMPANY CORPORATE SEAL WISCONSIN

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

PO Box 620976 | Middleton, WI 53562 Phone (608) 410-3410 | Fax (877) 674-2663 | www.thesilverlining.com

WEST BEND
A MUTUAL INSURANCE COMPANY

THE SILVER LINING®

Bond No. 2534713

POWER OF ATTORNEY

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint

Kevin A. Steiner

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: Twenty-Five Thousand Dollars and Zero Cents 25,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 17th day of August, 2021.

Attest _____
Christopher C. Zwygart
Secretary

WEST BEND MUTUAL INSURANCE COMPANY CORPORATE SEAL WASHINGTON CO. WIS.

_____
Kevin A. Steiner
Chief Executive Officer/President

State of Wisconsin
County of Washington

On the 17th day of August, 2021, before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.

MATTHEW E. CARLTON NOTARY PUBLIC STATE OF WISCONSIN

_____
Matthew E. Carlton
Senior Corporate Attorney
Notary Public, Washington Co., WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 21st day of December 2022

WEST BEND MUTUAL INSURANCE COMPANY CORPORATE SEAL WASHINGTON CO. WIS.

_____
Heather Dunn
Vice President – Chief Financial Officer

Notice Any questions concerning this Power of Attorney may be directed to the Bond Manager at West Bend Mutual Insurance Company

4L

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02665	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: AdvaGen Pharma Ltd.

Physical Address: 666 Plainsboro Road, Suite 605

City: Plainsboro State: NJ Zip: 08536

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.advagenpharma.com

Name of Designated Representative (DR): Narendra N. Borkar

Licensing Company Email: ADV@SLSNY.com DR Email: nnborkar@advagenpharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Virtual

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Mckesson Drug Co.
Address: 6555 State Highway 161 City: Las Colinas State: Tx Zip: 75039
Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017
Name: Amerisource Bergen
Address: 1 West First Ave City: Conshohocken State: PA Zip: 19425
Name: CVS Health
Address: 200 Highland Corporate DR City: Cumberland State: RI Zip: 02864
Mail Code 2200

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): ADVAGEN HOLDINGS, INC.
Corporation/Organization Name: AdvaGen Pharma Ltd.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: ADV@SLSNY.com
Contact Person Name: Christine Cannon

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: NDC #: 72888	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See attached Company Particulars	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** Uses 3PL DEA	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - no MDEG	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - no MDEG	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AdvaGen Pharma Ltd.

Facility Name

Narendra N. Borkar

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/26/2023

Date

Board Use Only	Date Received: 5-1-23	Amount: 1000.00 CK-8117

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AdvaGen Pharma Ltd.

Pharmacy/Wholesaler License # (if applicable) WH02665

Physical Address 666 Plainsboro Road, Suite 605

City Plainsboro State NJ Zip 08536

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.advagenpharma.com

Licensing Company Email ADV@SLSNY.com

Section 2: Personal Information

First Narendra Middle N. Last Borkar

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Congressional CT

City Monroe State NJ Zip 08831

Telephone [redacted] Email nnborkar@advagenpharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rutgers, The State University of New Hersey		1969 - 1974	
Address	**City**	**State**	**Zip**
57 US Highway 1	New Brunswick	NJ	08901
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Detroit		1964 - 1966	
Address	**City**	**State**	**Zip**
4001 W. mcNichols Road	Detroit	MI	48221
Diploma/Degree obtained, if any			
MS, Chemical Engineering			

School Name		From - To (MM/YY – MM/YY)	
University of Bombay, India		1959 - 1963	
Address	**City**	**State**	**Zip**
Mahatma Gandhi Road, Fort, Mumbai	Maharastra, India	Maharashtra	400031
Diploma/Degree obtained, if any			
B. Chem. Eng, Chemical Engineering UDCT			

School Name		From - To (MM/YY – MM/YY)	
ARYAN E. S. HIGH SCHOOL		1955 -1957	
Address	**City**	**State**	**Zip**
SHRI RAM NAGAR	PALGHAR	MAHARASHTRA	401404
Diploma/Degree obtained, if any			
Secondary School Certificate (High school Diploma)			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2004 - Currently	[redacted] Congressional CT	Monroe	NJ	08831
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
AdvaGen Pharma Ltd.			07/2017 - Present	
Business Address		**City**	**State**	**Zip**
666 Plainsboro Road, Suite 605		Plainsboro	NJ	08536
Phone	**Title**		**Number of Employed Hours**	
(609) 269-8128	President		~ 11,961 hrs	
Description of Duties				
Establish sales, marketing and distribution of AdvaGen Pharma Ltd previous parent company, Rubicon Research Pvt Products in the USA. Over 45 yrs experience in brand and generic pharmaceutical industry.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Narendra N. Borkar, **certify that as the designated representative for**

AdvaGen Pharma Ltd.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Narendra N. Borkar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/26/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Narendra N. Borkar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/26/2023

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Narendra N. Borkar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Narendra N. Borkar

04/26/2023

Date

Subscribed and Sworn to before me this 26 day of April, 2023.

Notary Public Signature

GINA M SAPORITO
Notary Public - State of New Jersey
My Commission Expires Mar 7, 2024

(Seal)

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept: of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP

Bio-Data

Name: Narendra N. Borkar

Address: [redacted] Congressional Ct., Monroe, NJ08831

Date of Birth: [redacted]

Phone Number: [redacted]

SUMMARY OF THE BACKGROUND

- **Over forty five years of experience in Brand and Generic Pharmaceutical industry.**
- **Worked for Large Multinationals in US (Merck & Co, Union Carbide) and in India (Roche & Novartis) and Switzerland (Novartis)**
- **Worked as Country Head of Pharmaceutical business in India for Novartis, CEO of Caraco Pharma, Detroit, Mich. and CEO of Aurobindo, USA, Dayton, NJ.**
- **B.S. & MS in Chemical Engineering and an MBA.**
- **Extensive business management and operating experience.**

EXPERIENCE

July 2017 to Present

President, AdvaGen Pharma Ltd.

Establish sales, marketing and distribution of Rubicon Research Pvt. Products in the US.

September 2011 to June 2017

Member of the Board of Directors, Teligent Inc., Buena, NJ

August 2011 to July 2013

Director, Macleods Pharma USA, NJ

Helped Macleod's to establish the strategy for their entry to US Generic Pharmaceutical market. Was responsible for setting up Macleod's sales, marketing, distribution in the US.

October 2007 to July 2010:

Director, CTX Life Sciences Ltd, Surat, India

Advise the Chairman & Managing Director of CTX Life Sciences to prepare and implement the business plan for company's entry to pharmaceutical business. Helped the company in establishing the organization for their API business, implementation of capital investment project for Product Development & Manufacturing facilities at Surat, India, getting the facilities approved for US FDA, establishing company's marketing and distribution organization.

February 2004 to September2007:

CEO , Aurobindo Pharma, USA:

Total responsibility of managing Aurobindo Pharma's business in USA. Was responsible for setting up Aurobindo's sales, marketing, distribution, regulatory operations and acquisition of state of the art facilities for R&D and Manufacturing in Dayton, NJ.

May 1997 to September 2003:

CEO, Caraco Pharmaceutical Laboratories, Detroit, MI

Reported to the Board of Directors with overall responsibility of managing Caraco's business. Was responsible for the turn around of Caraco. Sales increased from $600,000/yr in 1997 to $45 million/yr in 2003 with cash profit of more than $15 million/yr. Market Cap. of the company increased from $ 3.0 million in 1997 to $ 280 million in 2003. Introduced 17 new products with substantial increase in production capacity.

Served on the Board of Directors of Caraco Pharma and Sun Pharma.

December 1981 to April 1997:

Novartis, formerly known as Ciba Geigy.

June 1991 to April 1997: Country Head of Pharmaceutical Business, Novartis, India
Over all responsibility of company's pharmaceutical business in India (850 employees). Responsible for the entire Pharma operation in India including sales & marketing, finances, manufacturing, QA/QC, R & D, regulatory, business development. Successfully turned around Ciba's pharmaceutical business in India. After the merger of Ciba & Sandoz, I was selected as a country head for Novartis's Pharmaceutical business in India. Spearheaded the merger process for Novartis's Pharma business in India.

Served on the Board of Directors of Cibatul and Ciba CKD.

February 1988 to June 1991: Head of Technical Division Novartis (Ciba), INDIA .
Overall responsibility of all the technical operations for Pharmaceutical, Agrochemicals, Plastics, Additives, Synthetic Tanning agents, Dyes and Consumer products in India. Was responsible for manufacturing plants in Mumbai, Goa, Kandala, R&D Center in Mumbai, QA/QC, Project Management and Corporate Planning & Forecasting. (1800 employees)

February 1987 to February 1988: Job Rotation to Ciba Geigy, Basle, Switzerland.
Worked on the strategic plan for Pharma API restructuring in Switzerland.

December 1984 to February 1987: Woks Manager Goa, India Plant.
Overall responsibility of a multi divisional manufacturing facilities for Agriculture Chemicals, Pharmaceuticals, Epoxies, Additives, Leather Chemicals . (550 employees)

December 1981 to February 1984;
Head of Project Management of Ciba Geigy in India.

September 1979 to October1981:

General Manager, Apte Amalgamation.

Responsible for setting up a grass root API facility and establishing company's API business in India.

February 1976 to August 1979:

Works Engineer, Hoffman La Roche, India:

In charge of all engineering activities of the API facilities in India..

December 1968 to February 1976:

Project Manager, Merck & Company, Rahway, NJ:
Worked in Operational Project Engineering Department. Worked on several multi million dollar capital investment projects with overall responsibility for feasibility studies, capital investment estimates, engineering designs, project implementation, construction, start-ups. Coordinated number projects with A/E consulting companies. Was the recipient of the Management Award for outstanding project. Received three promotions in seven years.

April 1966 to December 1968:

Union Carbide Corp., Bound Brook, NJ.:

Worked as project engineer in Chemicals and Plastic Division.

Educational Background;

B. Chem. Eng,. Chemical Engineering, UDCT, University of Bombay, India. (1963)
M. S.. Chemical Engineering, University of Detroit, Mich. (1966)
MBA, Rutgers, The State University of New Jersey. (1974)

Executive Program (TEP) at Darden Business School, University of Virginia (1991)

Bond Continuance

SCIROCCO GROUP INSURANCE

Phone: (201) 727-0070

Invoice # 532947	Page 1 of 1
Account Number	Date
ADVAPHA-01	6/9/2022
Balance Due On	Transacted By
9/2/2022	MLUX
Amount Paid	Amount Due
	$250.00

Advagen Pharma Ltd.
666 Plainsboro Rd Ste 605
Plainsboro, NJ 08536

Remit Payment To:

Scirocco Group - Main Office
777 Terrace Avenue
Suite 309
Hasbrouck Heights, NJ 07604

BOND Commercial **Policy Number: 107226565** **Effective: 9/2/2022** **to 9/2/2023**

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
9883005	9/2/2022	9/2/2022	RENB	NV Pharmaceutical Wholesaler Bond Eff 9/2/2022	$250.00

Total Invoice Balance: **$250.00**

Home State Certificate of Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ADVAGEN PHARMA LTD
0450182788

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on July 10, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022

I further certify that the registered agent and office are:

INCORP SERVICES INC
208 WEST STATE STREET
TRENTON, NJ 08608-1002



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of September, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6136234399

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Company Particulars

AdvaGen Pharma Ltd.

Corporate Address: 666 Plainsboro Road, Suite 605, Plainsboro, NJ 08536 United States
FEIN: 82-1767291
www.advagenpharma.com

Drug Labeler Code: 72888
Incorporation State: DE
Incorporation Date: 5/30/2017

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PBJ	666 Plainsboro Road Suite 605 Plainsboro, NJ 08536 County: Middlesex	N/A	N/A - Uses 3PL DEA	051827256	No	(609) 269-8128	(609) 785-5293

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Narendra N. Borkar	7 Congressional CT Monroe, NJ 08831	President	No	381-50-4562	09/14/40	NJ-B6605 58175 09402	*DR for all states*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
ADVAGEN HOLDINGS, INC.	666 Plainsboro Road Suite 605 Plainsboro, NJ 08536	N/A	100%	N/A	87-1593998	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Narendra N. Borkar	[redacted]Congressional CT Monroe, NJ 08831	President	No	[redacted]			*DR for all states*
Warren James Pefley Jr.	[redacted]Lightberry Lane Hendersonville, TN 37075	Executive Vice President, Sales and Marketing	No				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
InCorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Woodfield Distribution, LLC (NJ)	15 Stults Road Dayton, NJ 08810					
R&S Solutions LLC	96 American Dr Suite 100A Jackson, TN 38301					
Direct Customer Solutions, LLC	4277 HWY 412 S Bells, TN 38006					
Eversana Life Science Services, LLC	4580 Mendenhall Rd Memphis, TN 38141					

3PL - Eversana - DEA Cert.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-07-2022

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-07-2022

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 4/13/2023

Registration Number: 5005490 **Registered as:** Manufacturer and Wholesale
Name: ADVAGEN PHARMA LTD.
DBA:
Address: 666 PLAINSBORO RD, STE 605, PLAINSBORO, NJ 08536
Original Issue Date: 08/16/2018 **Expiration Date:** 01/31/2024
Current Issue Date: 10/27/2022
Disciplines: No

Home State License

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0747774

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

666 PLAINSBORO RD, STE 605 PLAINSBORO, NJ 08536-

Reg. No.
5005490

ADVAGEN PHARMA LTD.
666 PLAINSBORO RD, STE 605
PLAINSBORO, NJ 08536-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

ADVAGEN

AdvaGen Pharma, LTD. Employee List

Narendra Borkar

Eric Schumacher

Warren Pefley

Jordan Pefley

Yasmin Walker

Khevana Shah

Farrah Tatone

Vedalakshmi Rajamony

Gina Saporito

Nancy Pillsbury

Sonia Goel

FDA Labeler Code Proof

From: <edrls@fda.hhs.gov>
Subject: Labeler Code Request Approved
Date: February 11, 2019 at 11:08:21 AM EST
To: <mayura@advagenpharma.com>
Reply-To: <edrls@fda.hhs.gov>

eDRLS - Electronic Drug Registration & Listing System

Current Date: 11-FEB-2019
Labeler DUNS: 051627256
Labeler Name: Advagen Pharma Limited
Labeler Code: 72888

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Avanos Medical Sales, LLC

Physical Address: 5405 Windward Parkway

City: Alpharetta State: GA Zip: 30004

Mailing Address (if different from physical address): Same as physical address above.

City: _____ State: _____ Zip: _____

Telephone: 844-428-2667 Website: www.avanos.com

Name of Designated Representative (DR): Vaughn C. Franklin, Jr.

Licensing Company Email: Vaughn.Franklin@avanos.com DR Email: Vaughn.Franklin@avanos.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☑ Dangerous Drugs	☑ Manufacturer (Virtual)
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Distributors and Clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2018 - 2019	02/24/2020	CO	Denver	Arapahoe

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-2025	Colorado State Board of Pharmacy

Reason/Charge
Disciplinary Action

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Avanos Medical Sales, LLC	N/A

Name of Business/Industry/Entity
Colorado State Board of Pharmacy

Provide explanation below:

While the applicant's facility located in Alpharetta, GA has not been subject to any discipline, as previously reported to your office, Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, was subject to a disciplinary proceeding in February 2020, in the state of Colorado. The charges in dispute were failure to notify the Board in a timely manner in connection with a name change. Avanos paid a $1,150.00 fine and resolved the matter and is currently in good standing with the Colorado State Board of Pharmacy. The delay in notification was inadvertent and procedures have been put in place to ensure that a similar delay does not occur. Enclosed is a copy of the Colorado Stipulation and Final Agency Order.

Original Signature (electronic, copies or stamps not accepted)

3/13/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/2020	8/11/2020	FL	Talahassee	Leon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2019-055427		Florida Department of Business and Professional Regulation		
Reason/Charge				
Settlement Agreement				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Avanos Medical Sales, LLC		N/A		
Name of Business/Industry/Entity				
Florida Department of Business and Professional Regulation				

Provide explanation below:

In addition, as previously reported, in July 2020, Avanos received an administrative complaint from Florida alleging that 1) the company failed to notify the Florida Department of Business and Professional Regulation (Department) within 10 days of a change in Designated Representative; 2) Avanos operated as an out-of-state prescription drug wholesale distributor without a valid permit; and 3) Avanos failed to maintain business records with required elements. Avanos paid a $12,400 fine to resolve the matter and is working towards resolving the issues noted by the Department. Enclosed is a copy of the final Florida Settlement Agreement.

Original Signature (electronic, copies or stamps not accepted)

3/13/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2020	9/22/21	ME	Augusta	Kennebec

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2021-PHA-17386	Maine Board of Pharmacy

Reason/Charge
Consent Agreement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Avanos Medical Sales, LLC	N/A

Name of Business/Industry/Entity
Maine Board of Pharmacy

Provide explanation below:

In September 2021, Avanos in Tucson, AZ received an administrative complaint from Maine alleging that the company failed to notify the Maine Board of Pharmacy (Board) of the Colorado and Florida disciplinary actions within 10 days as required under Maine law. Avanos paid a $500 fine to resolve the matter. Enclosed is a copy of the final Maine Consent Agreement.

Original Signature (electronic, copies or stamps not accepted)

3/13/23
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - Start up location

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: North Carolina

Parent Company (if any): Avanos Medical, Inc. (publicly traded company)

Corporation/Organization Name: Avanos Medical Sales, LLC

Mailing Address: 5405 Windward Parkway

City: Alpharetta State: GA Zip: 30004

Telephone: 844-428-2667 Email: Vaughn.Franklin@avanos.com

Contact Person Name: Vaughn C. Franklin, Jr.

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
NA 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Applicant is wholly-owned by its publicly-traded parent company.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment D	✓	✓	✓	✓
See Attachment G • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment I	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
N/A - See Attachment B • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Avanos Medical Sales, LLC

Facility Name

Vaughn C. Franklin, Jr.

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/13/23

Date

Board Use Only	Date Received: 3-20-23	Amount: 1000.00 CK-1825235

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept. of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP



Attachment A

Regarding the Disciplinary Actions

While the applicant's facility located in Alpharetta, GA has not been subject to any discipline, as previously reported to your office, Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, was subject to a disciplinary proceeding in February 2020, in the state of Colorado. The charges in dispute were failure to notify the Board in a timely manner in connection with a name change. Avanos paid a $1,150.00 fine and resolved the matter and is currently in good standing with the Colorado State Board of Pharmacy. The delay in notification was inadvertent and procedures have been put in place to ensure that a similar delay does not occur. Enclosed is a copy of the Colorado Stipulation and Final Agency Order.

In addition, as previously reported, in July 2020, Avanos received an administrative complaint from Florida alleging that 1) the company failed to notify the Florida Department of Business and Professional Regulation (Department) within 10 days of a change in Designated Representative; 2) Avanos operated as an out-of-state prescription drug wholesale distributor without a valid permit; and 3) Avanos failed to maintain business records with required elements. Avanos paid a $12,400 fine to resolve the matter and is working towards resolving the issues noted by the Department. Enclosed is a copy of the final Florida Settlement Agreement.

Lastly, in September 2021, Avanos received an administrative complaint from Maine alleging that the company failed to notify the Maine Board of Pharmacy (Board) of the Colorado and Florida disciplinary actions within 10 days as required under Maine law. Avanos paid a $500 fine to resolve the matter. Enclosed is a copy of the final Maine Consent Agreement.

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 27, 2020

Avanos Medical Sales, LLC
6620 S. Memorial Place, Suite 100
Tucson, AZ 85706

Sent via email: Alzira.Martins@avanos.com

RE: Case No. 2019-2025 - Stipulation and Final Agency Order

Dear Pharmacy Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective February 24, 2020.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released you from the terms and conditions of the February 24, 2020, Stipulation and Final Agency Order and restored your Registration No. WHO.0007416 to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Program Director

cc: Dennis Morris - sent via email: dennis.morris@hyh.com
Thomas Kozma sent via email: Thomas.Kozma@avanos.com
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2025

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AVANOS MEDICAL SALES, LLC, REGISTRATION NO. WHO 7416,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Avanos Medical Sales ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-2025, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2017).

2. Respondent Outlet was originally registered in the State of Colorado on or about June 19, 2008, being issued registration number WHO 7416, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 6620 S. Memorial Place, Ste. 100, Tucson, Arizona 85706.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a name change and fee. In this case, 120 days transpired between September 17, 2018, the date the name changed, and January 14, 2019, the date the application and fee were received.

6. Respondent Outlet admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and

provides grounds for disciplinary action against Respondent Outlet's Colorado registration as a wholesaler outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Pharmacy Board Rules and Regulations

4.05.00 License Changes.
a. Name change. A licensee shall report a name change and provide appropriate supporting documentation within 30 days of such change. If the licensee wishes to obtain a new wall license with the new name, the licensee shall pay the requisite fee.

DISPOSITION

7. Letter of Admonition. This Final Agency Order shall constitute a Letter of Admonition as set forth in section 12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Outlet for the acts and omissions described in paragraphs 5-6 above.

8. Waiver of Right to Contest. By entering into this Final Agency Order, Respondent Outlet agrees to waive the right provided by section 12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents **($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7416) and the case number (2019-2025) on the check.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none

of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 21 Feb. 2020

Authorized Representative

Thomas Kozma, Director, Regulatory Affairs

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 24 day of February, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2019-055427**

v.

AVANOS MEDICAL SALES, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055427 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Avanos Medical Sales, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as an out-of-state prescription drug wholesale distributor.

2. Respondent's address of record is 6620 South Memorial Place, Suite 100, Tucson, AZ 85756.

3. Respondent was issued a Notice of Violation on July 8, 2020, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

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adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019055427, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of twelve thousand and four hundred dollars ($12,400). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2019-055427 have been corrected.

9. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

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STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055427. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

13. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

17. It is expressly understood that this agreement is subject to approval of the

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Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

AVANOS MEDICAL SALES, LLC	**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,**
By: DocuSigned by: Michelle Sadler E1CCC08B50CF417...	By: Walter S. Copeland
Name: Michelle Sadler	Name: WALTER S. COPELAND
Title: Senior Director Global Regulatory Affairs	Title: DIVISION DIRECTOR
Date: 29-Jul-20	Date: 08.11.2020

Prepared by:

Curt Bender
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

September 22, 2021

Sent via email: ross.mansbach@avanos.com

Avanos Medical Sales LLC
Attn: Samuel Ross Mansbach
Senior Vice President and General Counsel (Interim)
5405 Windward Parkway
Alpharetta, GA 30004-4667

Re: Complaint No. 2021-PHA-17386

Dear Mr. Mansbach:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $500.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact our office at (207) 624-8651 with any questions.

Sincerely,

Jessica Gowell

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: John Nichols, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Board Investigator
Kelly McLaughlin, Complainant

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
AVANOS MEDICAL SALES, LLC	)	CONSENT AGREEMENT
	)	
Case No. 2021-PHA-17386	)	
	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Avanos Medical Sales, LLC, for the renewal of its prescription drug wholesaler license. The parties to this Consent Agreement are: Avanos Medical Sales, LLC ("Avanos"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since November 28, 2016, Avanos has been licensed in Maine as a prescription drug wholesaler with a registered location of 6620 South Memorial Place, Suite 100, Tucson, Arizona (license number **WH70002353**).

2. On February 24, 2020, the Colorado State Board of Pharmacy imposed discipline against Avanos's Colorado registration as a non-resident wholesaler (Registration # WHO 7416) in Case No. 2019-2025.

3. Avanos then failed to report the Colorado disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On August 11, 2020, the State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics, imposed discipline against Avanos's Florida license in Case Number 2019-055427.

5. Avanos then failed to report the Florida disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

6. On September 25, 2020, Avanos reported to the Board for the first time that it had been disciplined by the Colorado State Board of Pharmacy and the State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics.

7. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

8. At its meeting on August 5, 2021, the Board reviewed the above information and voted to preliminarily deny Avanos's application for renewal of its license to be a prescription drug wholesaler. In lieu of the denial, the Board also voted to offer Avanos this Consent Agreement. Unless Avanos either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, by **September 11, 2021,** the preliminary denial of Avanos's application for licensure as a prescription drug wholesaler will become final.

COVENANTS

9. Avanos admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant

to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken in another jurisdiction against a professional license no later than 10 days after the action was taken.

10. As discipline for the violation admitted to in paragraph 9 above, Avanos agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of five hundred dollars ($500.00) payment of which shall be made payable to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. Upon receipt of the signed Consent Agreement with the enclosed payment of the civil penalty from Avanos, the Board will renew Avanos's license contingent upon it meeting all other eligibility criteria.

12. Violation of any of the terms or conditions of this Consent Agreement by Avanos shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and Avanos agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Avanos fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Avanos, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Avanos. The Board may also

consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Avanos.

14. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

15. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

16. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

17. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

18. Avanos acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 8/20/2024

AVANOS MEDICAL SALES, LLC

By: _____

Print Name: Miriam Sola

Title: Sr. VP GA/RA PS

DATED: _____

_____

BRADLEY S. HAMILTON, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 9/22/21

_____

JOHN NICHOLS
Assistant Attorney General

Attachment B

FDA Registration

The owner/operator associated with this registration number is for Avanos Medical Sales, LLC's parent company, Avanos Medical, Inc.

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Avanos Medical, Inc. (Formerly Halyard Health Inc.)
Business Trade Names:
(1) Avanos Medical Sales, LLC (2) Avent, Inc. (3) Halyard Health, Inc. (4) Halyard Sales, LLC

5405 Windward Parkway
Alpharetta, GA 30004
Registration Number: 3011270181
FEI Number*: 3011270181
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
Avanos Medical, Inc.[6]
5405 Windward Parkway
Alpharetta, GA US 30004
Owner/Operator Number: 2022573[7]

Official Correspondent:
Leah Papp
Avanos Medical
5405 WINDWARD PARKWAY
Alpharetta, GA 30004
Phone: 1-908-2291744

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2022573&OwnerOperator
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Page Last Updated: 02/13/2023

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AVANOS MEDICAL SALES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of March, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of February, 2023.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 115477311-1 Reference# 19525541- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005522 Status: Active

Avanos Medical Sales LLC
5405 Windward Pkwy Room 4S-4034
Alpharetta GA 30004

Expires: 06/30/2025
Issued: 03/09/2023

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005522 Status: Active
Avanos Medical Sales LLC
5405 Windward Pkwy
Alpharetta GA 30004

Expires: 06/30/2025
Issued: 03/09/2023
Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: Avanos Medical Sales LLC

Owner:

DBA:

Address: 5405 Windward Pkwy Room 4S-4034
Alpharetta GA 30004

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH005522	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	3/9/2023	**Expiration Date:**	6/30/2025	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: March 10, 2023 9:33:9
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

WHOLESALER AND REVERSE DISTRIBUTOR

Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

INFORMATION

Inspection Type New Facility

Application # 1938266

Business Type: Wholesaler

Last GDNA inspection date N/A

Today's date 03/06/2023

Facility Name: Avanos Medical Sales, LLC

County: Fulton

Permit #: pending Exp: pending DEA #: N/A Exp: N/A Schedules: N/A

Current address: 5405 Windward Parkway, room 4s-4034

City: Alpharetta State: Georgia ZIP Code: 30004

Phone: 470-448-5000 Fax: N/A Website: avanos.com

Hours of Operation: m-f 8a-5p sat/sun cls

Manager's Name: Vaughn Franklin

License & Expiration Date: (if applicable) N/A

List all persons responsible for storage, handling, records, & distribution of prescription medications: Vaughn Franklin, Valarie Paquin

Generally describe the business model for this location: Virtual wholesale distribution of prescription medical devices and drugs and kits that contain prescription drugs.

SATISFACTORY

	SATISFACTORY
General (480-7-.03(2)(g))	
1. Commercially zoned	1. Yes
2. Business license	2. Yes
Facility (480-7-.03(7)(a))	
3. Sufficient size & construction	3. Yes
4. Clean & orderly	4. Yes
5. Free from infestation	5. Yes
Storage Areas (480-7-.03(7)(a))	
6. Adequate lighting & ventilation	6. Yes
7. Sanitation	7. Yes
Quarantine Areas for the following: (480-7-.03(7)(a))	
8. Returned prescription drugs	8. Yes
9. Damaged prescription drugs	9. Yes
10. Outdated prescription drugs	10. Yes
11. Deteriorated prescription drugs	11. Yes
12. Misbranded/adulterated Rx drugs	12. Yes
13. Open Containers	13. Yes
Security (480-7-.03(7)(b))	
14. Controlled outside access	14. Yes
15. Outside perimeter lighting	15. Yes

	SATISFACTORY
Security (480-7-.03(7)(b)) continued	
16. Limited access to drugs	16. Yes
17. After hours alarm system	17. Yes
18. Prevention of drug diversion and theft	18. Yes
19. Prevention of computer and electronic tampering	19. Yes
20. Prevention of record theft	20. Yes
Storage Conditions (480-7-.03(7)(c))	
21. Temperature monitored & recorded	21. Yes
22. Humidity monitored & recorded	22. Yes
Examination of Materials (480-7-.03(7)(c))	
23. Upon receipt, examination of shipping containers for contamination	23. Yes
24. Inspection of outgoing shipments	24. Yes
Required Policies and Procedures (480-7-.03(8))	
25. Use of oldest product first	25. Yes
26. FDA/Board recalls and withdrawals	26. Yes
27. Manufacturer drug removal	27. Yes
28. Emergency situations	28. Yes
29. Outdated drug segregation	29. Yes
30. Other drug disposal	30. Yes

Revised 02/11/2019

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

WHOLESALER AND REVERSE DISTRIBUTOR

Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Record Keeping — SATISFACTORY

31. Records kept of all transactions regarding the receipt, distribution or disposition of prescription drugs. (480-7-.03(7)(f))	31. Yes
32. Inventories and records kept for two (2) years. (480-7-.03(7)(i))	32. Yes
33. Records kept on site or immediately retrievable within two (2) working days. (480-7-.03(7)(j))	33. Yes
34. DEA Biennial Inventory (date: N/A) (480-7-.03(10)(b))	34. N/A
35. All prescription medication is shipped, sold or delivered to properly licensed persons or firms. (480-7-.03(7)(g)(1))	35. Yes
36. Copies of permits/licenses where prescription medication is shipped, sold, or delivered. (480-7-.03(7)(g))	36. Yes

List prescription drug suppliers: tbd

ADDITIONAL INFORMATION

- Licenses shall become null and void upon the sale, transfer or change of mode of operation or location of the business. (480-7-.03(3)(c))
- No drug wholesale distributor, located inside the State of Georgia, may ship to, sell to, or otherwise deliver a dangerous drug or controlled substance to a person or firm unless that person or firm holds a license or permit which authorizes them to purchase, buy, receive or otherwise possess drugs. (480-7-.03(7)(g)(1))
- Licenses are renewed for two years and expire on June 30th of each odd numbered year. (480-7-.03(3)(d))
- Georgia State Board of Pharmacy Website: WWW.GBP.Georgia.GOV;
- Georgia Drugs & Narcotics Agency Website: WWW.GDNA.Georgia.GOV

COMMENTS OR RECOMMENDATIONS

This inspection was conducted pursuant to application # 1938266.

Present during this inspection was Tracy Weldon, Director of Quality, Systems, and Design and Vaughn Franklin, Discussed with Vaughn Franklin, Sr. Quality Manager, GPMS, to update the board of pharmacy to amend the current application page 3 to include room 4s-4034 in the address. Facility has security cameras throughout the building monitoring access to prescription products. If any controlled substances are stored or distributed the registrant must contact GDNA and Board of Pharmacy immediately.

5) Facility presented a copy of a pest control invoice from Team Pest USA dated 12/06/2022.

17) Facility presented copy of after hours alarm contract from Allied Universal Security Services dated 11/08/2021 (expires 12/31/2024).

35,36) Facility to ensure Rx (prescription) Only medications and devices are received from or distributed to GA licensed entities.

Facility meets minimum requirements for approval.

SIGNATURE

This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Printed Name: [signature]

Signature: Facility Representative

Today's Date 03/06/2023

Printed Name: Ron Hoofs

[signature]

Special Agent, Georgia Drugs and Narcotics Agency

Revised 02/11/2019

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Southwest, Inc.
Dallas TX Office
5005 Lyndon B Johnson Freeway
Suite 1500
Dallas TX 75244 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Ironshore Specialty Insurance Company	25445
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Avanos Medical, Inc
5405 Windward Parkway
Alpharetta GA 30064 USA

COVERAGES **CERTIFICATE NUMBER:** 570096300075 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Products Liab			HC7CAB4CMK003	11/01/2022	11/01/2023	Per Occurrence	$10,000,000
				SIR applies per policy terms & conditions			Aggregate	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insured includes: Avanos Medical Sales, LLC.

CERTIFICATE HOLDER

Porzio Life Sciences, LLC
100 Southgate Parkway
PO Box 1997
Morristown NJ 07962-1997 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Southwest, Inc.

Holder Identifier :

Certificate No : 570096300075

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Attachment D

LLC Information

Avanos Medical Sales, LLC

Avanos Medical Sales, LLC is wholly-owned by its parent company, Avanos Medical, Inc., a publicly traded company.

LLC Officers:

Kerr W. Holbrook
Sr. Vice President and Chief Commercial Officer

Mojirade James
SVP and General Counsel

Michael C. Greiner
SVP and CFO

Designated Representative:

Vaughn C. Franklin, Jr.
Sr. Manager, GPMS

Enclosed please find a list of employees.

List of all Alpharetta, GA site employees:

1. Audra Power
2. Emily Bond
3. Sharon Henson
4. Mark Ellswood
5. Juanita Lockhart
6. John Brewer
7. Donna Chitwood
8. Jennifer Davidenko
9. Derek Heffron
10. Kecia Whitehead
11. Melissa Thomason
12. Kathy Hogan
13. Veronica De Garde
14. Holly Porkash
15. Terri McWhirter
16. Carl Thomason Jr.
17. Marco Monreal
18. Dean Bergman
19. Stacie Schulze
20. Manuel Saavedra Jr.
21. Chuang Hsu
22. Ed Madsen
23. Teresa Meier
24. Angela Mitchell
25. Brian Gustin
26. Sanford White
27. Amar Chanani
28. Daisy Cutajar
29. Nathan Harris
30. Donna Helfrick
31. Aaron Smith
32. Julie Taking
33. Lori Hand
34. Tatiana Zuniga
35. Dorothy Phillips
36. Tracia Williams
37. Craig Adams
38. James Takeuchi
39. Debra Pressel
40. Stephanie Amendola
41. James Zacha
42. Claire Couch
43. Harvey Menden
44. Patricia Price
45. Catherine Ridgeway
46. Angali Tobias

47. Linnea Fischer
48. Rolanda Scott
49. Jamie Handler
50. Deborah Newton
51. Sarah Gross
52. William Keck
53. Sheilah Ward
54. Ronald Loines
55. Mariana Breuer
56. Georgiana Bratcher
57. Robert Waldhauer
58. Linda Plemmons
59. Carrie Fenton
60. Ruby Gordon
61. Carrie Rutter
62. Maria Blesi
63. Ujjal Chakravartty
64. Christopher Revell
65. Tracy Weldon
66. Angela Cushman
67. William Wright
68. Alex Perry
69. Jose Chong
70. Wade Johnston
71. David Curd
72. Aletha Rumley
73. Brian Sullivan
74. Jacquelyn Ratledge
75. Sussy Portillo
76. Stacie Oden
77. Carlton Jones
78. Brittany Hansard
79. Samantha Elder
80. Michael Smith
81. Miguel Murillo
82. Mark Lavigne
83. Linda Blankenship
84. Robert Holley
85. Lisa B. Clark
86. Nancy Ellison
87. Vaughn Franklin
88. Annie Peterman
89. LaRhonda Cooper
90. Deborah Robinson
91. Michele Morra
92. Travis Klyber
93. Jason Pickett
94. John Hurley

95. John Cato
96. Jennifer Mayson
97. Kaylee Fortes
98. David Rumney
99. Paul Martin
100. Frederic Vautier
101. Melinda Casey
102. Lee Burnes
103. Namrata Sopory
104. Julyana Tanudjaja
105. Patricia Lindquester
106. Lourdes Alonso
107. William Lee
108. Stacy Wright
109. Katie Gray
110. Matthew Buckner
111. Sreedhar Sambatur
112. Wendy Schatz
113. Deepak Manjunath
114. Kimberly Pulley
115. Annette Mckelleget
116. Brenda McCaffrey
117. Jason Brown
118. Jonathan Denbow
119. Katrine Kubis
120. Alexander Olsen
121. Anthony Roberts
122. Craig Steinman
123. Debra Massing
124. Shayna Norah
125. Maria Wright
126. Tina Lester
127. Sally Wischmann
128. Deanna Amar
129. Belinda Paton
130. Julia Debreceni
131. Courtney Bramblett
132. Sanita Wright
133. Amber Buchanan
134. Ruoya Wang
135. Shawn Purnell
136. Jennifer Gideon
137. Erica Dyer
138. Eric Hawke
139. Stephanie Day
140. Michelle Smith
141. Cory Green
142. Jonitha Ward

143. Ling Sun
144. Vernon Meadows
145. Giuliana Vela
146. Juana Vieta
147. Donald Robinson
148. Cathy Barnes
149. Brenda Baldwin
150. Julia Browning
151. Cheo Walker
152. Sarah Kokotoff
153. Connie McCord
154. Diana Dorn
155. Ileana Toro-Lozada
156. Mindy Jeffords
157. Megan Hundt
158. Symphony Baity
159. Karina Aguilar
160. Yvette Plaisance
161. Catherine Gu
162. Joseph Woody
163. Ryan Caldwell
164. Henry Wohlrabe
165. Preston Moeller
166. Victoria Jones
167. Francis Kaliner
168. Karl Bjurbo
169. Michael Brown
170. Jalpa Shah
171. Joseph Hooper
172. Ryan Smith
173. Naomi Catt
174. Hannah Conrad
175. Shirley Arhin
176. Cheryl Wright
177. David Mornhinweg
178. Shawn Akers
179. Jarrod Metchikoff
180. Steven Whitworth
181. Safiyyah Sharif
182. Sarah Sarkissian
183. Guillermo Alas
184. Charmaine Silva
185. Zelda Tepper
186. Hieu Bui-Quang
187. Mariana Homez Villalobos
188. Mary Ellen Seres
189. Tina Williams
190. Vicki Blankenship

191. Allison Harboldt
192. Kathleen Robinson
193. Krishna Priya Vadhula
194. Sung Lee
195. Veena Flesher
196. Loleta Sandoval
197. Alison Richardson
198. Ashton Di Vagno
199. Ariel Leslie
200. Elizabeth Grimard
201. Victoria Catt
202. Rebecca Brown
203. Derik Day
204. Jacob Crabtree
205. Tamara Cardona
206. Jonathan Lowery
207. Eric Lingard
208. Eric Moorhead
209. Sean Bennett
210. Wendy Jarrett
211. Kerr Holbrook
212. Chia hui Chu
213. William Ketcham
214. Ainsleigh Barrett
215. Shadi Ashtarolnakhai
216. Rebecca Parsons
217. Emily Brayman
218. Peter Altomaro
219. Stacy Heitman
220. Sarah Barrett
221. Rubini Satyanathan
222. Sandeep bangal
223. Megan Hsu
224. Kevin Bostick
225. Daniel Dewar
226. Sridhar Nalluswami
227. Ross Yerden
228. Young Joon Kim
229. Mohammed Padsha
230. Natalie Genthert
231. Mahemoodali Surti
232. Michael Greiner
233. Antoinette Walton
234. Christi Fiorentini
235. Adeline Zbzeski
236. Hannah Fisher
237. Raksha Bertsch
238. Jazmin Anderson

239. Mariann Cary
240. Aaron Ingram
241. Lesley Kent
242. Andrew O'Sullivan
243. Katherine Stroup
244. Clark Wilson
245. Bryan Huff
246. Catherine Jones
247. Kellon Mohan
248. Jeffrey Farmer
249. Kathryne Richardson
250. Francesca Rossetto
251. Kay Sun
252. Kathryn Swank
253. Robert Hutchinson
254. Challis King
255. Nehal Shah
256. Longin Jurkovic
257. Kaelin Clendennin
258. Samantha Strane
259. Samir Merchant
260. Anthony Schuster
261. Cynthia Etcher
262. Stacey Stephens
263. Brooke Bramblett
264. Gloria Chan
265. Christopher James
266. Jennifer Farnsworth
267. Sung Jeon
268. Lauren Hamp
269. Elizabeth Nguyen
270. Ciara Quezada
271. Sandra Cox
272. Marco Ceron

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Avanos Medical Sales, LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 5405 Windward Parkway

City: Alpharetta State: GA Zip: 30004

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 844-428-2667 Website: www.avanos.com

Licensing Company Email: Vaughn.Franklin@avanos.com

Section 2: Personal Information

First: Vaughn Middle: Cavanaugh Last: Franklin, Jr.

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Windward Parkway

City: Alpharetta State: GA Zip: 30004

Telephone: [redacted] Email: Vaughn.Franklin@avanos.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee-Knoxville		04 - 05	
Address	**City**	**State**	**Zip**
1331 Circle Park Drive	Knoxville	TN	37996
Diploma/Degree obtained, if any			
Executive MBA Program (Logistics, Materials, and Supply Chain Management)			

School Name		From - To (MM/YY – MM/YY)	
Mississippi Valley State University		84 - 88	
Address	**City**	**State**	**Zip**
14000 Highway 82 West	Itta Bena	MS	38941
Diploma/Degree obtained, if any			
Bachelor of Science Major: Criminal Justice with a minor in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Southern Normal Prep. Academy		81 - 84	
Address	**City**	**State**	**Zip**
1742 Kirkland Rd	Brewton	Ala	36426
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Murphy High School		1980-1981	
Address	**City**	**State**	**Zip**
100 S. Cowles St	Mobile	Ala	36606
Diploma/Degree obtained, if any			
MJA			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 - Current	[redacted] Grey Street	Duluth	GA	30096
11/11 - 10/20	[redacted] Doverhill Drive	Lawrenceville	GA	30043
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Avanos Medical Sales, LLC			05/14 - Current	
Business Address		**City**	**State**	**Zip**
5405 Windward Parkway		Alpharetta	GA	30004
Phone	**Title**		**Number of Employed Hours**	
770-335-0439	Sr. Manager, GPMS		17280	
Description of Duties				
Oversee the day to day quality activities for the AVANOS 3rd Party Logistics (3PL's) to ensure that, as an AVANOS Supplier, they are meeting the agreed quality requirements as outlined in the Distribution Quality Agreement. Drive continuous improvement in the distribution sites.				

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Vaughn C. Franklin, Jr., **certify that as the designated representative for**

Avanos Medical Sales, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Vaughn Franklin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/13/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vaughn Franklin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/13/23

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Forsyth

I, Vaughn Franklin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/13/23

Date

Subscribed and Sworn to before me this 13 day of March.

Notary Public Signature

VALARIE P... NOTARY PUBLIC FORSYTH COUNTY, GEORGIA My Commission Expires 09-30-2025

(Seal)

Attachment H

Medical Devices, Equipment and Gases (MDEG) Administrator Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Avanos Medical Sales, LLC — MDEG License # (if applicable): N/A

Physical Address: 5405 Windward Parkway

City: Alpharetta — State: GA — Zip: 30004

Mailing Address (if different from physical address): Same as physical address above.

City: — State: — Zip:

Telephone: 844-428-2667 — Website: www.avanos.com

Licensing Company Email: Vaughn.Franklin@avanos.com

Section 2: Personal Information

First: Vaughn — Middle: Cavanaugh — Last: Franklin, Jr.

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Windward Parkway

City: Alpharetta — State: GA — Zip: 30004

Telephone: [redacted] — Email: Vaughn.Franklin@avanos.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Tennessee-Knoxville		04 - 05	
Address	City	State	Zip
1331 Circle Park Drive	Knoxville	TN	37996
Diploma/Degree obtained, if any			
Executive MBA Program (Logistics, Materials, and Supply Chain Management)			

School Name		From - To (MM/YY – MM/YY)	
Mississippi Valley State University		84 - 88	
Address	City	State	Zip
14000 Highway 82 West	Itta Bena	MS	38941
Diploma/Degree obtained, if any			
Bachelor of Science Major: Criminal Justice with a minor in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Southern Normal Prep. Academy		81-84	
Address	City	State	Zip
1742 Kirkland Rd	Brewton	Ala	36426
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Murphy High School		80-81	
Address	City	State	Zip
100 S. Carey St.	Mobile	Ala	36606
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20 - Current	[redacted] Grey Street	Duluth	GA	30096
11/11 - 10/20	[redacted] Doverhill Drive	Lawrenceville	GA	30043
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Avanos Medical Sales, LLC			05/14 - Current	
Business Address		**City**	**State**	**Zip**
5405 Windward Parkway		Alpharetta	GA	30004
Phone	**Title**		**Number of Employed Hours**	
770-335-0439	Sr. Manager, GPMS		17280	

Description of Duties

Oversee the day to day quality activities for the AVANOS 3rd Party Logistics (3PL's) to ensure that, as an AVANOS Supplier, they are meeting the agreed quality requirements as outlined in the Distribution Quality Agreement. Drive continuous improvement in the distribution sites.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

N/A

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Vaughn C. Franklin, Jr. **, certify that as the MDEG Administrator for**

Avanos Medical Sales, LLC ,

that I (initial that you have read and meet the following requirements):

1. ___ Have a high school diploma or its equivalent;
2. ___ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ___ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ___ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vaughn Franklin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/13/23
Date

Board Use Only	Date Received: 3.20.23

Empower Results®

July 29, 2021

Michelle Paton
AVANOS MEDICAL, LLC.
6620 South Memorial Place
Tucson, AZ 85756

RE: THE NEVADA STATE BOARD OF PHARMACY
Bond #: 022231117
Project: Pharmaceutical Wholesaler Surety Bond

Dear Michelle Paton:

Enclosed please find the above captioned bond executed per Nancy Cline's request.

The bond must be seal and signed by an authorized representative of your company and two witnesses.

It is your responsibility to carefully review the bond prior to execution to verify they have been presented on the correct form with the appropriate names, bond amounts and dates, and to ensure the bond conform with your needs and instructions to us and provide the appropriate terms to all parties. Any discrepancies, deficiencies or modifications must immediately be brought to our attention, in writing. Failing such advice to us, you understand we will have no liability for any deficiencies or discrepancies in or required modifications to the bond.

By affixing your signature, executing and providing this bond to the obligee you are verifying and, we will justifiably assume, the bond has been issued correctly with the best interests and requirements of all parties being properly considered.

Sincerely,

Erin Dennison
Record #: 2810504

RIDER

To be attached to and form part of:

Bond Number 022231117

dated June 1, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of AVANOS MEDICAL, LLC
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The bond shall be amended to add the following locations:

- 4054 Pike Lane Concord, CA 94520
- 5405 Windward Parkway Alpharetta, GA 30004

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 17th day of March, 2023.

Signed, Sealed & Dated this 17th day of March, 2023.

AVANOS MEDICAL, LLC. & ORTHOGENRX, INC.
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Lisa A. Ward, Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No 8205692-022011

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George, Andrea M Penaloza, Donna L Williams, Erin M Dennison, Gina A Rodriguez, Lisa A Ward, Lupe Tyler, Michael J Herrod, Misty Wright, Terri L Morrison, Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd day of June, 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 3rd day of June, 2021 before me personally appeared David M Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows

ARTICLE IV – OFFICERS Section 12 Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority

ARTICLE XIII – Execution of Contracts. Section 5 Surety Bonds and Undertakings
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company When so executed such instruments shall be as binding as if signed by the president and attested by the secretary

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed

I, Renee C Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 17th day of March, 2023

By: _____
Renee C Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com

Duplicate Original

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No 022231117

Application/License No. _____

AVANOS MEDICAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6620 South Memorial Place Tucson, AZ 85756 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000 00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents This bond term shall become effective on June 1, 2021 (Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639 515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622 400 or 622 410 which the Applicant/Principal fails to pay

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 2021.

APPLICANT/PRINCIPAL
AVANOS MEDICAL, LLC.

COMPANY

Michelle Paton
Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Terri L. Morrison, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Gina Rodriguez
Witness Gina Rodriguez

Andrea M Penaloza
Witness Andrea M. Penaloza

Countersigned by:

Not required
Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8204263-022011**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George; Andrea M. Penaloza; Donna L. Williams; Erin M. Dennison; Gina Rodriquez; Lisa A. Ward; Lupe Tyler; Melissa L. Fortier; Michael J. Herrod; Misty Wright; Terri L. Morrison; Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 16th day of September, 2020.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 16th day of September, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 1 day of June, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Avanos Medical Sales, LLC

Physical Address: 4054 Pike Lane

City: Concord State: CA Zip: 94520

Mailing Address (if different from physical address): Same as physical address above.

City: State: Zip:

Telephone: 844-428-2667 Website: www.avanos.com

Name of Designated Representative (DR): Carlos Garcia Jr.

Licensing Company Email: valarie.paquin@avanos.com DR Email: Carlos.garciajr@avanos.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer (Own label distributor)
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/2019	02/2020	CO	Denver	Denver

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-2025	State Board of Pharmacy

Reason/Charge
Disciplinary Proceeding

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Avanos Medical Sales, LLC

Provide explanation below:

As previously reported to your office, in February 2020, the Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, was subject to a disciplinary proceeding, in the state of Colorado. The charges in dispute were failure to notify the Board in a timely manner in connection with a name change. Avanos paid a $1,150.00 fine to resolve the matter and is currently in good standing with the Colorado State Board of Pharmacy. The delay in notification was inadvertent and procedures have been put in place to ensure that a similar delay does not occur. Enclosed is a copy of the Colorado Stipulation and Final Agency Order.

Carlos Gomez

Original Signature (electronic, copies or stamps not accepted)

2/21/2023

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2020	07/2020	FL	Talahassee	Leon

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-055427	Florida Department of Business and Professional Regulation

Reason/Charge
Administrative Complaint

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Avanos Medical Sales, LLC

Provide explanation below:

As previously reported to your office, in July 2020, the Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, received an administrative complaint from Florida alleging that 1) the company failed to notify the Florida Department of Business and Professional Regulation (Department) within 10 days of a change in Designated Representative; 2) Avanos operated as an out-of-state prescription drug wholesale distributor without a valid permit; and 3) Avanos failed to maintain business records with required elements. Avanos paid a $12,400 fine to resolve the matter and is working towards resolving the issues noted by the Department. Enclosed is a copy of the final Florida Settlement Agreement.

Original Signature (electronic, copies or stamps not accepted)

2/21/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/2020	09/2021	ME	Augusta	Kennebec

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2021-PHA-17386	Maine Board of Pharmacy

Reason/Charge
Administrative Complaint

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Avanos Medical Sales, LLC

Provide explanation below:

As previously reported to your office, in September 2021, the Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, received an administrative complaint from Maine alleging that the company failed to notify the Maine Board of Pharmacy (Board) of the Colorado and Florida disciplinary actions within 10 days as required under Maine law. Avanos paid a $500 fine to resolve the matter. Enclosed is a copy of the final Maine Consent Agreement.

Carla Cox

Original Signature (electronic, copies or stamps not accepted)

2/21/2023

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - This facility does not sell, dispense, or distribute any pharmaceutical products; only prescription devices.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: North Carolina

Parent Company (if any): Avanos Medical, Inc. (publicly traded)

Corporation/Organization Name: Avanos Medical Sales, LLC

Mailing Address: 5405 Windward Parkway

City: Alpharetta State: GA Zip: 30004

Telephone: 844-428-2667 Email: valarie.paquin@avanos.com

Contact Person Name: Valarie Paquin

N/A

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment C		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment D	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment D		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment E	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment F		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Wholly-owned by Avanos Medical, Inc.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment D	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment G	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attachment H	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attachment H	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
N/A - See Attachment B • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Avanos Medical Sales, LLC

Facility Name

Carlos Garcia Jr.

Print Name of Authorized Person Submitting Application

Carlos Garcia — 2/21/2023

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: 3-16-23	Amount: 1000.00 CK-1025260

Attachment A

Regarding the Disciplinary Actions

Although this facility located in Concord, CA does not have any disciplinary action, as previously reported to your office, Avanos Medical Sales, LLC (Avanos) located at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, was subject to a disciplinary proceeding in February 2020, in the state of Colorado. The charges in dispute were failure to notify the Board in a timely manner in connection with a name change. Avanos paid a $1,150.00 fine to resolve the matter and is currently in good standing with the Colorado State Board of Pharmacy. The delay in notification was inadvertent and procedures have been put in place to ensure that a similar delay does not occur. Enclosed is a copy of the Colorado Stipulation and Final Agency Order.

In addition, as previously reported to your office, in July 2020, Avanos received an administrative complaint from Florida alleging that 1) the company failed to notify the Florida Department of Business and Professional Regulation (Department) within 10 days of a change in Designated Representative; 2) Avanos operated as an out-of-state prescription drug wholesale distributor without a valid permit; and 3) Avanos failed to maintain business records with required elements. Avanos paid a $12,400 fine to resolve the matter and is working towards resolving the issues noted by the Department. Enclosed is a copy of the final Florida Settlement Agreement.

As previously reported, in September 2021, Avanos received an administrative complaint from Maine alleging that the company failed to notify the Maine Board of Pharmacy (Board) of the Colorado and Florida disciplinary actions within 10 days as required under Maine law. Avanos paid a $500 fine to resolve the matter. Enclosed is a copy of the final Maine Consent Agreement.

Please note that a disciplinary action is currently pending in Illinois for the Tucson, AZ facility. Additional details may be provided once finalized.

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 27, 2020

Avanos Medical Sales, LLC
6620 S. Memorial Place, Suite 100
Tucson, AZ 85706

Sent via email: Alzira.Martins@avanos.com

RE: Case No. 2019-2025 - Stipulation and Final Agency Order

Dear Pharmacy Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective February 24, 2020.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released you from the terms and conditions of the February 24, 2020, Stipulation and Final Agency Order and restored your Registration No. WHO.0007416 to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Program Director

cc: Dennis Morris - sent via email: dennis.morris@hyh.com
Thomas Kozma - sent via email: Thomas.Kozma@avanos.com
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2025

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AVANOS MEDICAL SALES, LLC, REGISTRATION NO. WHO 7416,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Avanos Medical Sales ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-2025, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2017).

2. Respondent Outlet was originally registered in the State of Colorado on or about June 19, 2008, being issued registration number WHO 7416, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 6620 S. Memorial Place, Ste. 100, Tucson, Arizona 85706.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit an application to the Board detailing a name change and fee. In this case, 120 days transpired between September 17, 2018, the date the name changed, and January 14, 2019, the date the application and fee were received.

6. Respondent Outlet admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and

provides grounds for disciplinary action against Respondent Outlet's Colorado registration as a wholesaler outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Pharmacy Board Rules and Regulations

4.05.00 License Changes.
a. Name change. A licensee shall report a name change and provide appropriate supporting documentation within 30 days of such change. If the licensee wishes to obtain a new wall license with the new name, the licensee shall pay the requisite fee.

DISPOSITION

7. Letter of Admonition. This Final Agency Order shall constitute a Letter of Admonition as set forth in section 12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Outlet for the acts and omissions described in paragraphs 5-6 above.

8. Waiver of Right to Contest. By entering into this Final Agency Order, Respondent Outlet agrees to waive the right provided by section 12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

9. Fine with Surcharge. Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents **($1,150.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7416) and the case number (2019-2025) on the check.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

a. promptly pay all its own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none

of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

_____ Dated: 21 Feb. 2020
Authorized Representative

Thomas Kozma, Director, Regulatory Affairs
Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 24 day of February, 2020.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No.: 2019-055427**

v.

AVANOS MEDICAL SALES, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055427 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Avanos Medical Sales, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as an out-of-state prescription drug wholesale distributor.

2. Respondent's address of record is 6620 South Memorial Place, Suite 100, Tucson, AZ 85756.

3. Respondent was issued a Notice of Violation on July 8, 2020, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

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adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019055427, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of twelve thousand and four hundred dollars ($12,400). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant**. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2019-055427 have been corrected.

9. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

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STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055427. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

13. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

17. It is expressly understood that this agreement is subject to approval of the

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Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

AVANOS MEDICAL SALES, LLC

By: DocuSigned by: Michelle Sadler E1CCC08B50CF417...

Name: Michelle Sadler

Title: Senior Director Global Regulatory Affairs

Date: 29-Jul-20

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: Walter S. Copeland

Name: WALTER S. COPELAND

Title: DIVISION DIRECTOR

Date: 08.11.2020

Prepared by:

Curt Bender
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

September 22, 2021

Sent via email: ross.mansbach@avanos.com

Avanos Medical Sales LLC
Attn: Samuel Ross Mansbach
Senior Vice President and General Counsel (Interim)
5405 Windward Parkway
Alpharetta, GA 30004-4667

Re: Complaint No. 2021-PHA-17386

Dear Mr. Mansbach:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $500.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact our office at (207) 624-8651 with any questions.

Sincerely,

Jessica Gowell

Jessica Gowell, Professional Licensing Supervisor

Enclosure

cc: John Nichols, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Board Investigator
Kelly McLaughlin, Complainant

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
AVANOS MEDICAL SALES, LLC	)	CONSENT AGREEMENT
	)	
Case No. 2021-PHA-17386	)	
	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Avanos Medical Sales, LLC, for the renewal of its prescription drug wholesaler license. The parties to this Consent Agreement are: Avanos Medical Sales, LLC ("Avanos"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since November 28, 2016, Avanos has been licensed in Maine as a prescription drug wholesaler with a registered location of 6620 South Memorial Place, Suite 100, Tucson, Arizona (license number **WH70002353**).

2. On February 24, 2020, the Colorado State Board of Pharmacy imposed discipline against Avanos's Colorado registration as a non-resident wholesaler (Registration # WHO 7416) in Case No. 2019-2025.

3. Avanos then failed to report the Colorado disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On August 11, 2020, the State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics, imposed discipline against Avanos's Florida license in Case Number 2019-055427.

5. Avanos then failed to report the Florida disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

6. On September 25, 2020, Avanos reported to the Board for the first time that it had been disciplined by the Colorado State Board of Pharmacy and the State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics.

7. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

8. At its meeting on August 5, 2021, the Board reviewed the above information and voted to preliminarily deny Avanos's application for renewal of its license to be a prescription drug wholesaler. In lieu of the denial, the Board also voted to offer Avanos this Consent Agreement. Unless Avanos either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, by **September 11, 2021,** the preliminary denial of Avanos's application for licensure as a prescription drug wholesaler will become final.

COVENANTS

9. Avanos admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant

to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken in another jurisdiction against a professional license no later than 10 days after the action was taken.

10. As discipline for the violation admitted to in paragraph 9 above, Avanos agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of five hundred dollars ($500.00) payment of which shall be made payable to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. Upon receipt of the signed Consent Agreement with the enclosed payment of the civil penalty from Avanos, the Board will renew Avanos's license contingent upon it meeting all other eligibility criteria.

12. Violation of any of the terms or conditions of this Consent Agreement by Avanos shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and Avanos agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Avanos fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Avanos, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Avanos. The Board may also

consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Avanos.

14. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

15. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

16. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

17. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

18. Avanos acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 8/20/2021

AVANOS MEDICAL SALES, LLC

By: _____

Print Name: Mizuna Iida

Title: Sr. VP GA/RA PS

DATED: 9/1/21

_____

BRADLEY S. HAMILTON, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 9/22/21

_____

JOHN NICHOLS
Assistant Attorney General

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

HOME MEDICAL DEVICE RETAIL LICENSE

Avanos Medical Sales, LLC
4054 Pike Lane
Concord, CA 94520

LICENSE NUMBER: 113941
EXPIRATION DATE: 5/13/2023

The person named herein is licensed to operate a Home Medical Device Retail Facility through the expiration date of this license. This annual license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee shall be responsible for assuring compliance with all requirements of this article pertaining to Home Medical Device Retail Facilities.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 1/19/2023

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AVANOS MEDICAL SALES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of March, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of February, 2023.

Elaine F. Marshall

Secretary of State

Certification# 115477311-1 Reference# 19525541- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

Attachment D

Personnel Information

Avanos Medical Sales, LLC

Avanos Medical Sales, LLC is wholly-owned by its parent company, Avanos Medical, Inc.

LLC Officers:

Kerr W. Holbrook
Sr. Vice President and Chief Commercial Officer

Mojirade James
SVP and General Counsel

Michael C. Greiner
SVP and CFO

Designated Representative:

Carlos Garcia Jr.
Sr. Supply Support

Enclosed please find a list of all employees at the Concord, CA site.

List of Employees:

Arianna Ortiz

Elizabeth Porras

Jennifer Richardson

Mae Yang Co

Marites Santos

Mark Cordero

Robert Erwin

Rodolfo Naranjo

Santino Delnero

Shawn Arana

Slawomir Janiczek

FDA

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Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Avent, Inc.
Business Trade Name:
Game Ready

4054 Pike Lane
Concord, CA 94520
Registration Number: 3009761594
FEI Number*: 3009761594
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
Avanos Medical, Inc.[6]
5405 Windward Parkway
Alpharetta, GA US 30004
Owner/Operator Number: 2022573[7]

Official Correspondent:
Leah Papp
Avanos Medical
5405 WINDWARD PARKWAY
Alpharetta, GA 30004
Phone: 1-908-2291744

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2022573&OwnerOperator

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U.S. Food and Drug Administration
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Silver Spring, MD 20993
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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Avanos Medical, Inc. (Formerly Halyard Health Inc.)
Business Trade Names:
(1) Avanos Medical Sales, LLC (2) Avent, Inc. (3) Halyard Health, Inc. (4) Halyard Sales, LLC

5405 Windward Parkway
Alpharetta, GA 30004
Registration Number: 3011270181
FEI Number*: 3011270181
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
Avanos Medical, Inc.[6]
5405 Windward Parkway
Alpharetta, GA US 30004
Owner/Operator Number: 2022573[7]

Official Correspondent:
Valarie Paquin
5405 Windward Parkway
Alpharetta, GA 30004
Phone: 1-770-5429421

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=2022573&OwnerOperator

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 11/01/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Southwest, Inc. Dallas TX Office 5005 Lyndon B Johnson Freeway Suite 1500 Dallas TX 75244 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Avanos Medical, Inc 5405 Windward Parkway Alpharetta GA 30064 USA	INSURER A: Ironshore Specialty Insurance Company	25445
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570096300075 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	
	☐ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	
	OTHER:						PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	☐ ANY AUTO						BODILY INJURY (Per person)	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Products Liab			HC7CAB4CMK003 SIR applies per policy terms & conditions	11/01/2022	11/01/2023	Per Occurrence Aggregate	$10,000,000 $10,000,000

Certificate No : 570096300075

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured includes: Avanos Medical Sales, LLC.

CERTIFICATE HOLDER

Porzio Life Sciences, LLC
100 Southgate Parkway
PO Box 1997
Morristown NJ 07962-1997 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Southwest Inc

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Avanos Medical Sales, LLC — MDEG License # (if applicable): N/A

Physical Address: 4054 Pike Lane

City: Concord — State: CA — Zip: 94520

Mailing Address (if different from physical address): Same as physical address above.

City: — State: — Zip:

Telephone: 844-428-2667 — Website: www.avanos.com

Licensing Company Email: Carlos.garciajr@avanos.com

Section 2: Personal Information

First: Carlos — Middle: — Last: Garcia

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Pike Lane

City: Concord — State: CA — Zip: 94520

Telephone: [redacted] — Email: Carlos.garciajr@avanos.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Penn Foster		07-16 - 07/17	
Address	City	State	Zip
Online	N/A	N/A	N/A
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/09 - Present	[redacted] Shasta Creek Ct.	Patterson	CA	95363
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Avanos Medical Sales, LLC			09/15 - Present
Business Address	**City**	**State**	**Zip**
4054 Pike Lane	Concord	CA	94520
Phone	**Title**	**Number of Employed Hours**	
209-871-7881	Sr. Supply Support	40 hours/week	
Description of Duties			
Service Manager of operations at the Concord, CA facility.			

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Carlos Garcia Jr., **certify that as the MDEG Administrator for**

Avanos Medical Sales, LLC,

that I (initial that you have read and meet the following requirements):

1. CG Have a high school diploma or its equivalent;
2. CG Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CG Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CG Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos Garcia
Print Name (First, Last)

Carlos Garcia
Original Signature (electronic, copies or stamps not accepted)

2/27/2023
Date

Board Use Only	Date Received: 3-14-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Avanos Medical Sales, LLC

Pharmacy/Wholesaler License # (if applicable) pending

Physical Address 4054 Pike Lane

City Concord State CA Zip 94520

Mailing Address (if different from physical address) Same as physical address above.

City _____ State _____ Zip _____

Telephone 844-428-2667 Website www.avanos.com

Licensing Company Email Carlos.garciajr@avanos.com

Section 2: Personal Information

First Carlos Middle _____ Last Garcia

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Pike Lane

City Concord State CA Zip 94520

Telephone [redacted] Email Carlos.garciajr@avanos.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Penn Foster		07-16 - 7/17	
Address	City	State	Zip
Online	N/A	N/A	N/A
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/09 - Present	[redacted]Shasta Creek Ct.	Patterson	CA	95363
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Avanos Medical Sales, LLC				From - To (MM/YY – MM/YY): 9/15 - Present
Business Address: 4054 Pike Lane		City: Concord	State: CA	Zip: 94520
Phone: 209-871-7881	Title: Sr. Supply Support			Number of Employed Hours: 40 hours/week
Description of Duties: Service Manager of operations at the Concord, CA facility.				

N/A

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			Number of Employed Hours
Description of Duties				

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Carlos Garcia
Original Signature (electronic, copies or stamps not accepted)

2/27/2023
Date

I, Carlos Garcia Jr. **, certify that as the designated representative for**

Avanos Medical Sales, LLC ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CG I am at least 21 years of age;
3. CG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Carlos Garcia

Print Name (First, Last)

Carlos Garcia

Original Signature (electronic, copies or stamps not accepted)

2/27/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos Garcia

Print Name (First, Last)

Carlos Garcia — 2/27/2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Forsyth

I, Carlos Garcia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Carlos Garcia — 2/27/2023

Original Signature — **Date**

Subscribed and Sworn to before me this 27 day of February.

Valerie P.

Notary Public Signature

VALARIE PAQUIN
NOTARY PUBLIC
My Commission Expires
09-30-2025
FORSYTH COUNTY, GEORGIA

(Seal)



RIDER

To be attached to and form part of:

Bond Number 022231117

dated June 1, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of AVANOS MEDICAL, LLC
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The bond shall be amended to add the following locations:

- 4054 Pike Lane Concord, CA 94520
- 5405 Windward Parkway Alpharetta, GA 30004

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 17th day of March, 2023.

Signed, Sealed & Dated this 17th day of March, 2023.

AVANOS MEDICAL, LLC. & ORTHOGENRX, INC.
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Lisa A. Ward, Attorney-in-Fact

Liberty Mutual SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No 8205692-022011

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George, Andrea M Penaloza, Donna L Williams, Erin M Dennison, Gina A Rodriguez, Lisa A Ward, Lupe Tyler, Michael J Herrod, Misty Wright, Terri L Morrison, Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd day of June, 2021

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 3rd day of June, 2021 before me personally appeared David M Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows

ARTICLE IV – OFFICERS Section 12 Power of Attorney
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority

ARTICLE XIII – Execution of Contracts. Section 5 Surety Bonds and Undertakings
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company When so executed such instruments shall be as binding as if signed by the president and attested by the secretary

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed

I, Renee C Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 17th day of March, 2023

By: Renee C Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com

CERTIFICATE OF ACKNOWLEDGMENT OF CORPORATE SURETY

State of Texas §

County of Harris §

Before me, the undersigned authority, on this day personally appeared Lisa A. Ward known to me to be the person whose name is subscribed to the foregoing instrument as Attorney-in-Fact of Liberty Mutual Insurance Company and acknowledged to me that he/she executed the same for purposes and consideration therein expressed, and in the capacity therein stated

Given under my hand and seal of office this 17th day of March, 2023

SEAL

VANESSA DOMINGUEZ
NOTARY PUBLIC
STATE OF TEXAS
MY COMM EXP 02/07/24
NOTARY ID 12888213-7

Vanessa Dominguez

Notary Public in and for
The State of TEXAS

Vanessa Dominguez
My Commission expires 02/07/2024

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AVANOS MEDICAL SALES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of March, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of February, 2023.

Elaine F. Marshall

Secretary of State

Certification# 115477311-1 Reference# 19525541- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification



Empower Results®

July 29, 2021

Michelle Paton
AVANOS MEDICAL, LLC.
6620 South Memorial Place
Tucson, AZ 85756

RE: THE NEVADA STATE BOARD OF PHARMACY
Bond #: 022231117
Project: Pharmaceutical Wholesaler Surety Bond

Dear Michelle Paton:

Enclosed please find the above captioned bond executed per Nancy Cline's request.

The bond must be seal and signed by an authorized representative of your company and two witnesses.

It is your responsibility to carefully review the bond prior to execution to verify they have been presented on the correct form with the appropriate names, bond amounts and dates, and to ensure the bond conform with your needs and instructions to us and provide the appropriate terms to all parties. Any discrepancies, deficiencies or modifications must immediately be brought to our attention, in writing. Failing such advice to us, you understand we will have no liability for any deficiencies or discrepancies in or required modifications to the bond.

By affixing your signature, executing and providing this bond to the obligee you are verifying and, we will justifiably assume, the bond has been issued correctly with the best interests and requirements of all parties being properly considered.

Sincerely,

Erin Dennison
Record #: 2810504

Duplicate Original

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No 022231117

Application/License No. _____

AVANOS MEDICAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6620 South Memonal Place Tucson, AZ 85756 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000 00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents This bond term shall become effective on June 1, 2021 (Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639 515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622 400 or 622 410 which the Applicant/Principal fails to pay

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 2021.

APPLICANT/PRINCIPAL
AVANOS MEDICAL, LLC.

COMPANY

Michelle Paton
Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Terri L. Morrison, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Gina Rodriguez
Witness Gina Rodriguez

Andrea M Penaloza
Witness Andrea M. Penaloza

Countersigned by:

Not required
Nevada Resident Agent

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204263-022011

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George; Andrea M. Penaloza; Donna L. Williams; Erin M. Dennison; Gina Rodriquez; Lisa A. Ward; Lupe Tyler; Melissa L. Fortier; Michael J. Herrod; Misty Wright; Terri L. Morrison; Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 16th day of September, 2020.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 16th day of September, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 1 day of June, 2021.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_8/20

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Catalent Pharma Solutions, LLC

Physical Address: 10360 Drummond Road

City: Philadelphia State: PA Zip: 19154

Mailing Address (if different from physical address): 3031 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: (215) 501-1210 Website: www.catalent.com

Name of Designated Representative (DR): Brandon Getsinger

Licensing Company Email: GMB-CPSLLC-PHL@catalent.com DR Email: GMB-CPSLLC-PHL@catalent.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/25/2017	6/25/2017	AL	Birmingham	Shelby

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
17-L-0071	Alabama Board of Pharmacy

Reason/Charge
See Attachment 8

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Catalent Pharma Solutions, LLC

Provide explanation below:

Alabama Board of Pharmacy – PHILADELPHIA
On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

Joseph Lenaro
Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/27/2017	6/27/2017	AL	Birmingham	Shelby

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
17-L-0011	Alabama Board of Pharmacy

Reason/Charge
See Attachment 8

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Catalent Pharma Solutions, LLC

Provide explanation below:

Alabama Board of Pharmacy – ST PETERSBURG
On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a $6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

Joseph Ferrero
Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/2014		FL	St. Petersbrg	Leon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2014-008409		Department of Business & Professional Regulation		
Reason/Charge				
See Attachment 8				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
Catalent Pharma Solutions, LLC				

Provide explanation below:

Catalent Pharma Solutions, LLC, St. Petersburg, FL
In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/25/2017	4/25/2017	SC	Columbia	Lexington

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
PY 17234	South Carolina Board of Pharmacy

Reason/Charge
See Attachment 8

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Catalent Pharma Solutions, LLC

Provide explanation below:

South Carolina Board of Pharmacy – PHILADELPHIA
On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA(Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

Joseph Lenaw
Original Signature (electronic, copies or stamps not accepted)

3/1/23
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Adira Medica, LLC
Address: 585 Turner Industrial Way City: Aston State: PA Zip: 19104
Name: McKesson Corp
Address: 1 John Henry Drive City: Robbinsville State: NJ Zip: 08691
Name: ICS Direct AmericousrceBergen Drug Corp.
Address: L5025 Plano Parkway City: Carrollton State: TX Zip: 75010
Name: RXSource Corp
Address: 74-556 Edward Avenue, City: Richmond Hill State: ON Zip: L4C9Y5

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Catalent Pharma Solutions, Inc.
Corporation/Organization Name: Catalent Pharma Solutions, LLC
Mailing Address: 3031 Red Lion Road
City: Philadelphia State: PA Zip: 19114
Telephone: (215) 501-1210 Email: GMB-CPSLLC-PHL@catalent.com
Contact Person Name: Brandon Getsinger

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration **See Attachment 1** 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. **See Attachment 2**		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors. See Attachment 3**	✓	✓		
• **List the top four corporation shareholders and their percent ownership. N/A**	✓			
• **List of all corporation shareholders and their percent ownership. See Attachment 3**		✓		
• **List of all partners and their percent ownership. N/A**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months. See Attachment 4**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ **See Attachment 5**		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ **N/A**		✓ N/A	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓ N/A	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment 6**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓ **See Attachment 7**	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ **N/A**	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). **N/A**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: **N/A** http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. **N/A**		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Catalent Pharma Solutions, LLC

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

Joseph Ferraro

Original signature of Authorized Person (copies or stamps not accepted)

3/1/23

Date

Board Use Only	Date Received: 3.14.23	Amount: 1000.00 CC

Attachment 7

Certificate of Licensure

Certificate No. 8000003016
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Wholesaler/Distributor

CATALENT PHARMA SOLUTIONS, LLC
10360 DRUMMOND ROAD
PHILADELPHIA, PA 19154

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: August 14, 2019
Expiration Date: The Last Day of September, 2023

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

K Klinepeter
Keara Klinepeter
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Attachment 4

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3724407 8300

SR# 20223089398

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204010106

Date: 07-26-22

Catalent

Attachment 3

Ownership Information

Catalent Pharma Solutions, LLC
10360 Drummond Road
Philadelphia, PA 19154

Parent Company:
Catalent Pharma Solutions, Inc.
14 Schoolhouse Rd
Somerset, NJ

Catalent Pharma Solutions, LLC is 100% owned by its parent company, Catalent Pharma Solutions, Inc.

Corporate Officers:

Alessandro Maselli
President & Chief Executive Officer

Steven L. Fasman
Executive Vice President, Chief Administrative Officer & Secretary

Lawrence Shapiro
Vice President, Global Tax & Treasurer

Thomas Castellano
Senior Vice President & Chief Financial Officer

Attachment 6

PHL Site Leadership Team



Harold Jenkins
General Manager

Open
Administrative
Assistant

Brian Rogers
Director, Project
Management



Jack Sinclair
Director, Quality



Patrick Murphy
Director, CI



Karolina Narczykiewicz
Director, Clinical
Operations



Nick Lenarduzzi
Director, Supply Chain



Michael Ames Director,
Finance



Damon Kellum
Director, HR





Joanne Kirwin
EHS Manager



John Celis
Security Leader



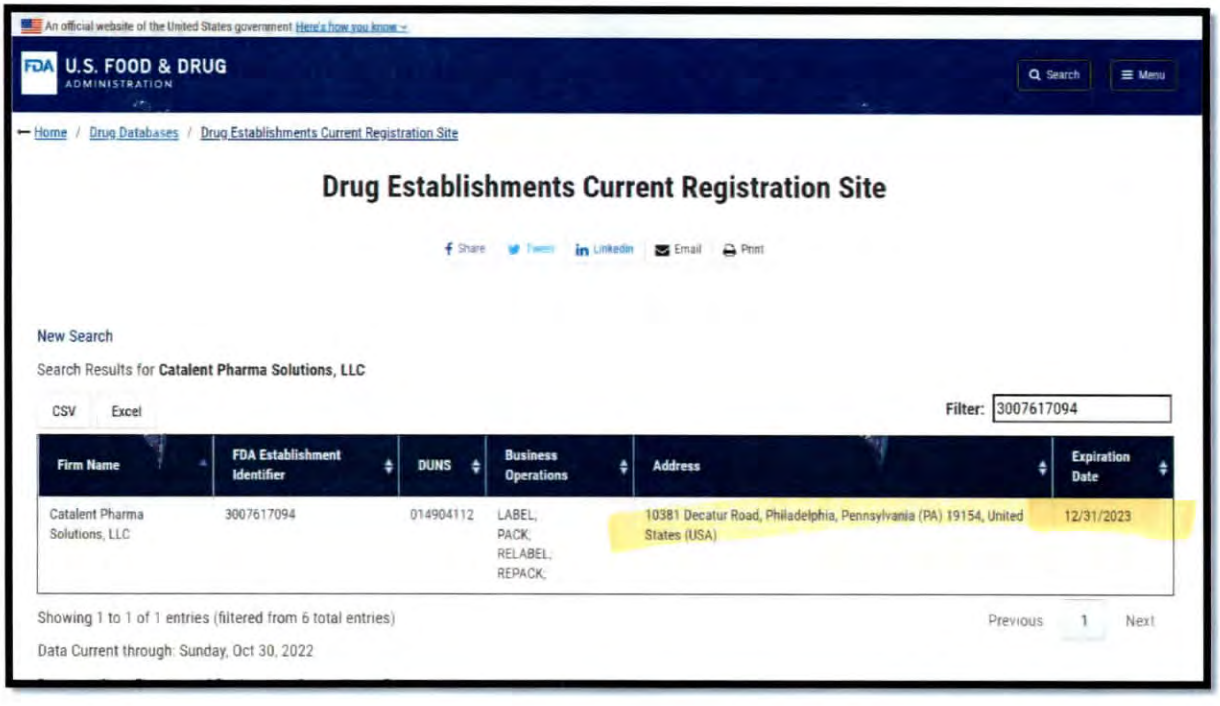
Brandon Getsinger
Sr Manager, Val,
Eng. & Commercial
Programs

Extended Staff/Team

One Team! One Fight! Proud to Serve!

Attachment 1

Source: Drug Establishments Current Registration Site (fda.gov)



An official website of the United States government Here's how you know

U.S. FOOD & DRUG ADMINISTRATION

Search Menu

Home / Drug Databases / Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

Share Tweet LinkedIn Email Print

New Search

Search Results for **Catalent Pharma Solutions, LLC**

CSV Excel

Filter: 3007617094

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Catalent Pharma Solutions, LLC	3007617094	014904112	LABEL; PACK; RELABEL; REPACK;	10381 Decatur Road, Philadelphia, Pennsylvania (PA) 19154, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries (filtered from 6 total entries)

Previous 1 Next

Data Current through: Sunday, Oct 30, 2022

Name in Reporting Display Format
Abdur- Rahman, Azizah
Abdus-Saber, Idris
Abrams, Mark
Adams, Tanya
Adkins, Lamonda Chanel
Adu, Oluwasegun
Agosto, Johanna
Ahmed, Shaharyar
Allison, Shaurice
Almonte, Junior
AMES, MICHAEL
Amin, Nisha
Andrews, Candice
Angelo, Denise Ann
Anil, Shyni
Aponte, Bianca Marie
Ariza, Kassandra
Arroyo, Frances
Arroyo, Rosemary
Audsley, Walter
Baby, Beena
Bader, Eric
Bah, Hadja
Bahama, Badiaa
Baldwin, Khazeer
Barry, Ebony
Bates, Bryan
Bates, William K
Bauman, William Edward
Beharie, Anesha
Bell, Everett M
Benny, Binil
Benzo, Minelba
Biju, Blesson
Bizuk, Mark
Blake, Michael James
Blanco, Armando
Blatz, Cynthia
Bolton, Jalam
Bonilla, Jose
Bomaschella, Gaetano
Bosenko, Vitaliy
Brooks, Steven
Brown, Dave
Brown, Diane
Brown, Karim
Brown, Tyherea
Bruce, Patrice
Bundy, Andre Lamont
Buonfiglio, Dennis
Burgos, Zenobia
Burroughs, Eric Alvin
Burton, Troy

Bush, Elizabeth A
Bustos, Marive B
Butler, Katherine
By, Charlenna
Callands, Cameron
Camba, Todd
Cardone, Megan
Cataldi, Brianna
Cedeno, Maria
Celis, John
Charalabidis, Efthimia
Chu, Yim
Clapps, Erica
Clapps, Jaclyn
Cobani, Arjana
Cobani, Brian
Cochran, Heather S
Cohen, Neil
Cooper, John D.
Cross, Kelly
Cruz, Linette
Cruz, Ramon
Cruz, Yeiniely
Cucinotta, Michael A
Cuni, Arjana
Dailey, John R
Danfa, Fatimata
David, Robert
DAVIS, HANNAH
Davis, Wanda D.
Decker, Maureen
Defino, Nicholas Joseph
Delbrey, Daphnie
Delcastillo, Palmida
Delhomme, Josma
Diaz, Jose
Dillon, Christopher
DILLON, WILLIAM
Dougherty, Ayah
Doyle, Amanda P
Doyle, Diane
Dressel, Laura
Dubil, David
Dubil, Heather
DULAC, LOVORKA
Duncan, Ayanna
Everett, Richard
Exconde, Antonio
Fantini, Elizabeth
Fields, Shalil
Figueroa, Nelson
Fisher, Yvonne M
Floody, Joseph
Flowers, Tony
Ford, Frances JB

Fox, Jaclyn
Franklin, Anthony James
Franklin, Dominic
Franklin, Ludovic
Frisby, Shantaira
Galvan, Christopher
Gandhi, Karmendra
Gans, Amoni
Garcia, Khadijah
Garcia, Maranda
George, Biju
George, Binu
George, Joel
george, neethu anna
Gerhart, Giselle
Getsinger, Brandon
Ghouri, Jamal
Giesen, Mark D
Giglia, Allan
Gilles, Denilia
Giovannucci, Michelle S.
Githens, Carl Leslie
Gondalia, Rushabh
Gonzalez, Aurea N
Gonzalez, Bryan
Gonzalez, Jared
Gonzalez, Maria J
Gonzalez, Pricilla
Goodmond, China
Goonewardene, Kumar A
Grabowski, Steven
Graham, Oonea
Grandy, Darnell
Grauvogel, John
Gray, Diane
Grondahl, Aysia Bailey
Gunawan, Melisa
Guzik, Mariusz
Hall, Albert D
HALL, AMINAH
Hamilton, Kayla
Hampton, Jason
Hankinson, Nathan
Hanna, Ashley
Harker, Sylvia
Haut, Jonathan Brooks
Hazali, Amiri
Hazizi, Lindita
Heinisch, Louis Fairburn
Hernandez, Awilda
Hernandez, Laura
Hersh, Marinn
Hidi, Eric
Hodges, Claudia M
Howell, Joseph M

Howell, Robert
Howell, Tyrik
Hussie, Terence
Hynes, Debora Louise
Issac, Anand
Jackson, Chris
Jackson, Lakesha E
Jackson, Shirley A
Jackson, Travis
James-Bellessis, Chante
Jantos, Daniel
Jarnagin, Hope
Jean, Nesly
Jenkins, Anajah
Jenkins, emani
Jenkins, Harold Augustus
Jervas, Claudia
Johnson, Ashley
Johnson, Chyna
Johnson, Jerin
Jones, Glenn
Jose, Melvin
Kabejja, Rachel
Kafi, Ifteajul
Kao, Kaitlyn
Keil, William
Kejariwal, Rohini
Kellum, Damon
Kilduff, Shane
KIM, STEVE
Kirwin, Joanne
Knudsen, Hannah
Konneh, Schanarre
Kopay, Michael
Kunin, Gary
Kurian, Priya
Kurian, Shaji
Lam, Hoa Kim
Laporte, Paula N
Laude, Rocen
Le, Christine
Le, James
Lenarduzzi, Nicholas
Charles
Liceaga, Janet
Lisowski, Jessica
Littner, Grace
Lockett, Desiree
Long, Rashid
Lopez, Nathan
Louis-Jean, Emmanuel
Lowery, WILLIAM
Lozada, Angel
LUCAS, ANDREA
Luchtman, Kathryn Nicole

Luong, Lynne
Maharjan, Rajeev
Malczon, Kevin
Maldonado, Edwin
Maldonado, Efran
Maldonado, Jonathan
Mangano, Sarah
Mann, Inderdeep
Marte-Nunez, Vanessa
Martinez, Omar
Massey, Aimee
Mateo-Cruz, Olga M
Mathew, Jayaraj
Mathies, Shean
Maw, David
May, Rany
McCartney, Meghan Grace
McCormick, Robert
McGrath, Michelle
McLeigh, Jacob
McMullin, Annemarie
Medina, Maelin
Melonashi, Albora
Mendez Perez, Maritza
Mian, Nayab
Miriam, Luz
Miske, Michele
Mitchell, Gina
Molina, Angel
Moore, Kimberly
Morales, Ramon
Morales-Flores, DeMaris
Morris, Donald
Muffler, Helena Marie
Muhammad, Salimah
Mulvihill, James J
Murcia, Angelica
Murphy, Patrick
Murphy, Peter
Murphy, Shawn
Muskaj, Marjana
Narczykiewicz, Karolina
Nathan, Robert J
Neal, Joseph Michael
Nguyen, Long
Nicolodi, Christina
Nunez, Lydia
Obed, Hetal
Obed, Sanjay Reynold
Olaleke, Olufisayo
Olanrewaju, Elizabeth
On, Doanh
Ong, Cuong
Padolina, Ferdinand M
Palmer, Latonya R

Panaccio, Steven
Parikh, Nalini
Pasho, Luljeta
Patel, Dushyant
Patel, Hemang
Patel, Hiren
Patel, Jakesh
Patel, Janika
Patel, Kevin
Patel, Raveena
Patel, Sandeep
Patel, Tushar
Pattan, Neeraj
Patterson, Moira
Paul, Janine Lindsey
Pearson, Joseph
Pena, Blanca
Pena, Rosaura
Pereira, Kelly
Perry, Kevin
Pruden, James
Quinones Mendez, Victor Manuel
Rahman, Zamiur
Ramos, Brian
Ramos, Erica
Ramos, Jorge L
Rao, Neshma
Rao, Ragini P
REID, YELENA
Rice, Ikeem
Rink, Samantha
Rivera-Fuller, Kyona
Robinson, Kimberly
Robinson, Mermastine
Rodgers, Michael J
Rodriguez, Daniel
Rodriguez, Jan
Rodriguez, Janet
Rodriguez, Jazmine
Rodriguez, Maria R
Rodriquez, Zanya
Rogers, Brian
Rondon, Ciara
Rondon, Kiara
Rosado, Olga N
Rudd, Dolores M
Ruiz-Rosario, Mirna
Saint-Felix, Kevin
SALDANA, JAMES
Sampson, Breana
Sanchez, Andres
Sanchez, Arnel
Sanchez, Precious
Sandu, Shilz

SANJUAN, CHENCHO
Sanjuanelo, Yomaira
Santiago, Elena
Santiago, Luis
Santiago, Moraima
Santiago, Yanessa
Santoso, Debby
Saraci, Valentina
Sarmiento, Monica
Saunders, Desi A
Schonder, Margaret
Sease, Craig L
SEPULVEDA, VALENTIN
Serrano, Madeline
Serrano, Wanda I
Servius, Rosebentha
Shah, Dhara
Shaikh, Asim Y
Shaikh, Munirabanu
Shaikh, Rehanabanu
SHAJI, SHINY
Shaw, Troy T
Sheppy, Deandra L
Shook, Anthony
Siji, Jesy
Simmons, Montrell
Simmons-Perry, Amonnie
Sinclair, John
Singh, Jiwan
Slayton, Nadia
Sleister, Kathleen Anne
Smith, James Richardson
Smith, Lamar Dante
Smith, Lilly
Smith, Quran
Smith, Sabrina
Snyder, Rebecca
Strataj, Klarita
Strickland, Marcus
Stuart, Caroline
Suarez, Marilyn
Tam, Po-shing
Thomas, Babu
THOMAS, BIBIN
Thomas, Darnelle
Thomas, Elizabeth
Thomas, Joby
Thomas, Juby
Thomas, Kathleen A
Thomas-Koshy, Tresa
Thompson, Shalonda
Thompson, Tayler
Traber, James Thomas
Tracy, Conner
Trainor, Nicole

Tran, David
Travers, Cylinda T
Trendler, Stephen
Trzesniowski, Paul
Tucker, Alexus
TUTIN, MELANIE
Tyler, Alexandra
Vahora, Neelam
Valazza, Olivia
Valentin, Marisol
Vargas-Jimenez, Jeffrey
Varughese, Monson
VAZQUEZ, ALICIA
Vega, Lionel
Vent, Jeffrey
Vijayanathan, Chelliah Aruun
Von Der Linden, Cecelia
Wagner, Cynthia
Wagoner, Roberta
Washington, Valorie P
Watson, Angela
Whalen Jr, John
Wilczynska, Katarzyna
Wildgoose, Ramona
Williams, Jade
Williams, Kellie
Williams, Sonia
Williams, Tremayne
Williams, Xaviera
Wister, Lindsay
Wlazlo, John
Xhaferi, Vjollca
Yetter, Maureen M
Yoeun, Sokha
Young, Linda M
Young, Susan
Zharri, Anita

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Catalent Pharma Solutions, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 10360 Drummond Road

City: Philadelphia State: PA Zip: 19154

Mailing Address (if different from physical address): 3031 Red Lion Road

City: Philadelphia State: PA Zip: 19114

Telephone: (215) 501-1210 Website: www.catalent.com

Licensing Company Email: GMB-CPSLLC-PHL@catalent.com

Section 2: Personal Information

First: Brandon Middle: Vincent Last: Getsinger

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] 1st Avenue

City: Deptford State: NJ Zip: 08096

Telephone: (215) 501-1210 Email: GMB-CPSLLC-PHL@catalent.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rowan University		09/07-05/11	
Address	**City**	**State**	**Zip**
201 Mullica Hill Road	Glassbooro	NJ	08028
Diploma/Degree obtained, if any			
Bachelor of Science, Mechanical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Rowan University		09/11-05/2013	
Address	**City**	**State**	**Zip**
201 Mullica Hill Road	Glassboro	NJ	08028
Diploma/Degree obtained, if any			
Mast of Engineering Management			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18-Present	[redacted]1st Avenue	Deptford (3 Months)	NJ	08096
03/89-01/18	[redacted]cKee Avenue	Deptford	NJ	08096
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		City	State	Zip	From - To (MM/YY – MM/YY)
Catalent Pharma Solutions, LLC					01/21-Present
Business Address		Philadelphia	PA	19154	
10360 Drummond Road					
Phone	Title				Number of Employed Hours
(215)501-1210	Sr. Manager,Validation,Engineering&Commercial Program				4,160
Description of Duties					
See Attachment 9					

Business Name		City	State	Zip	From - To (MM/YY – MM/YY)
Catalent Pharma Solutions, LLC					03/18-01/21
Business Address		Philadelphia	PA	19154	
10360 Drummond Road					
Phone	Title				Number of Employed Hours
(215)501-1210	Engineering Manager				4,080
Description of Duties					
See Attachment 8					

Business Name		City	State	Zip	From - To (MM/YY – MM/YY)
Catalent Pharma Solutions, LLC					10/13-03/18
Business Address		Philadelphia	PA	19154	
10360 Drummond Road					
Phone	Title				Number of Employed Hours
(215)501-1210	Project Engineer				6,320
Description of Duties					
See Attachment 8					

Business Name		City	State	Zip	From - To (MM/YY – MM/YY)
Business Address					
Phone	Title				Number of Employed Hours
Description of Duties					

Business Name		City	State	Zip	From - To (MM/YY – MM/YY)
Business Address					
Phone	Title				Number of Employed Hours
Description of Duties					

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

NA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02Feb23

Date

I, Brandon Getsinger, **certify that as the designated representative for**

Catalent Pharma Solutions, LLC - 10360 Drummond Road,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BG I am at least 21 years of age;
3. BG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brandon Getsinger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02Feb23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brandon Getsinger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02Feb23

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Philadelphia

I, Brandon Getsinger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02Feb23

Date

Subscribed and Sworn to before me this 2 day of February, 2023

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
SAMANTHA RAE RINK - Notary Public
Philadelphia County
My Commission Expires October 17, 2026
Commission Number 1429182

(Seal)

Attachment 9

Brandon Getsinger
[redacted] 1st Ave
Deptford, NJ 08096
[redacted]

Summary

I believe that engineers can change the world. As a results driven engineering manager with a strong emphasis on teamwork, I enjoy working on difficult collaborative projects with tight timelines and delivering creative results. "Engineering problems are under-defined, there are many solutions, good, bad and indifferent. The art is to arrive at a good solution. This is a creative activity, involving imagination, intuition and deliberate choice." My goal is to lead a team to work with various stakeholders to come up with the best solutions for the business.

Education

Rowan University, Glassboro, NJ
Master of Engineering Management: **May 2013**
GPA-3.77 on 4.0 scale, Magna Cum Laude, Dean's List each semester

Bachelor of Science, Mechanical Engineering: **May 2011**
Bantivoglio Honors Concentration
Required to do more technical work on Design Teams
GPA – 3.74 on 4.0 scale, Magna Cum Laude, Dean's List each semester, Graduation keynote speaker

Professional Experience

Senior Manager, Validation Engineering & Commercial Programs **January 2021 to Present**

- Develops projects from conception through installation & validation and turnover the project to be production ready
- Manages day-to-day activity for Validation activities, Packaging Engineering and Capital Projects
- Launched Specialty innovative Commercial Packaging Programs
- Strategizes with Senior Leadership and Clients on how to appropriately take on new projects to meet both internal and external needs in an efficient manner
- Maintains validation compliance for all production, facilities, and computer system equipment.
- Maintains effective communication with project team members, contractors and vendors.
- Develop employees to become technical specialists on projects developing advanced engineering concepts, techniques, and standards to implement for the site's needs
- Managed site capital spend portfolio that has ranged up to $15+million annually

Engineering Manager at Catalent: **March 2018 to January 2021**

- Develops projects from conception through installation & validation and turnover the project to be production ready
- Manages day-to-day activity for Validation activities and Capital Projects
- Strategizes with Senior Leadership and Clients on how to appropriately take on new projects to meet both internal and external needs in an efficient manner
- Leads Facility and Equipment teams on Commercial Expansion Project
- Maintains validation compliance for all production, facilities, and computer system equipment.
- Implementing new technologies and capabilities for the site to market perpetually
- Maintains effective communication with project team members, contractors and vendors.
- Develop employees to become technical specialists on projects developing advanced engineering concepts, techniques, and standards to implement for the site's needs
- Manages Capital spend that has ranged up to $10+million annually
- Created Revenue stream for Engineering Department

Project Engineer at Catalent: **October 2013 to March 2018**

- Analyzed Business Development request to determine equipment or delivery systems needed.
- Responsible for design, procurement, and execution of large expense and capital projects up to and exceeding $1 million

- Managed production and facility equipment acquisition and installation process up to and exceeding $1 million
- Coordinated facility expansion project to create more GMP warehousing and office space
- Drove facility upgrade projects to optimize cubic utilization and efficient floor layouts
- Oversee capital budget and spending forecasts for the entire site each year
- Lead the implementation of a new computerized maintenance management system and capital asset management
- Coordinated with the Validation department to manage scope and timeline deliverables of a project

Interim Engineering Manager at Teleflex: **May 2013 to September 2013**

- Manage outstanding projects to progress them to completion
- Plan and oversee elements of manufacturing transfer plan to multiple facilities in multiple countries
- Direct and allocate resources to ensure daily/weekly/monthly tasks are completed in a timely fashion
- Ensure successful plant closure activities

Manufacturing Engineer at Teleflex: **May 2012 to May 2013**

- Provide technical service to manufacturing operations, including validations (IQ, OQ, PQ)
- Implement continuous improvement projects to reduce scrap rates using automated vision inspection systems and non-contact measurement systems
- Manage small to mid-size capital projects through development and design into production
- Implement several Poka-Yoke devices into production to remove operator error from several processes
- Investigate Nonconformances to discern root cause of defects and implement corrective actions
- Drastically increased a manufacturing operation from 60% efficiency to over 100% using the Lean Six Sigma approach

Quality Assurance Supervisor at Teleflex: **June 2011-April 2012**

- Maintain compliance and quality system requirements
- Supervise and develop employees to achieve more in their career
- Assist in the development and validation of manufacturing processes

Biomedical Research Assistant at University of Delaware: **January 2010-September 2010**

- Designed and implemented a compact mouse bone bending device to quantify fluid flow through tibia bones
- Applied elements of machine design and structural and dynamic analysis
- Created complex control algorithms to load the bone in a consistent repeatable fashion using strain gauges.
- Measured strain using advanced image processing techniques
- Co-authored abstracts and presented results at Orthopedic Research Society Annual Meeting

Skills/Abilities

Computer Skills

- *Minitab-* Performed diverse types of statistical analysis to drive root cause investigations and lead six sigma improvement projects
- *SolidWorks*-Designed many parts and assemblies for design projects; Analyzed structural and dynamic forces using Finite Element Analysis
- *MATLAB, MathCad, C++-* Coded simulations to predict automobile and wind turbine performances
- *LabVIEW-* Created control algorithms for mouse bone bending device
- *MS Project-* Created schedules and plans for design projects to keep team on task

- *MS PowerPoint & Visio*- Presented material on various projects to address multiple types of audiences

Honors/Leadership/Other Interests

- ASQ Certified Six Sigma Green Belt
- Tau Beta Pi (Engineering Honor Society) –Former President New Jersey Epsilon Chapter
- Member of American Society of Mechanical Engineers (ASME)
- Eagle Scout
- Vigil Honor member of the Order of the Arrow (Honor Society of Boy Scouts)

References available upon request

Attachment 2

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0073830

Application/License No. _____

CATALENT PHARMA SOLUTIONS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10360 Drummond Road Philadelphia, PA 19154 (Address of Applicant/Principal), as PRINCIPAL, and ARGONAUT INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 469011 San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 29, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 29th day of April, 2022.

APPLICANT/PRINCIPAL
CATALENT PHARMA SOLUTIONS, LLC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Sandra Diaz

Countersigned by:

Nevada Resident/Agent Non-Resident Agent Frances A. Rodriguez

Argonaut Insurance Company
Deliveries Only: 225 W. Washington, 24th Floor
Chicago, IL 60606
United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$97,550,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021.

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written.

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM EXP 07/15/25
NOTARY ID 557902-8

_____
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 29th day of April, 2022.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

_____

Austin W. King, Secretary

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

ARGO POWER OF ATTORNEY

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2020

ASSETS	
CASH & INVESTED ASSETS	$158,499,834
BONDS	$1,054,092,626
STOCKS	$650,147,228
INVESTMENT INCOME DUE AND ACCRUED	$5,764,999
PREMIUM BALANCES	$137,318,710
NET DEFERRED TAX ASSET	$25,246,782
REINSURANCE RECOVERABLE	$64,889,336
OTHER ASSETS	$45,219,794
TOTAL ASSETS	$2,141,179,309

LIABILITIES AND SURPLUS	
UNEARNED PREMIUMS	$289,279,454
LOSSES	$525,826,062
LOSS ADJUSTMENT EXPENSES	$166,554,738
COMMISSIONS	$5,043,149
TAXES, LICENSES, AND FEES	$16,089,949
OTHER EXPENSES	$9,990,100
FUNDS HELD UNDER REINSURANCE TREATIES	$83,850,484
CURRENT FEDERAL AND FOREIGN INCOME TAXES	$4,511,006
REMITTANCES AND ITEMS NOT ALLOCATED	$1,380,869
AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS	$8,624,453
PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES	$3,618,938
PAYABLE FOR SECURITIES	$4,622,776
PROVISION FOR REINSURANCE	$16,443,084
CEDED REINSURANCE PREMIUMS PAYABLE	$39,002,167
OTHER ACCRUED EXPENSES AND LIABILITIES	$930,971
TOTAL LIABILITIES	$1,165,681,902
COMMON CAPITAL STOCK	$4,500,000
GROSS PAID IN AND CONTRIBUTED SURPLUS	$525,520,936
UNASSIGNED SURPLUS	$445,476,471
TOTAL SURPLUS TO POLICYHOLDERS	$975,497,407
TOTAL LIABILITIES & SURPLUS	$2,141,179,309

Lauren T. Welch, being duly sworn, says that she is VP US Financial Controller of Argonaut Insurance Company and that to the best of her knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2019.

Subscribed and sworn to before me this 3rd day of March 2021

Notary Public

DEBBIE BAUMANN
My Notary ID # 129375987
Expires April 6, 2021

Lauren T. Welch, VP US Financial Controller

CORPORATE SEAL ILLINOIS

Attachment 8

Catalent

14 Schoolhouse Road
Somerset, NJ 08873
catalent.com

+ 1 888 SOLUTION (76588466)

Explanations of Disciplinary Actions
Catalent Pharma Solutions, LLC

Catalent Pharma Solutions, LLC has resolved alleged violations with the Florida Department of Business & Professional Regulation, the Alabama Board of Pharmacy and the South Carolina Board of Pharmacy. Catalent Pharma Solutions, LLC has since rectified the situation in all 3 jurisdictions and has not been disciplined since.

PLEASE NOTE THAT NONE OF THE DISCIPLINARY ACTIONS DESCRIBED BELOW RELATE TO THE CATALENT SITE THAT IS THE SUBJECT OF THIS APPLICATION, WHICH IS LOCATED AT 10360 DRUMMOND ROAD, PHILADELPHIA, PA 19154

1. Florida Department of Business & Professional Regulation – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

2. Alabama Board of Pharmacy – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a $6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

3. Alabama Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

4. South Carolina Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	
CATALENT PHARMACY SOLUTIONS	)	**STATE BOARD OF PHARMACY**
	)	
Manufacturer/Wholesaler/ Distributor Applicant	)	**CASE NO: 17-L-0071**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

By: _____
Its: VP & Deputy GC

_____
Michael Whisonant, Attorney for Catalent Pharma Solutions, LLC

DONE this the _____ day of 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

Attachment 2

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
CATALENT PHARMA SOLUTIONS, LLC	)	
	)	**CASE NO: 17-L-0011**
Manufacturer/Wholesaler/ Distributor Applicant	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Catalent, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out in the Statement; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 2725 Scherer Drive North, St. Petersburg, Florida 33716 expressly contingent upon the payment of a fine in the amount of Six Thousand and NO/100 Dollars ($6,000.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject

to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

3. That Catalent agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Catalent acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 5 day of JUNE, 2017.

Catalent Pharma Solutions, LLC

BY: Scott Gunther

ITS: SR. VP Quality + Regulatory

SCOTT GUNTHER

Michael Whisonant, Attorney for
Catalent Pharma Solutions, LLC

DONE this the _____ day of _____, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Buddy Bunch, R.Ph., President

James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
CATALENT PHARMA SOLUTIONS, LLC	)	
	)	**CASE NO: 17-L-0011**
Manufacturer/Wholesaler/ Distributor Applicant	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Catalent Pharmacy Solutions, LLC
2725 Scherer Drive North
St. Petersburg, Florida 33716

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1 and § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 27th, 2017 at 1:00 p.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the 2015/2016 Manufacturer/Wholesaler/Distributor Application for New Permit should be granted based upon any or all of the following:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(I)(3) mandates the Board to consider, at a minimum, certain factors to include:

(a) The applicant's past experience in the manufacturing or distribution of drugs, including controlled substances (Board Rule 680-X-2.23(I)(3)(iii)).

(b) Compliance with licensing requirements under previously granted

licenses (680-X-2.23(3)(vi)).

(c) Any other factors or qualifications the Board considers relevant to and consistent with public health and safety (680-X-2.23(3)(vii)).

3. Board Rule 680-X-2.23(I)(4) provides the Board reserves the right to deny a license to an applicant if it determines that the granting of such would not be in the public interest.

4. Board Rule 680-X-2.23(k)(1) provides it shall be a violation of the Rule to operate in such a manner as to endanger the public health.

5. Board Rule 680-X-2.253(k)(2) provides that a violation of the Rule may be grounds for a refusal to issue the applicable permit and/or allows the imposition of a fine not to exceed One Thousand Dollars ($1,000.00) for each such violation.

6. Board Rule 680-X-2.23(k)(3) provides wholesale drug distributors shall operate in compliance with applicable State laws or regulations.

COUNT ONE

The Board alleges you have violated the above referenced provisions and/or it would not be in the public interest to grant you the referenced permit based upon the Final Order, Settlement Agreement and Notice of Violation attached hereto as Exhibit "A", or the purchase of an API, i.e. Tipranavir-BI from an unauthorized source located in Germany, that is a person not authorized under Florida law to distribute prescription drugs and/or including the same into a finished manufactured drug which was then shipped for distribution.

The Board alleges that each occurrence described herein is a separate and distinct violation or deficiency.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 22nd day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT A

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

Case No. 2014-008409

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September 2014.

By: Brenda M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 06:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

CATALENT PHARMA SOLUTIONS, LLC	FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION
By:	By:
Name: ARIS GENNADIOS	Name: REGINALD D DIXON
Title: PRESIDENT, SOFTGEL TECHNOLOGIES	Title: DIVISION DIRECTOR
Date: 19AUG2014	Date: AUGUST 29, 2014

Florida Department of
Business & Professional Regulation

Drugs, Devices and Cosmetics
1940 North Monroe Street
Tallahassee, Florida 32399-1047
Phone: 850. 717.1800
Fax: 850.414.8240

Ken Lawson, Secretary

Rick Scott, Governor

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION
Case No.: 2014-008409

July 10, 2014

Corporation Service Company, Registered Agent for
Catalent Pharma Solutions, LLC
1201 Hays Street
Tallahassee, FL 32301-2525

Ms. Linda Vick, Senior Quality/ Regulatory Affairs Specialist
Catalent Pharma Solutions, LLC
2725 Scherer Drive North
St. Petersburg, FL 33716

Re: **Department of Business & Professional Regulation v. Catalent Pharma Solutions, LLC, Case Number 2014-008409**

Dear Sir/Madam:

On or about March 17, 2014 through March 19, 2014, the Department of Business & Business Professional Regulation, Drugs, Devices, and Cosmetics Division (hereafter "Department"), conducted an on-site inspection of Catalent Pharma Solutions, LLC (hereafter "Catalent") located 2725 Scherer Drive, St. Petersburg, Florida 33716. Catalent is permitted by the Department to operate as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723, all of which expire on November 30, 2014, and as a diethyl ether purchaser, permit number 10:1300003, which expires on September 30, 2014.

During the on-site inspection, the Department determined that Catalent is a contract manufacturer for Boehringer Ingelheim, Binger Strabe 173, 55216 Ingelheim am, Rhein Germany (hereafter "BI-Germany"). Catalent received prescription drugs from BI-Germany for the manufacturing of finished dosage forms of the prescription drugs, BI-Germany is not permitted by the Department, and does not qualify for an exemption from licensure.

The Department determined that Catalent, received, shipped, manufactured and/or distributed prescription drug active pharmaceutical ingredient (API) from an

unauthorized source and failed to register and report the distribution of controlled substances.

The Department is authorized by Rule 61N-1.024(8), Florida Administrative Code, to issue a Notice of Violation for any alleged violations of Chapter 499, Florida Statutes, in order to facilitate the uncontested settlement of all issues related to a complaint or investigation. The Notice of Violation is to be done at the completion of the investigation and prior to filing of any Administrative Complaint. The Notice of Violation will advise the alleged violator of the statutory violation and provide a proposed penalty for settlement of the disciplinary matter related to a complaint.

The Department believes Catalent committed the following violations of Chapter 499, Florida Statutes and the administrative Rules promulgated pursuant thereto:

1. Section 499.005(14), Florida Statutes (2013); provides that the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that purchaser or recipient is unlawful.

During the on-site inspection, the Department obtained purchasing and receiving specification sheets for prescription drugs, and/or active pharmaceutical ingredients (API); Catalent received that identify the distributor as BI-Germany. Records show Catalent was in receipt of four shipments from BI-Germany as follows:

1. Item number OET 00308819-Tipranavir-BI, dated 11/1/13; lot number 7648849, supplier/manufacturer lot number 1044065, 200kg.

2. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648845, supplier/manufacturer lot number 1043891, 20kg.

3. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7646848, supplier/manufacturer lot number 1043888, 60kg.

4. Item number OET 00308819-Tipranavir-BI, dated 9/12/13; lot number 7490105, supplier/manufacturer lot number 1043891, 280kg.

Because BI-Germany manufactured the prescription drug API Tipranavir, in Germany, and distributed it to Catalent, located in Florida, without having a permit to do so, Catalent received prescription drugs from an unauthorized source in violation of Section 499.005(14), Florida Statutes (2013).

Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).

Fine assessed by the Department: $6,000

2. Section 499.006(10), Florida Statutes, (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(1), Florida Statute (2013), provides that the manufacture, repackaging, sale, delivery or holding or offering for sale of any drug that is adulterated or misbranded is unlawful.

Catalent informed the Department it receives the prescription drug API, Tipranavir, manufacturered by the unauthorized source BI-Germany. Catalent manufacturss the commercial prescription drug into a finished dosage form and ships it to Roxane Laboratories, Inc., located at 1809 Wilson Road, Columbus, Ohio 43228. Because BI-Germany, located in Germany, is not authorized to distribute prescription drugs into Florida, and Catalent manufacturered the unauthorized prescription drugs, Catalent caused them to become adulterated.

Catalent violated Section 499.005(1), Florida Statutes (2013), by manufacturing the adulterated prescription drug Tipranavir, on at least four occasions, received from BI-Germany, within the meaning of Section 499.006(10), Florida Statutes (2013).

Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.

Fine assessed by the Department: $3,000

3. Section 499.006(10), Florida Statutes (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(4), Florida Statutes (2013), provides that the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful.

Catalent distributed the adulterated prescription drug API Tipranavir, on at least four occasions, to Roxane Laboratories, in violation of Section 499.005(4), Florida Statutes (2013), within the meaning of Section 499.006(10), Florida Statutes (2013.

Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).

Fine assessed by the Department: $3,000

4. Section 499.0121(14), Florida Statutes (2013), provides:

(14) **DISTRIBUTION REPORTING.**—Each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy

drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distribution of controlled substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

(a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.
(b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.
(c) The transaction code that indicates the type of transaction.
(d) The National Drug Code identifier of the product and the quantity distributed or received.
(e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System identifier on all Schedule II transactions.
(f) The date of the transaction.

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Catalent advised the Department they had registered to report controlled substances but failed to report in a timely matter since August of 2012.

Catalent violated Section 499.0121(14), Florida Statutes (2013), by failing to register and report the distribution of control substances monthly to the Department as required, from August 2012 through July 2013.

Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permits.

Fine assessed by the Department: $3,000

5. Section 499.0121, Florida Statutes (2013), provides:

(4) EXAMINATION OF MATERIALS AND RECORDS.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(c) The recordkeeping requirements in subsection (6) must be followed for all incoming and outgoing prescription drugs.

(6) RECORDKEEPING.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(a) Wholesale distributors must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records must provide a complete audit trail from receipt to sale or other disposition, be readily retrievable for inspection, and include, at a minimum, the following information:

2. The name, principal address, and state license, permit or registration number of the person authorized to purchase prescription drugs; [Emphasis supplied].

Rule 61N-1.012 provides:

(1)(a) Records to document the movement of drugs, devices or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component. A complete audit trail includes records which document each transaction or step in the receipt, manufacture, shipping, transfer, or other steps in the channel of trade of that person, whether or not physical possession or handling of the product or component occurs. At a minimum, records shall consist of invoices from the supplier or source which document acquisition of each product by the person and invoices of sale or other transfer by the person to the recipient. Retail sales transactions to the consumer of over-the-counter drugs, non-restricted devices, or cosmetics are exempt from the requirements of this rule. Additional recordkeeping is required for persons permitted by the department as further stated in this rule.

(b) A person engaged in the distribution of drugs, devices, or cosmetics is not required to maintain documentation from a common carrier that the designated recipient received the product shipped; however, the person must obtain such documentation from the common

carrier and make it available to the department upon specific request of the department.

(2) Any person engaged in the manufacture of prescription drugs, the wholesale distribution of prescription drugs, or otherwise receiving or distributing prescription drugs must maintain records as follows:

(a) For each step in the channel of trade, records containing the information required by Section 499.0121(6)(a), F.S., and the Florida permit or license number which authorizes the source to possess and transfer prescription drugs in or into Florida must appear on one document. If delivery of prescription drugs is made to a person other than the purchaser, the name, address or location where the prescription drugs are delivered, and the state license, permit or registration number for that location must be included also. [Emphasis supplied].

Invoices and packlists for the prescription drug API Tipranavir provided to Catalent from BI-Germany failed to contain Catalent's Florida permit number, in violation of Section 499.0121(4)(c), Florida Statutes (2013), within the meaning of Section 499.0121(6)(a)2., Florida Statutes (2013), and Rule 61N-1.012, Florida Administrative Code.

Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.

Fine assessed by the Department: $1,000

In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within twenty-one (21) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, the Department and Catalent Pharma Solutions, LLC may resolve this matter. If you agree to a resolution, please sign and date the enclosed Settlement. Return the following items to my attention, at the address on this letterhead:

(a) The original signed Stipulation,

(b) A corporate check, cashier's check, or money order for SIXTEEN THOUSAND DOLLARS. **($16,000.00) made payable to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Drugs, Devices and Cosmetics Division, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant.**

Upon receipt of the above-mentioned items, a final order incorporating the terms of the Stipulation will be entered.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within twenty-one (21) days of receipt of this letter.

If the Department does not concur, or we are unable to reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced 21-day time period given. Appropriate legal action may include:

(a) Filing and serving an administrative complaint for a hearing pursuant to Chapter 120, Florida Statutes (2011). This may result in the imposition of an administrative fine up to five thousand dollars ($5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record.
(b) Revocation or suspension of the company permit.
(c) Seizure for destruction of adulterated or misbranded products.
(d) Seeking an injunction in Circuit Court to obtain compliance.
(e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at (850) 717-1803.

Sincerely,

Bert O. Moore
Senior Attorney

Enclosure: Stipulation

BOM/jes

Attachment 2

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of: **Catalent Pharma Solutions, LLC,** **Applicant.**	**ORDER**

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Philadelphia, PA.

2. Applicant manufactures clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

NOW, THEREFORE, IT IS ORDERED THAT:

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY

Carole Small Russell

CAROLE SMALL RUSSELL, R.Ph.
Board Chair

June 16, 2017

South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC
PY . 17234

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC
3031 RED LION RD
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE
715 KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

Attachment 2

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner, **Case No. 2014-008409**

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

FINAL ORDER

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substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____ /

SETTLEMENT AGREEMENT

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The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

CATALENT PHARMA SOLUTIONS, LLC	FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION
By:	By:
Name: ARIS GENNADIOS	Name: REGINALD D DIXON
Title: PRESIDENT, SOFTGEL TECHNOLOGY	Title: DIVISION DIRECTOR
Date: 19AUG2014	Date: AUGUST 29, 2014

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: EMD Serono, Inc.

Physical Address: One Technology Place

City: Rockland State: MA Zip: 02370

Mailing Address (if different from physical address): same as above address

City: _____ State: _____ Zip: _____

Telephone: 781-681-2688 Website: www.emdserono.com

Name of Designated Representative (DR): Patricia Dunkel

Licensing Company Email: trisha.dunkel@emdserono.com DR Email: trisha.dunkel@emdserono.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Patricia Dunkel
Original Signature (electronic, copies or stamps not accepted)

01 June 2022
Date

TVD

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen
Address: 1 First Avenue City: Conshohocken State: PA Zip: 19428
Name: McKesson Corporation
Address: 6535 State Highway 161 City: Irvin State: TX Zip: 75039
Name: Cardinal Health
Address: 700 Cardinal Place City: Dublin State: OH Zip: 43017
Name: CVS
Address: One CVS Drive City: Woonsocket State: RI Zip: 02895

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any): N/A
Corporation Name: N/A
Mailing Address: N/A
City: N/A State: Zip:
Telephone: N/A Email:
Contact Person Name: N/A

Date of SEC Registration: N/A	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): EMD Serono Holding, Inc.
Corporation/Organization Name: EMD Serono, Inc.
Mailing Address: One Technology Place
City: Rockland State: MA Zip: 02370
Telephone: 781-681-2688 Email: trisha.dunkel@emdserono.com
Contact Person Name: Trisha Dunkel

Section 6: Partnership

Partnership Name: N/A
Mailing Address: N/A
City: N/A State: N/A Zip: N/A
Telephone: N/A Email: N/A
Contact Person Name: N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name: N/A
Business Address: N/A
City: N/A State: Zip:
Telephone: N/A Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

EMD Serono, Inc.

Facility Name

Patricia Dunkel

Print Name of Authorized Person Submitting Application

Patricia Dunkel

Original signature of Authorized Person (copies or stamps not accepted)

01 June 2022

Date

Board Use Only	Date Received: _____	Amount: _____

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMD SERONO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

913166 8300

SR# 20221874937

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203385650

Date: 05-10-22

Licensee Information

Close Window

Name

Full Name:	EMD Serono, Inc.	Manager Name:	Trisha Dunkel

License Information

License Number:	WD503		
Profession:	PHARMACY	License Type:	Wholesale Distributor Permit
Issue Date:	12/23/2013	Date of Last Renewal:	9/13/2022
License Status:	Current	Expiration Date:	11/30/2023
Reciprocity State:		Today's Date:	5/17/2023

Address Information

City:	Rockland
State:	MA
Zipcode:	02370
Country:	United States

Education Information

No Education Information

Prerequisite Information

Licensee:	EMD Serono, Inc.
Relationship:	Self Automatic
License No:	WD503CS

Disciplinary Information

Important: Disciplinary actions taken against a license will NOT display on any other license or associated permit or authorization. You must look up every license, permit, or authorization held by a licensee to see all disciplinary actions.

Case #	Date Closed	Discipline	Discipline Start	Discipline End
Currently there is no disciplinary information regarding this license.				

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/ **Drug Establishments Current Registration Site (default.cfm)**

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **EMD**

CSVExcel

Filter: 122

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
EMD Serono, Inc.	1220970	088514898	MANUFACTURE;	1 Technology Place, Rockland, Massachusetts (MA) 02370, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries (filtered from 3 total entries)
Previous1Next
Data Current through: Tuesday, May 16, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

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EMD Serono, Inc.

Officer List

Name: Christopher Round
Title: President
Resident Address:
[redacted] West Court Street
Doylestown, PA
Phone[redacted]
Email: christopher.round@emdserono.com
DOB[redacted]

Name: Monica Elliott
Title: CFO/Treasurer
Resident Address:
[redacted]Rugani Avenue
Marshfield, MA 02050
Phone:[redacted]
Email: monica.elliott@emdserono.com
DOB: [redacted]

Name: Michael MacDougall
Title: Sr. VP, General Counsel & Secretary
Resident Address:
[redacted] Newbury St., #3
Boston, MA 02116
Phone:[redacted]
Email: michael.macdougall@emdserono.com
DOB: [redacted]

US Leadership Team



Chris Round
President North America



Grace You
Chief of Staff



Eduardo Fabiano
IT



Betania Glorio
Chief Compliance Officer



Tim Golden
Business Excellence



Libby Horne
US Fertility & HIV



Mike MacDougall
Legal



Dan McHugh
Regulatory Labeling & Ad Promo



Gaby Murphy
US Oncology



Terri Stewart
Healthcare Government & Public Affairs



Kirk Taylor
North America Medical Affairs



Venkat Thiruvallur
Head of US Neurology & Immunology



Sarah Turner
Human Resources



Daniel Van Horn
US Market Access & Patient Solutions



Emily Vlasak
Communications



Lisa Walsh
North America Regional Controller



Javed Alam
GM Canada

EMD SERONO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler EMD Serono, inc.

Physical Address One Technology Place

City Rockland State MA Zip 02370

Mailing Address (if different from physical address) _____

City Same as above State _____ Zip _____

Telephone 781-681-2688 Website www.emdserono.com

Licensing Company Email trisha.dunkel@emdserono.com

Section 2: Personal Information

First Patricia Middle Vanasse Last Dunkel

Alias(es, nicknames, name changes, etc.) Patricia Vanasse

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Mariners Hill Drive

City Marshfield State MA Zip 02050

Telephone [redacted] Email trisha.dunkel@emdserono.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: N/A to: N/A

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Chamberlayne Jr. College		09/69 - 05/71	
Address	**City**	**State**	**Zip**
Commonwealth Ave	Boston	MA	
Diploma/Degree obtained, if any			
AA in Industrial Design & Art History			

School Name		From - To (MM/YY – MM/YY)	
Smith Academy		09/65 - -5/69	
Address	**City**	**State**	**Zip**
Main Street	Hatfield	MA	01038
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
July 2005 to present	[redacted] Mariners Hill Drive	Marshfield	MA	02050
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: EMD Serono, Inc.			From - To (MM/YY – MM/YY): 4/2013 - Current
Business Address: One Technology Place	City: Rockland	State: MA	Zip: 02370
Phone: 781-681-2688	Title: Senior Regulatory Affairs Compliance Coordinator Global Regulatory Affairs & Quality Assurance		Number of Employed Hours: 20,000
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name	From - To (MM/YY – MM/YY)	
N/A		
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
N/A		
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
N/A		
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
N/A		
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name	From - To (MM/YY – MM/YY)	
N/A		
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____ 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Patricia Dunkel
Original Signature (electronic, copies or stamps not accepted)

24 May 2022
Date

Applicant's initials PD

I, Patricia Dunkel, **certify that as the designated representative for** EMD Serono, Inc. and am also the U.S. State Licensing Specialist,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Patricia Dunkel Designated Rep & U.S. State License Specialist

Print Name (First, Last)

Patricia Dunkel

Original Signature (electronic, copies or stamps not accepted)

24 May 2022

Date

Applicant's initials PD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patricia Dunkel

Print Name (First, Last)

Patricia Dunkel

Original Signature (electronic, copies or stamps not accepted)

24 May 2022

Date

Please have this section completed in the presence of a Notary Public.

State of MASSACHUSETTS, ss. County of Plymouth

I, PATRICIA DUNKEL, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Patricia Dunkel

Original Signature

24 May 2022

Date

Subscribed and Sworn to before me this 24 day of May 2022.

Notary Public Signature

EMILY BASCOM
Notary Public
Commonwealth of Massachusetts
My Commission Expires Oct. 30, 2026

(Seal)

Applicant's initials PVD

Curriculum Vitae
Patricia Dunkel

SUMMARY OF QUALIFICATIONS

Successful and diversified experience in Office and Project Management, including 6½ years in the Legal environment, 1 year in Marketing, 2 years in Investments, 2+ years in Human Services/Hospital, 7½ years in Medical Device Manufacturing & 9 years in Biopharmaceutical Industry

TECHNICAL PROFICIENCIES

Microsoft:	◊ Word ◊ Excel ◊ Outlook ◊ Power Point ◊ Access ◊ SharePoint
Operating System:	◊ Windows 2K/XP ◊ Windows 2016
Database:	◊ 4th Shift Manufacturing/Inventory Control Program ◊ ZincMaps/Veritas ◊ RIMS ◊ Eldorado
Software:	◊ Pilgrim SmartSolve ◊ SAP ◊ Oracle

CERTIFICATION

Internal Quality and Environmental System Auditor from The ISO 9000 Network, MA

RECENT EMPLOYMENT

EMD Serono, Inc., Rockland, MA **November 2012-Present**

❖ **Hired as Regulatory Compliance Coordinator within US Marketed Product Life Cycle Management & Compliance – Promoted to Senior Regulatory Compliance Coordinator April 2015**

- Prepare, coordinate and ensure timely renewal and maintenance of State/Territory Licenses and Permits for importation, sale & distribution of commercial products within the U.S. Register updated labeling in the Territory of Puerto Rico
- Conduct an Annual Audit regarding State Licensing Regulations & Statutes
- Prepare & review Electronic Non-eCTD submissions including product advertising and promotional materials to FDA Office of Prescription Drug Promotion (OPDP)
- Prepare & QC paper & Electronic Non-eCTD FDA submissions including 2253's, drug listings, foreign establishment listings & renewals
- Conduct biennial Audit of a Sampling of Promotional Materials Active within Zinc versus Materials available in warehouse.
- Liaison between vendors and various departments regarding contracts & invoice processing
- Maintain Label & Device Tracker spreadsheets along with the New Labeling folder & hyperlinks to the most updated Product Labels
- Open Events regarding Annual Reports, PSURs & PBRERs within the RIMS portal & Close the Events once they have been submitted. Track & file in appropriate data bases - submission receipts, Acknowledgement & Approval Letters from the FDA.
- Assigned to a Team which is responsible for the "clean-up of U.S. Products entries within the RIMS Platform
- Trained & responsible for the uploading of documentation, i.e. correspondence to & from the FDA, labeling updates & FDA forms into the Eldorado & AIDA Platforms

Tufts Medical Center, Boston, MA **August 2011-February 2012**

❖ **Administrative Assistant / Quality Project Specialist to Support the Director of the Quality & Patient Safety Dept.**

- Coordinated agendas, presentations, reports and policies, scheduled & organized meetings and transcribed minutes for standing meetings
- Assisted in coordinating project activities, collaborated with Team members and documented key decisions
- Interfaced with hospital personnel and external contacts necessary to complete project assignments or for information exchange, managed team calendars
- Responsible for the processing of hospital policies & procedures, including updating, tracking, distribution process and collecting process and coordinating with IT Dept. for posting of approved & signed policies onto the TMC Intranet

- Provided administrative support for Board of Trustees' Quality Committee

Smiths Medical, Rockland, MA **January 2010-August 2011**

❖**Regulatory Affairs Coordinator - Registration**

- Hired as a Contract Associate to assist in eliminating the backlog of registration data required for International Submissions & to implement documentation/record changes to streamline the process for future registrations. This role is critical to the project which had significant financial impact for Smiths Medical
- Liaison for RA/QA, R&D, Operations, Production & with the Registration Team in the UK as well as the six assigned manufacturing sites in the US
- Compiled & maintained Master Submission Index Databases. Drafted/created Certificates of Analysis, Product Datasheets, Equivalence & GMP Attestation Letters.

Kirwan Surgical Products, Marshfield, MA **July 2003-June 2009**

❖**Purchasing Representative – June 2008-June 2009**

- Initiated Requests for Quotes & Purchase Requisitions from Production, Inventory Control, Quality Control & Engineering Depts. Issued POs for medical components, packaging, labeling, office supplies, calibration & sterilization
- Reconciled invoices with month-end statements & submitted to Accounts Payable
- Researched/Qualified new vendors as potential suppliers – follow-up with Nondisclosure Agreements, Tooling Agreements, Hazardous Material Certification, Certificate of Compliance & Material Certification
- Supported Engineers & Estimators in preparation of estimates for equipment & materials

❖**Regulatory Affairs / Quality Assurance Assistant – December 2004 – June 2008**

- Investigated, compiled data & followed up on Corrective/Preventive Actions & Customer Complaints
- Developed & Facilitated a weekly Interdepartmental Review Board comprising of Departmental Heads to discuss CAPA & Customer Complaint solutions. Prepared the Agenda & transcribed and distributed Minutes.
- Responsible for Auditing/Transitioning the ISO 9001 Quality Management System to the ISO 13485 Standard
- Created & revised Quality Systems Procedures – Document Control; GMP Company Trainer
- Complied & analyzed data, created charts/graphs & gathered reports from Dept. Heads required for submission of the Biannual Executive Management Quality System Review Publication
- Researched FDA Guidelines & ISO Standards for Product Submission necessary during 510(k) application

❖**Receptionist/Customer Service Backup – July 2003-December 2004**

RELEVANT FULL-TIME EMPLOYMENT

Kennedy-Donovan Center/Healthy Families Program, Plymouth, MA	◊ Admin. To Program Administrator & Program Coordinator
Law Firm of Zisson & Veara, Boston, MA	◊ Office Manager/Legal Assistant
United Brands, Boston, MA	◊ Marketing/Design Dept. – Admin.
Loomis, Sayles & Co., Boston, MA	◊ Investment/Institutional Dept. – Admin.
Stevenson, Johnson & Allen, Boston, MA	◊ Mortgage Dept./Document Coordinator

EDUCATION

Chamberlayne Jr. College, Boston, MA (Merged with Mount Ida College, Newton, MA)	◊ Associates Degree in Industrial Design/Art History

VOLUNTEER EXPERIENCE

Marshfield, MA School System (Elected 'Volunteer of the Year' by the Marshfield High School Administration)

- Designed & Created H.S. "Grad Nite Live" Murals – 4 years
- President of the Backstage Boosters (Drama Club Parents) – 2 years
- Costume Director/Designer for Young People's Summer Theatre, Scituate, MA – 2 years
- Active volunteer as Costume Designer for H.S. Drama Club – 7 years
- Co-Chaired the Organization of Volunteers assisting teachers with their 7th & 8th Grade Monthly "Hall of Fame" Project – 2 years
- Member of the Board that Established the 5th grade "Graduation Banquet & Talent Show" and Co-Produced their first Yearbook – 2 years
- Active member on the Board that Created the "Hands On" Science Resource Center – 2 years

Volunteer projects at EMD Serono

- South Shore Natural Science Center, Norwell, MA
- New England Wildlife Center, So. Weymouth, MA
- Room to Grow, Boston, MA
- South Shore Audubon Society, Marshfield, MA

This 'Volunteer Experience' Section has been incorporated as a portrayal of my Dedication, Creative Ability, and Organizational/Leadership Skills.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 019087827

Application/License No. _____

EMD Serono, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
1 Technology Place, Rockland, MA 02370, as
(Address of Applicant/Principal)
PRINCIPAL, and Liberty Mutual Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Massachusetts
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street, Boston, MA 02116 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 05/16/2023.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 16th day of May, 20 23.

APPLICANT/PRINCIPAL

EMD Serono, Inc.

Patricia Dunkel
Authorized Representative
Designated Rep.

SURETY COMPANY

Liberty Mutual Insurance Company

Kimberly G. Sherrod
Surety Company's Representative

Kimberly G. Sherrod, Attorney-in-fact

SIGNED and SEALED in the presence of:

Nancy Thibault
Witness

Lol Patel
Witness

5-17-23

Notary Public, Commonwealth of Massachusetts
My Commission Expires September 21, 2029
Exp Sep. 21 2029

SIGNED and SEALED in the presence of:

Babette Ward
Babette Ward

Sara J Owens
Sara Owens

Countersigned by:

Wayne G McVaugh
Nevada Non-Resident Agent
Wayne G McVaugh, License #500206

Posted February 20, 2020

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8209496-019022

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Annmarie Breene; Babette Ward; Cathy H. Ho; Dana Donahue; Erin M. Dennison; George Gionis; Joanne C. Wagner; Kimberly G. Sherrod; Lori S. Shelton; Marisa Thielen; Patricia A. Rambo; Patricia Dorsaneo; Pedro Gonzalez, Jr.; Sara Owens; Wayne G. McVaugh

all of the city of Philadelphia state of PA each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 28th day of February, 2023.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 28th day of February, 2023 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 16th day of May, 2023.

By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02815	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Eugia US LLC

Physical Address: 279 Princeton Hightstown Road, Suite 214

City: East Windsor State: NJ Zip: 08520

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: eugiaus.com

Name of Designated Representative (DR): Mark Robert Fedele

Licensing Company Email: EUG@SLSNY.com DR Email: mfedele@eugiaus.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer -Virtual
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

* Please see attached dismissed discipline docs

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Amerisource Bergen
Address: 1 West First Avenue City: Conshohocken State: PA Zip: 19248

Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 45017

Name: McKesson Corp.
Address: 6555 State Hwy 161 City: Las Colinas State: TX Zip: 45039

Name: Morris & Dickson
Address: 410 Kay Lane City: Shreveport State: LA Zip: 71115

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
N/A Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Eugia Inc
Corporation/Organization Name: Eugia US LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: EUG@SLSNY.com
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name:
Mailing Address:
N/A City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
N/A Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 55150	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% Ownership Eugia Inc.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - no CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No Devices, Equipment, Gases	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No Devices, Equipment, Gases	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Eugia US LLC

Facility Name

Mark Robert Fedele

Print Name of Authorized Person Submitting Application

Mark Fedele

Original signature of Authorized Person (copies or stamps not accepted)

11.09.22

Date

Board Use Only	Date Received: 4-3-23	Amount: 1000.00 CK-9159

Question 3. Attached Dismissed Case - Applicant paid a fine.

AuroMedics

Generic injectables. A better experience.

May 23, 2018

To whom it may concern:

Re: AuroMedics Pharma LLC State Licensing

Dear Sir or Madam:

On January 9, 2018, AuroMedics Pharma, LLC ("AuroMedics") received the enclosed "Notice of Emergency Suspension" from the Alabama Board of Pharmacy. The matter is currently scheduled for a hearing on August 14, 2018.

AuroMedics takes its commitment to quality seriously. We are eager to address the Alabama Board of Pharmacy's concerns at the upcoming hearing. We understand that these concerns relate to three (3) voluntary recalls which AuroMedics took in December 2017 and January 2018 out of an abundance of caution. Neither the FDA nor any other State Board of Pharmacy has taken enforcement action against AuroMedics.

Please feel free to contact us should you have any further questions or concerns.

Sincerely,

Mark Fedele

Mark Fedele
President

AuroMedics Pharma LLC · www.auromedics.com
279 Princeton-Hightstown Rd · East Windsor, NJ 08520-1401 · Toll free 1 (888) 238-7880 · Fax (732) 355-9449

AuroMedics
Generic injectables. A better experience.

May 23, 2018

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AuroMedics takes its commitment to quality seriously. We are eager to address the Alabama Board of Pharmacy's concerns at the upcoming hearing. We understand that these concerns relate to three (3) voluntary recalls which AuroMedics took in December 2017 and January 2018 out of an abundance of caution. Neither the FDA nor any other State Board of Pharmacy has taken enforcement action against AuroMedics.

Please feel free to contact us should you have any further questions or concerns.

Sincerely,

Mark Fedele

Mark Fedele
President

AuroMedics Pharma LLC · www.auromedics.com
279 Princeton-Hightstown Rd · East Windsor, NJ 08520-1401 · Toll free 1 (888) 238-7880 · Fax (732) 355-9449

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
AUROMEDICS PHARMA, LLC	)	BOARD OF PHARMACY
	)	
Private Label Distributor	)	
Permit Number 194321	)	Case Number 17-L-0123

ORDER

The Alabama State Board of Pharmacy, through its counsel, on September 6, 2018 submitted a Motion To Vacate Emergency Suspension and To Dismiss the above captioned cause which is scheduled before the Alabama State Board of Pharmacy on November 13, 2018 at 8:00 A.M. Having considered the request, the Administrative Hearing Officer is of the opinion that for good cause the Motion is due to be GRANTED.

THEREFORE IT IS ORDERED that the Alabama State Board of Pharmacy's Motion is GRANTED and effective immediately the suspension of the permit of the Respondent Auromedics Pharma, LLC dated January 9, 2018 is VACATED.

FURTHER, IT IS ORDERED that all charges of the Statement of Charges and Notice of Hearing for the Respondent Auromedics Pharma LLC dated January 8, 2018 are DISMISSED with prejudice upon the payment of costs to the Board by the Respondent in the amount of Five Thousand Dollars ($5,000.00).

DONE and ORDERED, this 7th day of September 2018.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Ms. Karla Palmer, Esq.
Mr. James S. Ward, Esq.
Dr. Susan Alverson, Executive Secretary

IN WITNESS WHEREOF, the sole Member of the Company has caused this Amendment to be duly executed by it or on its behalf on or as of the date set forth in the first paragraph of this Amendment.

Eugia Inc.
on behalf of Auro Steriles LLC

Name: Satyendra Sahu
Title: Secretary

AMENDED SCHEDULE A

Name and Address	Capital Contribution
Eugia Inc. 279 Princeton Hightstown Road East Windsor NJ -0820	USD $5,000.00

AMENDED SCHEDULE A

Name and Address	Capital Contribution
Auro Steriles LLC 279 Princeton Hightstown East Windsor NJ -08520	USD $200,000.00

Eugia US LLC

Corporate Address: 279 Princeton Hightstown Road, Suite 214, East Windsor, NJ 08520 USA
FEIN: 45-2960263
euglaus.com

Drug Labeler Code: 55150
Incorporation State: DE
Incorporation Date: 5/18/2011

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PHR	279 Princeton Hightstown Road Suite 214 East Windsor, NJ 08520 County: Mercer	N/A	N/A - No CS	N/A	No	(888) 238-7880	(732) 355-9449

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Mark Robert Fedele	[redacted] Gloucester Drive Doylestown, PA 18901	President	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Eugia Inc	279 Princeton Hightstown Road East Windsor, NJ 08520		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Mark Robert Fedele	[redacted] Gloucester Drive Doylestown, PA 18901	President	No

REGISTERED AGENT IN ALL APPLICABLE STATES

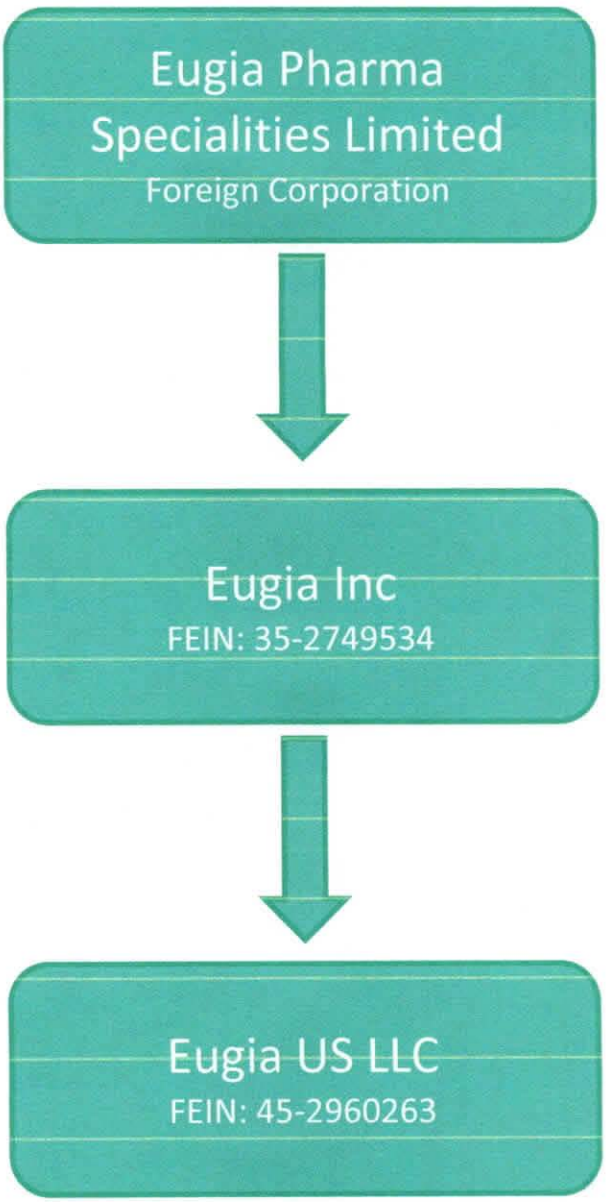
Name
CT Corporation System
National Registered Agents, Inc.

3PLS

Name	Address	Title	Prescribing Authority
Aurologistics LLC	203 Windsor Center Drive East Windsor, NJ 08520		
Cardinal Health 105, LLC dba Specialty Pharmaceutical Services	15 Ingram Boulevard LaVergne, TN 37086		

Company Particulars

Eugia US LLC – Ownership Organizational Chart



Eugia US LLC · www.eugiaus.com
279 Princeton Highstown Road · East Windsor, NJ 08520 · Toll free 1 (888) 238-7880 · Fax (732) 355-9449

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EUGIA US LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUGIA US LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2011.

Jeffrey W. Bullock, Secretary of State

4984482 8300

SR# 20230961491

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202906482

Date: 03-14-23

Home State (NJ) Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

EUGIA US LLC
0400485691

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on April 12, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020-2022

I further certify that the registered agent and office are:

MARK FEDELE
279 PRINCETON HIGHTSTOWN RD
EAST WINDSOR, NJ 08520-1401

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of March, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6141615672

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Home State (NJ) Verification of License

Registration Number: 5004299 **Registered as:** Manufacturer and Wholesale Print Verification Certificate

Name: EUGIA US LLC

DBA:

Address: 279 PRINCETON HIGHTSTOWN RD #214 , EAST WINDSOR, NJ 08520

Original Issue Date: 12/06/2011 **Expiration Date: 01/31/2024**

Current Issue Date: 10/19/2022

Disciplines: No

Mackenzie Winne - All Ope... > 77477

Reply | Add note | Forward | Close | Merge | Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

NJ letter- No official verification of License

Eugia US LLC
List of employees

Vincent Andolina
Chase Bacon
Taylor Belanger
Robert Bloomer
Katherine Bowman
Andrea Bowne
Katie Brodowski
Dennis Burnside
Dave Clark
Manjeet Deshmukh
Linda Di Letto
Julie Faria
Mark Fedele
James Galen
Kyle Grupas
Kerri Harrity
Sreenivasa Rao Kota
Kathy Kovalic
Thomas Latin
Asma Malik
Miguel Medico
Rachel Monroe
Dilip Patel
Mary Pfeiffer
Sravani Ravipati
Cesar Reta
Kristia Rivera
Chuck Ruffing
Bagavathikan Thanoo
Lan Tran
Melissa Zygmund

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Eugia US LLC

Pharmacy/Wholesaler License # (if applicable): WH02815

Physical Address: 279 Princeton Hightstown Road, Suite 214

City: East Windsor State: NJ Zip: 08520

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: eugiaus.com

Licensing Company Email: EUG@slsny.com

Section 2: Personal Information

First: Mark Middle: Robert Last: Fedele

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Gloucester Drive

City: Doylestown State: PA Zip: 18901

Telephone: (888) 238-7880 Email: mfedele@eugiaus.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Bloomsburg University		09/1976-05/1980	
Address	City	State	Zip
400 E 2nd Street	Bloomsburg	PA	17815
Diploma/Degree obtained, if any			
Bachelor of Science, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Upper Merion Area High School		09/1973-06/1976	
Address	City	State	Zip
465 Crossfield Rd	King of Prussia	PA	19406
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/1997 - Present	[redacted] Gloucester Drive	Doylestown	PA	18902
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Eugia US LLC			06/2011-Present	
Business Address		**City**	**State**	**Zip**
279 Princeton Hightstown Road, Suite 214		East Windsor	NJ	08520
Phone	**Title**		**Number of Employed Hours**	
(888) 238-7880	President		~23,000 hours (40 hours/week)	
Description of Duties				
Oversees all aspects of Eugia US LLC business development including sales, marketing, contract administration, regulatory, quality, R&D, business development, financial planning and budgeting, distribution, production planning and supply.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Mark Robert Fedele, **certify that as the designated representative for**

Eugia US LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MF I am at least 21 years of age;
3. MF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark Robert Fedele

Print Name (First, Last)

Mark Fedele

Original Signature (electronic, copies or stamps not accepted)

11.09.22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Robert Fedele

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11.09.22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Mercer

I, Mark Fedele, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Mark Robert Fedele

11.09.22

Date

Subscribed and Sworn to before me this 9th day of November, 2022

Notary Public Signature

Linda L Di Letto
NOTARY PUBLIC
State of New Jersey
ID # 50091065
My Commission Expires September 28, 2023

Linda L Di Let
NOTARY PUB
State of New Je
ID # 500910
My Commission Expires Se

(Seal)

IAT INSURANCE GROUP Surety

HARCO

BOND RIDER

To be attached to and form a part of Bond No 0766305

Dated The 25th Day of February, 2020 By and Between:

AuroMedics Pharma, LLC , as Principal, and

Harco National Insurance Company as Surety, in favor of

Nevada State Board of Pharmacy , as Obligee.

It is understood and agreed that the bond is changed or revised in the particulars checked below:

☒ Name of Principal changed to:
Eugia US, LLC

☐ Amount of Bond changed from
to

☐ Other

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified. This bond Rider shall become effective as of March 27, 2023

IN WITNESS WHEREOF, Harco National Insurance Company has caused its corporate seal to be hereunto affixed this 27th day of March, 2023.

Principal: Eugia US, LLC
By:

Harco National Insurance Company
By: Robyn Rost
Robyn Rost Attorney-in-Fact

POWER OF ATTORNEY

Bond # 0766305

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly swom, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 NEW JERSEY My Comm. Exp. 04-04-2023

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, March 27, 2023

B31765 USI Insurance Services, LLC.

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT SEPTEMBER 30, 2022

ASSETS

Bonds (Amortized Value)	$105,181,701
Stocks (Preferred Stocks)	3,295,066
Stocks (Common Stocks)	778,236,190
Cash, Bank Deposits & Short-Term Investments	96,096,636
Other Invested Assets	9,472,789
Unpaid Premiums & Assumed Balances	199,513,027
Deferred Premiums, Agents Balances & Installments booked	14,607,456
Reinsurance Recoverable from Reinsurers	173,737,809
Reinsurance - Funds Held by or deposited with reinsured companies	11,725,032
Current Federal & Foreign Income Tax Recoverable & Interest	0
Investment Income Due and Accrued	1,464,544
Receivables from Parent Subsidiaries & Affiliates	14,272,395
Other Assets	23,450
TOTAL ASSETS	$1,407,626,095

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$180,644,649
Reinsurance payable on paid losses & loss adjustment expense	75,457,912
Loss Adjustment Expenses	36,536,496
Commissions Payable, Contingent Commissions & Other Similar Charges	7,558,287
Other Expenses (Excluding Taxes, Licenses and Fees)	337,815
Taxes, Licenses & Fees (Excluding Federal Income Tax)	1,547,176
Current federal and foreign income taxes	731,275
Net Deferred Tax Liability	2,488,818
Unearned Premiums	150,238,670
Advance Premium	523,586
Ceded Reinsurance Premiums Payable	148,119,627
Funds held by Company under reinsurance treaties	15,875,212
Amounts Withheld by Company for Account of Others	55,251,038
Payable to Parent Subsidiaries & Affiliates	12,507,389
Other Liabilities	11,960,787
TOTAL LIABILITIES	$699,778,737
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	33,565,520
Surplus as Regards Policyholders	$707,847,358
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,407,626,095

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, September 30, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 28th day of November, 2022.

HARCO NATIONAL INSURANCE COMPANY

J. M. Mruk

SIGNED AND SWORN to before me on this 29th day of November, 20 22.

SHERRIE L. MAJOR NOTARY PUBLIC My Comm. Expires COUNTY, NC

NOTARY PUBLIC, STATE OF

NDC	Description
55150-0307-01	Acetaminophen Injection SDV 1000mg/100mL
55150-0307-24	Acetaminophen Injection SDV 1000mg/100mL - 24s
55150-0259-30	Acetylcysteine Injection SDV, 6g/30mL - 4s
55150-0155-20	Acyclovir Sodium Injection 1g/20mL - 10s
55150-0154-10	Acyclovir Sodium Injection 500mg/10mL - 10s
55150-0192-01	Adenosine Injection USP, SDV 60mg/20mL - 1s
55150-0193-01	Adenosine Injection USP, SDV 90mg/30mL - 1s
55150-0116-20	Ampicillin & Sulbactam for Injection 1.5g - 10s
55150-0118-99	Ampicillin & Sulbactam for Injection 15g - 1s
55150-0117-20	Ampicillin & Sulbactam for Injection 3g - 10s
55150-0115-99	Ampicillin for Injection 10g - 10s
55150-0113-10	Ampicillin for Injection 1g - 10s
55150-0114-20	Ampicillin for Injection 2g - 10s
55150-0241-10	Argatroban in Sodium Chloride Injection, SDV 50mg/50mL - 10s
55150-0241-01	Argatroban in Sodium Chloride Injection, SDV 50mg/50mL - 1s
55150-0174-10	Azithromycin for Injection USP, 500mg - 10s
55150-0210-10	Bivalirudin for Injection, SDV 250mg - 10s
55150-0249-50	Bupivacaine Hydrochloride Injection USP 0.25% MDV 125mg/50mL - 25s
55150-0167-10	Bupivacaine Hydrochloride Injection USP 0.25% SDV 25mg/10mL - 25s
55150-0168-30	Bupivacaine Hydrochloride Injection USP 0.25% SDV 75mg/30mL - 25s
55150-0250-50	Bupivacaine Hydrochloride Injection USP 0.5% MDV 250mg/50mL - 25s
55150-0170-30	Bupivacaine Hydrochloride Injection USP 0.5% SDV 150mg/30mL - 25s
55150-0169-10	Bupivacaine Hydrochloride Injection USP 0.5% SDV 50mg/10mL - 25s
55150-0172-30	Bupivacaine Hydrochloride Injection USP 0.75% SDV 225mg/30mL - 25s
55150-0171-10	Bupivacaine Hydrochloride Injection USP 0.75% SDV 75mg/10mL - 25s
55150-0335-01	CARBOplatin Injection, MDV 450mg/45ml - 1s
55150-0386-01	CARBOplatin Injection, MDV 600mg/60ml - 1s
55150-0318-01	Chlorpromazine Hydrochloride Injection USP, Ampules 25mg/1mL
55150-0318-25	Chlorpromazine Hydrochloride Injection USP, Ampules 25mg/1mL - 25s
55150-0319-01	Chlorpromazine Hydrochloride Injection USP, Ampules 50mg/2mL
55150-0319-25	Chlorpromazine Hydrochloride Injection USP, Ampules 50mg/2mL - 25s
55150-0286-01	Cisatracurium Besylate Injection MDV 20mg/10mL
55150-0286-10	Cisatracurium Besylate Injection MDV 20mg/10mL - 10s
55150-0284-01	Cisatracurium Besylate Injection SDV 10mg/5mL
55150-0284-10	Cisatracurium Besylate Injection SDV 10mg/5mL - 10s
55150-0364-01	Cyanocobalamin Injection USP, 1000mcg/1mL
55150-0364-25	Cyanocobalamin Injection USP, 1000mcg/1mL - 25s
55150-0271-01	Cyclophosphamide Injection, SDV 1g/5mL - 1s
55150-0270-01	Cyclophosphamide Injection, SDV 500mg/2.5mL - 1s
67457-0928-02	Dactinomycin for Injection USP NOVAPLUS, 500mcg SDV - 1s
67457-0513-05	Dactinomycin for Injection USP, 500mcg SDV - 1s
55150-0344-01	Daptomycin for Injection, SDV 500 mg/vial - 1s
55150-0376-01	Decitabine for Injection, SDV 50mg/Vial - 1s
55150-0305-01	Dexamethasone Sodium Phosphate Injection USP, MDV 100mg/10mL
55150-0305-10	Dexamethasone Sodium Phosphate Injection USP, MDV 100mg/10mL - 10s
55150-0239-30	Dexamethasone Sodium Phosphate Injection USP, MDV 120mg/30mL - 25s
55150-0304-01	Dexamethasone Sodium Phosphate Injection USP, SDV 10mg/1mL
55150-0304-25	Dexamethasone Sodium Phosphate Injection USP, SDV 10mg/1mL - 25s
55150-0209-02	Dexmedetomidine HCl Injection 200mcg/2mL - 25s
55150-0296-01	Dexmedetomidine HCl Injection, Single Dose Bag 200mcg/50mL

55150-0296-10	Dexmedetomidine HCl Injection, Single Dose Bag 200mcg/50mL - 10s
55150-0297-01	Dexmedetomidine HCl Injection, Single Dose Bag 400mcg/100mL
55150-0297-10	Dexmedetomidine HCl Injection, Single Dose Bag 400mcg/100mL - 10s
67457-0207-25	Dexrazoxane for Injection, 250mg SDV - 1s
67457-0208-50	Dexrazoxane for Injection, 500mg SDV - 1s
55150-0380-01	Docetaxel Injection USP, 160mg/16mL MDV - 1s
55150-0378-01	Docetaxel Injection USP, 20mg/2mL SDV - 1s
55150-0379-01	Docetaxel Injection USP, 80mg/8mL MDV - 1s
55150-0373-01	Ephedrine Sulfate Injection USP, SDV 50mg/1mL
55150-0373-25	Ephedrine Sulfate Injection USP, SDV 50mg/1mL - 25s
55150-0220-99	Eptifibatide Injection SDV 200mg/100mL - 1s
55150-0219-10	Eptifibatide Injection SDV 20mg/10mL - 1s
55150-0218-99	Eptifibatide Injection SDV 75mg/100mL - 1s
55150-0282-20	Ertapenem Sodium for Injection 1g - 10s
55150-0282-09	Ertapenem Sodium for Injection 1g - 10s NOVAPLUS
55150-0194-10	Esmolol HCl Injection, SDV 100mg/10mL - 25s
55150-0185-05	Esomeprazole Sodium for Injection 40mg - 10s
55150-0221-10	Etomidate Injection USP SDV 20mg/10mL - 10s
55150-0222-20	Etomidate Injection USP, SDV 40mg/20mL - 10s
55150-0267-05	Fluphenazine Decanoate Injection USP, MDV 125mg/5mL - 1s
55150-0233-00	Fondaparinux Sodium Injection, PFS 10mg/0.8mL
55150-0233-10	Fondaparinux Sodium Injection, PFS 10mg/0.8mL - 10s
55150-0230-00	Fondaparinux Sodium Injection, PFS 2.5mg/0.5mL
55150-0230-10	Fondaparinux Sodium Injection, PFS 2.5mg/0.5mL - 10s
55150-0231-00	Fondaparinux Sodium Injection, PFS 5mg/0.4mL
55150-0231-10	Fondaparinux Sodium Injection, PFS 5mg/0.4mL - 10s
55150-0232-00	Fondaparinux Sodium Injection, PFS 7.5mg/0.6mL
55150-0232-10	Fondaparinux Sodium Injection, PFS 7.5mg/0.6mL - 10s
55150-0299-01	Fosaprepitant Dimeglumine for Injection, SDV 150mg - 1s
67457-0311-00	Fulvestrant Injection, 250mg/5ml PFS
67457-0311-05	Fulvestrant Injection, 250mg/5ml PFS - 2s
55150-0324-01	Furosemide Injection USP, SDV 100mg/10mL
55150-0324-25	Furosemide Injection USP, SDV 100mg/10mL - 25s
55150-0322-01	Furosemide Injection USP, SDV 20mg/2mL
55150-0322-25	Furosemide Injection USP, SDV 20mg/2mL - 25s
55150-0323-01	Furosemide Injection USP, SDV 40mg/4mL
55150-0323-25	Furosemide Injection USP, SDV 40mg/4mL - 25s
55150-0310-01	Hydroxyprogesterone Caproate Injection USP, MDV 1.25g/5mL - 1s
55150-0309-01	Hydroxyprogesterone Caproate Injection USP, SDV 250mg/1mL - 1s
55150-0191-83	Ibandronate Sodium Injection, PFS 3mg/3mL - 1s
551S0-0353-01	Irinotecan Hydrochloride Injection, SDV 100mg/5mL - 1s
55150-0354-01	Irinotecan Hydrochloride Injection, SDV 300mg/15mL - 1s
55150-0352-01	Irinotecan Hydrochloride Injection, SDV 40mg/2mL - 1s
55150-0316-01	Isoproterenol Hydrochloride Injection USP, 0.2mg/1mL Ampules
55150-0316-25	Isoproterenol Hydrochloride Injection USP, 0.2mg/1mL Ampules - 25s
55150-0317-01	Isoproterenol Hydrochloride Injection USP, 1mg/5mL Ampules
55150-0317-10	Isoproterenol Hydrochloride Injection USP, 1mg/5mL Ampules - 10s
67457-0108-00	Ketamine Hydrochloride Injection USP, 1000mg/10mL MDV
67457-0108-10	Ketamine Hydrochloride Injection USP, 1000mg/10mL MDV - 10s
67457-0181-00	Ketamine Hydrochloride Injection USP, 200mg/20mL MDV
67457-0181-20	Ketamine Hydrochloride Injection USP, 200mg/20mL MDV - 10s

67457-0001-00	Ketamine Hydrochloride Injection USP, 500mg/10mL MDV
67457-0001-10	Ketamine Hydrochloride Injection USP, 500mg/10mL MDV - 10s
55150-0177-05	Levetiracetam Injection SDV 500mg/5mL - 10s
55150-0248-47	Levetiracetam in 0.54% Sodium Chloride Injection, Single Dose Infusion Bag 1500mg/100mL - 10s
55150-0247-47	Levetiracetam in 0.75% Sodium Chloride Injection, Single Dose Infusion Bag 1000mg/100mL - 10s
55150-0246-47	Levetiracetam in 0.82% Sodium Chloride Injection, Single Dose Infusion Bag 500mg/100mL - 10s
55150-0158-72	Lidocaine Hydrochloride Injection USP 1% Ampules 20mg/2mL - 10s
55150-0159-74	Lidocaine Hydrochloride Injection USP 1% Ampules 50mg/5mL - 10s
55150-0251-10	Lidocaine Hydrochloride Injection USP 1% MDV 100mg/10mL - 25s
55150-0252-20	Lidocaine Hydrochloride Injection USP 1% MDV 200mg/20mL - 25s
55150-0253-50	Lidocaine Hydrochloride Injection USP 1% MDV 500mg/50mL - 25s
55150-0161-02	Lidocaine Hydrochloride Injection USP 1% SDV 20mg/2mL - 10s
55150-0163-30	Lidocaine Hydrochloride Injection USP 1% SDV 300mg/30mL - 1s
55150-0162-05	Lidocaine Hydrochloride Injection USP 1% SDV 50mg/5mL - 10s
55150-0160-72	Lidocaine Hydrochloride Injection USP 2% Ampules 40mg/2mL - 10s
55150-0256-50	Lidocaine Hydrochloride Injection USP 2% MDV 1000mg/50mL - 25s
55150-0254-10	Lidocaine Hydrochloride Injection USP 2% MDV 200mg/10mL - 25s
55150-0255-20	Lidocaine Hydrochloride Injection USP 2% MDV 400mg/20mL - 25s
55150-0165-05	Lidocaine Hydrochloride Injection USP 2% SDV 100mg/5mL - 10s
55150-0164-02	Lidocaine Hydrochloride Injection USP 2% SDV 40mg/2mL - 10s
55150-0242-51	Linezolid Injection Single Dose Infusion Bag 600mg/300mL - 10s
55150-0208-30	Meropenem for Injection USP, 1g - 10s
55150-0207-20	Meropenem for Injection USP, 500mg - 10s
55150-0223-10	Methocarbamol Injection USP, SDV 1000mg/10mL - 25s
55150-0287-01	Milrinone Lactate in 5% Dextrose Injection, SD Bags 20mg/100mL
55150-0287-10	Milrinone Lactate in 5% Dextrose Injection, SD Bags 20mg/100mL - 10s
55150-0288-01	Milrinone Lactate in 5% Dextrose Injection, SD Bags 40mg/200mL
55150-0288-10	Milrinone Lactate in 5% Dextrose Injection, SD Bags 40mg/200mL - 10s
55150-0124-99	Nafcillin for Injection 10g - 1s
55150-0124-09	Nafcillin for Injection 10g - 1s NOVAPLUS
55150-0122-15	Nafcillin for Injection 1g - 10s
55150-0123-15	Nafcillin for Injection 2g - 10s
55150-0123-16	Nafcillin for Injection 2g - 10s NOVAPLUS
55150-0345-01	Naloxone Hydrochloride Injection USP, SD PFS 2mg/2mL
55150-0345-10	Naloxone Hydrochloride Injection USP, 5D PFS 2mg/2ml - 10s
55150-0328-01	Naloxone Hydrochloride Injection, MDV 4 mg/10 mL
55150-0328-10	Naloxone Hydrochloride Injection, MDV 4 mg/10 mL -10s
55150-0327-01	Naloxone Hydrochloride Injection, SDV 0.4 mg/1 mL
55150-0327-10	Naloxone Hydrochloride Injection, SDV 0.4 mg/1 mL -10s
55150-0183-01	Nicardipine HCl Injection, SDV 25mg/10mL
55150-0183-10	Nicardipine HCl Injection, SDV 25mg/10mL - 10s
55150-0183-11	Nicardipine HCl Injection, SDV 25mg/10mL - 10s NOVAPLUS
55150-0183-02	Nicardipine HCl Injection, SDV 25mg/10mL NOVAPLUS
55150-0308-01	Olanzapine for Injection, 5DV 10mg - 1s
55150-0129-99	Oxacillin for Injection 10g - 1s
55150-0127-15	Oxacillin for Injection 1g - 10s
55150-0128-24	Oxacillin for Injection 2g - 10s
55150-0332-01	Oxaliplatin Injection, USP 100mg/20mL -1s
55150-0331-01	Oxaliplatin Injection, USP 50mg/10mL -1s
55150-0186-05	Palonosetron Hydrochloride Injection SDV 0.25mg/5mL - 1s
55150-0202-00	Pantoprazole Sodium for Injection 40mg

55150-0202-10	Pantoprazole Sodium for Injection 40mg - 10s
55150-0302-01	Phenylephrine HCl Injection, 100mg/10mL Pharmacy Bulk Packages - 1s
55150-0301-01	Phenylephrine HCl Injection, 50mg/5mL PBP
55150-0301-10	Phenylephrine HCl Injection, 50mg/5mL Pharmacy Bulk Packages - 10s
55150-0300-01	Phenylephrine HCl Injection, SDV 10mg/1mL
55150-0300-25	Phenylephrine HCl Injection, SDV 10mg/1mL - 25s
55150-0119-30	Piperacillin & Tazobactam for Injection 2.25g - 10s
55150-0120-30	Piperacillin & Tazobactam for Injection 3.375g - 10s
55150-0121-50	Piperacillin & Tazobactam for Injection 4.5g - 10s
55150-0234-10	Polymyxin B for Injection USP, SDV 500,000 units - 10s
55150-0306-10	Progesterone Injection USP, MDV 500mg/10mL - 1s
55150-0226-10	Rocuronium Bromide Injection, MDV 100mg/10mL - 10s
55150-0225-05	Rocuronium Bromide Injection, MDV 50mg/5mL - 10s
55150-0200-10	Ropivacaine Hydrochloride Injection 100mg/10mL SDV - 25s
55150-0197-20	Ropivacaine Hydrochloride Injection 100mg/20mL SDV - 25s
55150-0199-20	Ropivacaine Hydrochloride Injection 150mg/20mL SDV - 25s
55150-0198-30	Ropivacaine Hydrochloride Injection 150mg/30mL SDV - 25s
55150-0196-99	Ropivacaine Hydrochloride Injection 200mg/100mL SDV - 1s
55150-0201-20	Ropivacaine Hydrochloride Injection 200mg/20mL SDV - 25s
55150-0195-20	Ropivacaine Hydrochloride Injection 40mg/20mL SDV - 25s
55150-0166-13	Sildenafil Injection, SDV 10mg/12.5mL - 1s
55150-0173-01	Sumatriptan Injection USP, 6mg/0.5mL - 5s
55150-0173-05	Sumatriptan Injection USP, 6mg/0.5mL - 5s NOVAPLUS
55150-0228-10	Tigecycline for Injection SDV 50mg - 10s
55150-0188-10	Tranexamic Acid Injection, SDV 1000mg/10mL - 10s
55150-0235-01	Vecuronium Bromide for Injection 10mg
55150-0235-10	Vecuronium Bromide for Injection 10mg - 10s
55150-0236-01	Vecuronium Bromide for Injection 20mg
55150-0236-20	Vecuronium Bromide for Injection 20mg - 10s
55150-0343-01	Verapamil HCL Injection USP, SDV 10mg/4mL
55150-0343-05	Verapamil HCL Injection USP, SDV 10mg/4mL - 5s
55150-0342-01	Verapamil HCL Injection USP, SDV 5mg/2mL
55150-0342-25	Verapamil HCL Injection USP, SDV 5mg/2mL - 25s

Formation Docs
Amendment to change Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AUROMEDICS PHARMA LLC", CHANGING ITS NAME FROM "AUROMEDICS PHARMA LLC" TO "EUGIA US LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D. 2022, AT 2:21 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

4984482 8100
SR# 20223204811

Authentication: 204120753
Date: 08-09-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:21 PM 08/08/2022
FILED 02:21 PM 08/08/2022
SR 20223204811 - File Number 4984482

Certificate of Amendment of AuroMedics Pharma LLC

FIRST: the name of the Limited Liability Company is: AuroMedics Pharma LLC.

SECOND: The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

1. The name of the Limited Liability Company is: Eugia US LLC.

2. The Registered Office of the Limited Liability Company in the State of Delaware is located at 251 Little Falls Drive, in the City of Wilmington, Zip Code 19808. The name of the Registered Agent at such address upon whom process against this Limited Liability Company may be served is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned, constituting all of the existing members of the Company, has caused this Amendment to be duly executed by its Authorized Person on this 31 day of July 2022.

Eugia US LLC
f/k/a AuroMedics Pharma LLC

Name: Mark Fedele
Title: President

CHOW Docs - Resolution transfer of Eugia US interest & dissolution of AuroSteriles

EUGIA INC. BOARD OF DIRECTORS

CERTIFIED RESOLUTION AUTHORIZING TRANSFER OF INTEREST IN EUGIA US LLC AND DISSOLUTION OF AURO STERILES LLC

I, Satyendra Sahu, on behalf of Eugia Inc., hereby certify that I am the duly elected, qualified, and acting Secretary of Eugia Inc., a corporation organized under the laws of the State of Delaware (the "Company"), and that the following is a true copy of a resolution adopted on the date set forth below in lieu of a Board meeting (the "Resolution").

WHEREAS, Eugia US LLC f/k/a AuroMedics Pharma LLC (the "Eugia US") was incorporated in the State of Delaware on May 4, 2011;

WHEREAS, in April 2022, Aurobindo Pharma USA, Inc. transferred one hundred (100%) percent of its membership interest in Eugia US to Company through its subsidiary, Auro Steriles LLC ("Auro Steriles");

WHEREAS, the Company wishes to dissolve Auro Steriles and transfer membership interest in Eugia US from Auro Steriles to Company directly;

WHEREAS, the Board of Directors (defined below) for Company approve such actions; and

NOW, THEREFORE, it is hereby RESOLVED THAT:

1. Auro Steriles shall be dissolved by way of a Written Consent and Certificate of Cancellation filed with the State of Delaware;

2. The following persons are charged with winding down Auro Steriles in accordance with Delaware law:

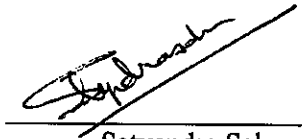
    a. Mark Fedele
    b. Satyendra Sahu

3. Company is hereby the direct parent of Eugia US;

4. Eugia US's Limited Liability Company Agreement shall be amended to reflect the transfer of interest to Company; and

5. This Resolution was approved in form and substance, subject to any revisions, additions, deletions, or insertions necessary or appropriate, either personally or through a power of attorney, by Yugandhar Puvvala, Swami S. Iyer, Madan Mohan Reddy, and Mark Fedele (collectively, the "Board of Directors"); the appropriate officers of the Company are hereby authorized and directed to take all actions they deem necessary or appropriate to carry out the intent of the attached Resolution.

IN WITNESS WHEREOF, the undersigned has executed this Resolution on this 23rd of August 2022.



Satyendra Sahu
Secretary

Amendment to the Limited Liability Company Agreement of Auro Steriles LLC to Reflect Capital Contribution and Membership Shares

Amendment (the "Amendment") dated April 1, 2022, to the Limited Liability Company Agreement of Auro Steriles LLC, a Delaware limited liability company (the "Company").

WHEREAS, the sole member of the Company, Eugia Inc. (the "Member") is party to a Limited Liability Company Agreement originally dated April 1, 2022, as amended (the "Agreement"); and

WHEREAS, Aurobindo Pharma USA, Inc. transferred one hundred (100%) percent of its membership interest in the Company to the Member; and

WHEREAS, the Amendment effecting the transfer did not account for the capital contribution or quantity of membership shares; and

WHEREAS, the Member desires to amend the Agreement for the purpose of reflecting its capital contribution and membership shares in Company, in accordance with the Agreement; and

NOW, THEREFORE, the undersigned agrees as follows:

1. The Agreement is hereby amended in every respect to reflect the foregoing transfer of the membership interests in the Company, and the corresponding transfer of capital and profits interests to Member, as the sole member of the Company.

2. As reflected in the amended Schedule A attached hereto, the Member has made an initial capital contribution to the Company valued at five thousand US dollars (USD $5,000.00) in exchange for one hundred percent (100%) of the five thousand (5,000) shares of membership interest.

3. As of the date of this Amendment, the capital accounts of the members are hereby restated to reflect an agreed upon valuation of the Company of five thousand US dollars (USD $5,000.00).

4. The effective date of this Amendment shall be the close of business on the date set forth in the first paragraph of this Amendment.

[signature on following page]

4R

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Juno Therapeutics Inc.

Physical Address: 400 Dexter Avenue North, Suite 1200

City: Seattle State: WA Zip: 98109

Mailing Address (if different from physical address): Bristol Myers Squibb, 1 BMS Drive

City: New Brunswick State: NJ Zip: 08901

Telephone: 206-582-1600 Website: www.junotherapeutics.com

Name of Designated Representative (DR): Mark Hutt

Licensing Company Email: usdc@bms.com DR Email: usdc@bms.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Infusion Clinic		■ Others: Virtual Manufactuer, Sales & Invoicing location

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		WA		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top [illegible] suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Juno Therapeutics Inc.
Address: 1522 217th Place SE City: Bothell State: WA Zip: 98021
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip: 93106
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Bristol Myers Squibb Company
Corporation/Organization Name: Juno Therapeutics Inc.
Mailing Address: 1 Squibb Drive
City: New Brunswick State: NJ Zip: 08901
Telephone: 206-582-1600 Email: usdc@bms.com
Contact Person Name: Mark Hutt

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: (FDA Labeler)	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status** or **Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

Corporate Officer Information

Juno Therapeutics Inc.
400 Dexter Avenue North, Suite 1200
Seattle WA 98109
FEIN: 46-365627500

Bristol Myers Squibb Company – Parent Company
Address: 430 E. 29th Street, 14th Floor New York, NY 10016
Ownership: 100%

Kimberly M. Jablonski– **Vice President & Secretary**
Business Address: Route 206 & Province Line Road, Princeton, NJ 08648
Business Phone: 609-252-4774
Ownership: 0%

Sandra Ramos-Alves– **Senior Vice President & Treasurer**
Business Address: 406 Riverside Drive, Princeton, NJ 08540
Business Phone: 908-219-0460
Ownership: 0%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JUNO THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5378373 8300

SR# 20231705457

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203241537

Date: 04-28-23

Washington State Department of Health

This organization

Juno Therapeutics Inc.

is authorized by RCW 18.64 to have a

Pharmaceutical Manufacturer License

Operated by: **Juno Therapeutics Inc.**

Located at: **400 Dexter Ave N Ste 1200**
Seattle, WA 98109-5094

Secretary

Status
ACTIVE

Effective Date
10/01/2022

Credential Number
PHMF.FX.61148943

Expiration Date
09/30/2023

709

DOH Contact Information
www.doh.wa.gov/hsqa/default.htm

Juno Therapeutics Inc.
400 Dexter Ave N Ste 1200
Seattle, WA 98109-5094

Facility Search

Facility Information

NEW SEARCH RESULTS

Facility Name: Juno Therapeutics Inc.
Address: 400 Dexter Ave N Ste 1200, Seattle, WA, 98109-5094
Owner's Name: Juno Therapeutics Inc.
License #: PHMF.FX.61148943
Facility Status: ACTIVE
Facility Type: Pharmaceutical Manufacturer License
License Expires On: 09/30/2023

If you find any errors in this description, please complete the Feedbackform and send it to us.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through January 10, 2023

You have searched Finished drug products

Search Results: *'Juno'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name
+ BREYANZI	73153-900-01		KIT		BLA125714	Juno Therapeutics, Inc.

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Top (https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

NDC/NHRIC Labeler Code	Firm Name
73153	Juno Therapeutics, Inc.

Verified MH 1/12/23



Employee List of Juno Therapeutics, Inc.

Mark Hutt
Jenna Walker
Matt Porosky
Michael Camasosa
Kevin DuArte

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	107398304
For	NV Pharmaceutical Wholesaler Bond
Dated effective	04/16/2021 (MONTH, DAY, YEAR)
Executed by	Juno Therapeutics, Inc., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Additional Location

**400 Dexter Avenue North,
Suite1200,Seattle,
Washington,98109**

Nothing herein contained shall vary, alter, or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **04/12/2023**
(MONTH, DAY, YEAR)

Signed and Sealed **04/14/2023**
(MONTH, DAY, YEAR)

Juno Therapeutics, Inc.
PRINCIPAL

BY
Director Trade Strategy & Operations
TITLE

Travelers Casualty and Surety Company of America
SURETY

BY
Donna M Planeta
Donna M Planeta, ATTORNEY-IN-FACT

HARTFORD, CONN.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107398304

Application/License No. _____

Juno Therapeutics, Inc., doing or intending to do business
(Applicant/Principal)
as a pharmaceutical wholesaler, whose address for purposes of service is
556 Morris Ave, S12 Suite 3-4, Summit, NJ 07901, as
(Address of Applicant/Principal)
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
(Surety Company)
corporation organized under the laws of the state of CT
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square , Hartford, CT 06183 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 16, 2021.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 16th day of April, 2021.

APPLICANT/PRINCIPAL
Juno Therapeutics, Inc.

By: _____
Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

By: _____
Surety Company's Representative

Joshua Sanford, Attorney-in-fact
print name

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN.

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Eric Strba

_____
Witness Kathryn Pryor

Countersigned by:

_____
~~Nevada Resident Agent~~
Aimee R Perondine, NV Non-Resident Agent License No. 3134182

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Joshua Sanford of **Short Hills, NJ** , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law, including the following bond:

Surety Bond No.: 107398304
OR
Project Description: NV Pharmaceutical Wholesaler Bond

Principal: Juno Therapeutics, Inc.
Obligee: Nevada State Board of Pharmacy

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 6th day of **May, 2019.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the 6th day of **May, 2019,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes,** the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of April, 2021.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Juno Thearpeutics Inc.

Physical Address: 400 Dexter Avenue North, Suite 1200

City: Seattle State: WA Zip: 98109

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 206-582-1600 Website: www. junotherapeutics.com

Licensing Company Email: mark.hutt@bms.com

Section 2: Personal Information

First: Mark Middle: Joseph Last: Hutt

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☐ F ☐ X

Mailing Address: [redacted] Secretariat LN NE

City: Bainbridge Island State: WA Zip: 98110

Telephone: [redacted] Email: mark.hutt@bms.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Applicant's initials MJH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Enterprise High School				
Address		City	State	Zip
3411 Churn Creek Rd		Redding	CA	96002
Diploma/Degree obtained, if any				
HS Graduate				
School Name			From - To (MM/YY – MM/YY)	
University of California at Santa Barbara				
Address		City	State	Zip
1210 Cheadle Hall		Santa Barbara	CA	93106
Diploma/Degree obtained, if any				
B.S. - Microbiology; M.ED - Education				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 to Present	[redacted] Secretariat LN NE	Bainbridge Island	WA	98110
10/06 to 05/18	[redacted] Amethyst Dr	Longmont	CO	80504
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MJA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Juno Therapeutics Inc.		2018 to present	
Business Address	**City**	**State**	**Zip**
400 Dexter Avenue North, Suite 1200	Seattle	WA	98109
Phone	**Title**	**Number of Employed Hours**	
206- 702-2508	Director, Quality Systems and Data Integrity	appx 8320 hours	
Description of Duties			
Currently responsible for strategy, design, execution, and management of GMP training and documentation across the Cell Therapy Development and Operations organization within Juno Therapeutics,a division of BMS.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Mark Joseph Hutt, **certify that as the designated representative for**

Juno Therapeutics Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Mark Hutt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2022

Date

Applicant's initials MJH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Hutt

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/16/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Somerset

I, Mark Hutt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/16/2022

Date

Subscribed and Sworn to before me this 16 day of November.

Notary Public Signature

NATASHA BOBO-PRINGLE
NOTARY PUBLIC OF NEW JERSEY
Commission # 50127885
My Commission Expires 5/20/2025

(Seal)

Applicant's initials MH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Juno Therapeutics Inc.

Physical Address: 400 Dexter Avenue North, Suite 1200

City: Seattle State: WA Zip: 98109

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: 206-582-1600 Website: www. junotherapeutics.com

Licensing Company Email: mark.hutt@bms.com

Section 2: Personal Information

First: Kimberly Middle: M. Last: Jablonski

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted]Sked Street

City: Pennington State: NJ Zip: 08534

Telephone: [redacted] Email: kimberly.jablonski@bms.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: KMJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Myers Park High School				
Address		City	State	Zip
2400 Colony Rd.		Charlotte	NC	28209
Diploma/Degree obtained, if any				
HS Graduate				
School Name			From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill				
Address		City	State	Zip
216 Lenoir Dr.		Chapel Hill	NC	27599
Diploma/Degree obtained, if any				
B.A., J.D., M.P.H.				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2003 to present	[redacted]Sked Street	Pennington	NJ	08534
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Bristol Myers Squibb			March 2003 to present
Business Address	**City**	**State**	**Zip**
Route 206 & Province Line Road, Princeton, NJ 08649			
Phone	**Title**		
609-252-4774	ce President & Corporate Secretary		
Description of Duties			
provides legal advice related to: functional aspects of clinical development (clinical trial operations including clinical trial quality, health authority interactions, safety surveillance and reporting); global privacy laws and regulations; data acquisition, usage and governance; global patient access; and BMS philanthropic activities including the BMS Foundation.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/1/22
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberly M. Jablonski

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/15/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Mercer

I, Kimberly M. Jablonski, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/15/2022

Date

Subscribed and Sworn to before me this 15 day of November, 2022

Notary Public Signature

JAMES D'AGOSTINO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 10/23/2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Juno Therapeutics Inc.

Physical Address 400 Dexter Avenue North, Suite 1200

City Seattle State WA Zip 98109

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone 206-582-1600 Website www. junotherapeutics.com

Licensing Company Email mark.hutt@bms.com

Section 2: Personal Information

First Sandra Middle _____ Last Ramos-Alves

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Riverside Drive

City Princeton State NJ Zip 08540

Telephon[redacted] Email Sandra.Ramos-Alves@bms.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Elizabeth High School			
Address	**City**	**State**	**Zip**
40 Morrell Street	Elizabeth	NJ	07202
Diploma/Degree obtained, if any			
High School Graduate			
School Name		**From - To (MM/YY – MM/YY)**	
Rutgers University			
Address	**City**	**State**	**Zip**
35 Collega Avenue	New Brunswick	NJ	08901
Diploma/Degree obtained, if any			
BS Accounting			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2020 to Present	[redacted] Riverside Drive	Princeton	NJ	08540
07/2001 to 08/2020	[redacted] Salem Rd	Union	NJ	07083
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Bristol Myers Squibb			11/2019 to present	
Business Address		**City**	**State**	**Zip**
9 Roszel Rd		Princeton	NJ	08540
Phone	**Title**			
908-219-0460	SVP, Treasurer			
Description of Duties				
Leading thirty-seven professionals, responsible for design and execution of optimal capital structure, global Treasury Operations including funding and liquidity, M&A support, and risk management.				

Business Name			From - To (MM/YY – MM/YY)	
Celgene Corporation, A subsidiary of Bristol Myers Squibb			4/2005 to 11/2019	
Business Address		**City**	**State**	**Zip**
86 Morris Ave		Summit	NJ	07901
Phone	**Title**			
	Executive Director, Assistant Treasurer			
Description of Duties				
Leading, developing and empowering seven professionals, responsible for global treasury and risk management functions including optimal capital structure design and execution, debt, share repurchases, investments, hedging, global banking, cash forecasting and liquidity, treasury systems, policies, and operations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sandra Ramos-Alves

Print Name (First, Last)

Sandra Ramos Alves — 11-17-2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Mercer

I, Sandra Ramos-Alves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sandra Ramos Alves — 11-17-2022

Original Signature — **Date**

Subscribed and Sworn to before me this 17 day of November 2022.

Notary Public Signature

DIANA M. DURLING
Notary Public, State of New Jersey
Comm. # 50202260
My Commission Expires 08/18/2027

(Seal)

Applicant's initials SRA

4S

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Long Grove Pharmaceuticals, LLC

Physical Address: 9450 W. Bryn Mawr Ave, Suite 200

City: Rosemont State: IL Zip: 60018

Mailing Address (if different from physical address): 9450 W. Bryn Mawr Ave, Suite 200

City: Rosemont State: IL Zip: 60018

Telephone: 847-999-0600 Website: longgrovepharma.com

Name of Designated Representative (DR): Matthew Henderson

Licensing Company Email: jlavoie@capstonedevservices.com DR Email: mhenderson@capstonedevservices.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Long-term Care/Assisted Living, Physician		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Long Grove Pharmaceuticals Holdings, LLC

Corporation/Organization Name: Long Grove Pharmaceuticals LLC

Mailing Address: 9450 W. Bryn Mawr Ave, Suite 200

City: Rosemont State: IL Zip: 60018

Telephone: 847-999-0600 Email: jeff.holway@waterstreet.com

Contact Person Name: Jeffrey Holway

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Long Grove Pharmaceuticals, LLC
Facility Name

Daniel Robins
Print Name of Authorized Person Submitting Application

Daniel S Robins
Original signature of Authorized Person (copies or stamps not accepted)

03-23-2023
Date

Board Use Only	Date Received: 5-8-23	Amount: 1000.00 CK- 18325

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept. of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 404241465

Application/License No. _____

LONG GROVE PHARMACEUTICALS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 9450 BRYN MAWR AVE, SUITE 200, ROSEMONT, IL 60018 (Address of Applicant/Principal), as PRINCIPAL, and OHIO CASUALTY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 BERKELEY STREET, BOSTON, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 06/15/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of June, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Bryan Dickson

Surety Company's Representative

Bryan Dickson, Attorney-in-fact
print name

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

Seal No. 6106

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Tim Ingersol

Witness

Michael Sepanski

Witness

Countersigned by:

N/A

Nevada Resident Agent

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8206096-989981

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Bryan Dickson, Kevin Bucher, Larkin S. Flanagan, Tim Ingersol

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of August, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 4th day of August, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instrumants shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15th day of June, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005281

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2024

LICENSED WHOLESALE DRUG DISTRIBUTOR

LONG GROVE PHARMACEUTICALS LLC
MATTHEW HENDERSON
9450 BRYN MAWR AVE STE 200
ROSEMONT, IL 60018-5271

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

17818993

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4601299

Illinois Department of Financial and Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
Long Grove Pharmaceuticals LLC	Rosemont, IL 60018	•

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004005281	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	04/05/2023	04/05/2023	12/31/2024	N

Generated on: 4/10/2023 12:56:39 PM

WHOLESALE DRUG DISTRIBUTOR INSPECTION

BUSINESS NAME			INSPECTION NUMBER
Long Grove Pharmaceuticals LLC			
ADDRESS			LICENSE NUMBER
9450 Bryn Mawr Ave Ste 200			004005281
CITY	COUNTY	TELEPHONE NUMBER (include Area Code)	DATE
Rosemont	Cook	(847) 999-0600	03/30/2023
ICSA LICENSE	EXPIRATION DATE	FAX NUMBER (include Area Code)	INSPECTOR ID
N/A	N/A	( )	852 - Parikh
DEA LICENSE	EXPIRATION DATE	TYPE OF LICENSE	
N/A	N/A	WDDL - Virtual Manufacturer	
PERSON(S) RESPONSIBLE FOR DRUGS		EMERGENCY TELEPHONE NUMBER	
Matt Henderson		(224) 472-2052	
		( )	

	VIOLATIONS	YES	NO
8301.25(a)	All wholesale distributors must have valid license.		X
1510.50(i)	Must comply with all Federal, State & Local laws.		X
8301.25(e)(1)	Acceptable storage & handling conditions and standards.		X
1510.50(a)	(1) Facility is of suitable size (2) Storage area meets requirements (3) Quarantine area is separate, distinct from general area (Room A) (4) Maintained in clean & orderly condition (5) Free from infestation by insects, rodents, birds or vermin		X
1510.50(c)	Drugs are stored under proper temperature and humidity conditions. (1) Room temperature is controlled — N/A (2) Temperature& humidity equipment to document storage conditions. — N/A		
8301.25(e)(2)	Minimum liability and other insurance.		X
8301.25(e)(3)	Must have acceptable security system.		X
1510.50(b)(1)	Secure from unauthorized entry. (a) Limited& well-controlled access from outside the premises. (b) Outside perimeter is well-lighted. (c) Prescription drug area limited to authorized personnel.		X
(2)	Alarm system to detect after hour entry.		
(3)	Protection against theft & diversion.		
8301.25(e)(4)	Records shall be maintained for 2 years.		X
1510.50(f)	(1) Records& inventories for receipt, distribution, disposal. (Discussed) (a) Source of drugs & location from where shipped.		X

	VIOLATIONS	YES	NO
	(b) Identify & quantity of drugs received, distributed, disposed of. (c) Dates of receipt, distribution, disposal. (2) Inventories & records area available for inspection and copying. (3) Records are stored at site off-site location (Offsite)		X
8301.25(e)(5)	Personnel must be qualified.		X
1510.50(h)	List of persons responsible & duties is maintained.		X
8301.25(e)(7)	Written Policies& procedures are maintained.		X
1510.50(g)(1)	(1) Procedure to rotate stock. (2) Procedure for recalls & withdrawals of drugs. (a) FDA or other law enforcement action. (b) Manufacturer recall. (c) Replacement action. (3) Procedures for crisis (fire, flood, etc.) (4) Procedures to remove, segregate & document disposition of outdates.		X
(e)	(1) Drugs are quarantined & physically separated (outdates, damaged, etc.) (2) Drugs are quarantined that have been used or are open.		
8301.25(e)(8)	Inspection procedures for all incoming and outgoing drug shipments.		X
1510.50(d)	(1) Visual examination upon receipt for damage. (2) Outgoing shipments are inspected to prevent outdates or deteriorated. (3) Records are maintained.		X

INVESTIGATOR'S SIGNATURE	LICENSEE'S SIGNATURE	SUPERVISOR'S SIGNATURE AND DATE
Aarti Parikh #852 4/5/23	X Matt Henderson	

IL486-1777 3/96(ENF)

WHOLESALE DRUG DISTRIBUTOR INSPECTION (NARRATIVE)

BUSINESS NAME			INSPECTION NUMBER
Long Grove Pharmaceuticals LLC			
ADDRESS			LICENSE NUMBER
9450 Bryn Mawr Ave Ste 200			004005281
CITY	COUNTY	TELEPHONE NUMBER (include Area Code)	DATE
Rosemont	Cook	(847) 999-0600	03/30/2023
ICSA LICENSE	EXPIRATION DATE	FAX NUMBER (include Area Code)	INSPECTOR ID
N/A	N/A	( )	852 - Parikh

New WDD Inspection. Present for Inspection: Matt Henderson, Designated Representative (Senior Director of Trade, Government & National Accounts)

Long Grove Pharmaceuticals, LLC is a Virtual Manufacturer of non-controlled substances (Rx) at this facility. This facility is a specialty pharmaceutical company that contracts with third parties to manufacture and distribute pharmaceutical products which include Triamcinolone Acetonide Injectable Suspension and Carboprost Tromethamine Injection. Plans are to distribute generic injectable and topical products.

Long Grove Pharmaceuticals, LLC does not have a controlled substance drug distributor license number and does not plan to order or store any controlled substances on premise.

******No drugs are stored at or distributed from this facility. All distribution will occur at their 3PL.******

Number of employees: 49
Hours of Operation:
Monday to Friday. 8am to 5pm
Saturday/Sunday: Closed

R/I reviewed copy of liability insurance which will be maintained in the Department's Main file.
Policy and Procedures packet is in place and will be maintained in the Department's Main file.
R/I reviewed the Policy and Procedures and applicable sections.
R/I discussed recordkeeping for receipt, distribution, and disposal.
Files and records will be stored off-site.

Building/Security: Alarm system thru Simplisafe and requires badge access to enter Suite 200. Badge access only with employees. Inbound badge access is logged. There are 1 to 2 security guards on duty daily. If there is unauthorized access, Julie Lavoie (Office Manager), Ron Imbordino (Director of Accounting / Corp Controller), Dan Robins (CEO), and Rosemont Police Department would be contacted. Individual alarm codes with Daniel Robins, Matt Henderson (designated representative), Julie Lavoie, and Ron Imbordino. There are door alarm sensors at each entry point, one security camera and one glass break sensor.

Drug Storage Room: There is a designated quarantine room (Room A) located within Suite 200 in the event product is inadvertently sent to this facility. This room is always locked and can only be accessed by Daniel Robins (CEO), Peter Karas (CCO), and Steve Fordham (VP of QA). The room has a refrigerator with temperature gauge. There is a policy and procedure in place if a drug is inadvertently returned to this location.

No keys with non-employees (i.e., cleaning personnel)

Products: The Company's products are manufactured by third-party contract manufacturers, and shipped directly to the Company's third-party logistics provider, Cardinal Health SPS. Cardinal Health warehouses the Company's products at its facilities in LaVergne, TN.

Distribution: Cardinal Health SPS (Long Grove third-party logistics provider) distributes to purchasers such as AmerisourceBergen, Cardinal Health, McKesson, etc. to Hospitals, Clinics, and Physicians (only to registrants).

R/I reviewed Designated Representative's Resume (Matt Henderson) and organization chart which will be maintained in Department's Main File.

Training: R/I reviewed extensive training records for Designated Representative Matt Henderson.

Temperature/Humidity Control: N/A. Long Grove Pharmaceuticals' drug storage room is not temperature or humidity controlled. The drug storage room is intended for returned drug product pending shipment for destruction. Temperature and humidity are not logged as the returned drug product is not eligible for resale.

Reverse Distributor thru their 3PL (Cardinal Health SPS)

Deliveries/Shipping thru their 3PL (Cardinal Health SPS)

Computer Software: Microsoft Office Suite, NetSuite, Qualio, 3Plink (for product distribution data), Tableau, and Saleforce.com.

Pest Control: Serviced by building management upon company's request.

X: [signature]
Date: 4/4/2023

Aarti Parikh #852
4/5/23

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 10, 2023

You have searched Finished drug products

Search Results: *'Long Grove Pharmaceuticals'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

	Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Market Date
–	Carboprost Tromethamine	81298-5010-3	250 ug/mL	INJECTION	INTRAMUSCULAR	ANDA214499	Long Grove Pharmaceuticals, LLC	81298-5010	Carboprost Tromethamine	CARBOPROST TROMETHAMINE	HUMAN PRESCRIPTION DRUG	10/15/2

Pharm Class Prostaglandin Analog [EPC], Prostaglandins [CS]

DEA N/A

Sample Package No

Listing Record Certified Through: 12/31/2023

–	Carboprost Tromethamine	81298-5010-5	250 ug/mL	INJECTION	INTRAMUSCULAR	ANDA214499	Long Grove Pharmaceuticals, LLC	81298-5010	Carboprost Tromethamine	CARBOPROST TROMETHAMINE	HUMAN PRESCRIPTION DRUG	12/12/2

Pharm Class Prostaglandin Analog [EPC], Prostaglandins [CS]

DEA N/A

Sample Package No

Listing Record Certified Through: 12/31/2023

–	Triamcinolone Acetonide	81298-5781-5	40 mg/mL	SUSPENSION	INTRA-ARTERIAL; INTRAMUSCULAR	ANDA213543	Long Grove Pharmaceuticals, LLC	81298-5781	Triamcinolone Acetonide	TRIAMCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	05/02/2

Top (https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Market Date
Pharm Class Corticosteroid Hormone Receptor Agonists [MoA], Corticosteroid [EPC]											
DEA N/A											
Sample Package No											
Listing Record Certified Through: 12/31/2023											
– Triamcinolone Acetonide	81298-5783-3	40 mg/mL	SUSPENSION	INTRA-ARTERIAL; INTRAMUSCULAR	ANDA213543	Long Grove Pharmaceuticals, LLC	81298-5783	Triamcinolone Acetonide	TRIAMCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	05/02/2
Pharm Class Corticosteroid Hormone Receptor Agonists [MoA], Corticosteroid [EPC]											
DEA N/A											
Sample Package No											
Listing Record Certified Through: 12/31/2023											
– Triamcinolone Acetonide	81298-5785-3	40 mg/mL	SUSPENSION	INTRA-ARTERIAL; INTRAMUSCULAR	ANDA213543	Long Grove Pharmaceuticals, LLC	81298-5785	Triamcinolone Acetonide	TRIAMCINOLONE ACETONIDE	HUMAN PRESCRIPTION DRUG	05/02/2
Pharm Class Corticosteroid Hormone Receptor Agonists [MoA], Corticosteroid [EPC]											
DEA N/A											
Sample Package No											
Listing Record Certified Through: 12/31/2023											

Showing 1 to 5 of 5 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Top (https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

LONG GROVE

Description of Operations

Long Grove Pharmaceuticals, LLC is a Virtual Manufacturer that is privately owned company and stands out for its strength in addressing generic development opportunities with complex formulations, challenging manufacturing and supply chain dynamics, and unique regulatory approval pathways in niche markets. Long Grove both develops complex generic products for its own portfolio and partners with healthcare organizations to create new entities that lead development and regulatory approval of products on their behalf.

Contract Manufacturer

Long Grove Pharmaceuticals, LLC uses the following contract manufacturer to produce product. At no time does any contract manufacturer own Long Grove Pharmaceuticals, LLC's product, contract with Long Grove Pharmaceuticals, LLC's customers, invoice or sell product.

LSNE-Leon S.L.U.
Parque Tecnologico de Leon, Calle Nicostrato Vela s/n
Leon, Spain, 24009
FEIN: 3011566408

Pharmascience
100 Boulevard de L'industrie
Candiac, Canada J5R1J1
FEIN: 3002806578

Third Party Logistics

Long Grove Pharmaceuticals, LLC's products are distributed to their customers by their third-party logistics provider ("3PL"), Specialty Pharmaceutical Services, Cardinal Health (SPS). Long Grove Pharmaceuticals utilizes the following SPS location for storage and distribution of their product:

Cardinal Health
501 Mason Road, Suite 200
La Vergne, TN 37086

Long Grove Pharmaceuticals LLC's hours of operation are 8:00AM – 5:00PM Central Standard Time.

LONG GROVE

OWNERSHIP

Long Grove Pharmaceuticals, LLC is a Virtual Manufacturer that is privately owned company and stands out for its strength in addressing generic development opportunities with complex formulations, challenging manufacturing and supply chain dynamics, and unique regulatory approval pathways in niche markets. Long Grove both develops complex generic products for its own portfolio and partners with healthcare organizations to create new entities that lead development and regulatory approval of products on their behalf.

COMPANY INFORMATION

Long Grove Pharmaceuticals, LLC
9450 W. Bryn Mawr Ave.
Suite 200
Rosemont, IL 60018
Phone: (847) 999-0600
Tax ID: 35-2607109

Long Grove Pharmaceuticals, LLC is 100% Owned by Long Grove Pharmaceuticals Holdings, LLC

PARENT COMPANY INFORMATION

Long Grove Pharmaceuticals Holdings, LLC
9450 W. Bryn Mawr Ave.
Suite 200
Rosemont, IL 60018
Phone: (847) 999-0600
Tax ID: 82-3232255
Contact: Jeffrey Holway
Contact Phone: 312-506-2900

CORPORATE OFFICERS

Daniel S. Robins, CEO and President, Long Grove Pharmaceuticals, LLC

Ellen R. Hoffing, Chief Financial Officer and Vice President, Long Grove Pharmaceuticals, LLC

Employee Name	Title
Baek, Namjin	DIRECTOR, PRODUCT DEV
Boesen, Jeffrey J	VP OF SUPPLY CHAIN
Calsin, Michael A	VP SALES AND NATIONAL ACCOUNTS
Cousino, Melissa A	MANAGER QUALITY CONTROL
Davidson, Michael	VP, BUSINESS DEVELOPMENT
El-Khateeb, Mahmoud A	SR MANAGER, PRODUCT DEV
Ferguson, Maureen A	SR MGR FINANCIAL OPS/CONTRACTS
Fezatte, Heidi B	ASSOC DIR CLINICAL OPERATIONS
Fontaine, Brooke A	SR ASSOC PORT STRATEGY/BUS DEV
Fordham, Stephen W	VP OF QUALITY ASSURANCE
Gandhi, Jay Arun	SR MANAGER, PRODUCT DEV
Glerum, John	ASSOC DIR, BUS DEV & ANALYTICS
Guo, Wei	MANAGER, PRODUCT DEV
Henderson, Matthew Joseph	SR DIR NAT ACCTS, TRADE & GOVT
Hoffing, Ellen R	CHIEF BUSINESS OFFICER

Long Grove Employee List	
Hoffman, Valarie J	SR MARKETING MANAGER
Imbordino II, Ronald A	DIR OF ACCT / CORP CONTROLLER
Jadeja, Parthrajsinh Vikramsinh	SR MANAGER, REGULATORY
Jenkins Barnett, Chrissie R	A/P SPECIALIST
Karas, Peter J	CHIEF COMMERCIAL OFFICE
Knapp, Nicholas S	SUPPLY CHAIN MGR,MATERIALS & LOGISTICS
Kolluru, Lakshmi P	MANAGER, PRODUCT DEV
Koukas, Pamela K	MANAGER, SUPPLIER QUALITY
Kumar, Poonam	VP OF REGULATORY AFFAIRS
Lavoie, Julie K.	BUSINESS OFFICE MANAGER
Lemaire, Michelle M	ASSOC DR OF REGULATORY AFFAIRS
Monen, George	DIRECTOR, PRODUCT DEV
Mowli, Jay	DIR, SCIENTIFIC AFFAIRS
Nelson, Cheryl L	MANAGER, PRODUCT DEV
Oberts, Benjamin P	MANAGER, PRODUCT DEV
Okpogie, Aisosa D	CLINICAL STUDY MANAGER
Paprikar, Anuja D	MANAGER, SCIENTIFIC AFFAIRS
Pera, Lauren E	MAJOR ACCOUNT EXECUTIVE
Philips, Allie J	SENIOR ACCOUNTANT
Piktel, Sarah E	SR DIR, QUALITY ASSURANCE
Pineda, Bryan A	ASSOC DIR, SUPPLY CHAIN
Rammelsberg, Diane	VP, CLINICAL OPERATIONS
Robins, Daniel	CHIEF EXECUTIVE OFFICER
Shah, Ronak R	MANAGER, PRODUCT DEV
Shroff, Kamlesh	SENIOR MANAGER, PRODUCT DEV
Simmons, Karla	MANAGER, OPERATIONAL QUALITY
Sommerfield, Felice S	SR DIRECTOR, REGULATORY AFFAIRS
Stohr, Lisa M	ASSOC DIR, QUALITY ASSURANCE
Tandon, Rahul	SR MANAGER, PRODUCT DEV
Tokarczyk, Stephanie M	ASSOC DR OF REGULATORY AFFAIRS
Uchil, Beena	VP OF PRODUCT DEV
Vandernoot, Nancy A	SENIOR STUDY MANAGER
Veltman, Steven	ASSISTANT CONTROLLER
Walker, Tiwana S	MANAGER, OPERATIONAL QUALITY
Zaman, Mostofa	ASSOC DIR, PRODUCT DEV
Zielske, Nicole A	SR DIR NAT ACCTS, TRADE & GOVT

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONG GROVE PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LONG GROVE PHARMACEUTICALS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6561876 8300

SR# 20231070686

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202957986

Date: 03-20-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Long Grove Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable)

Physical Address 9450 W. Bryn Mawr Ave, Suite 200

City Rosemont State IL Zip 60018

Mailing Address (if different from physical address) 9450 W. Bryn Mawr Ave, Suite 200

City Rosemont State IL Zip 60018

Telephone 847-999-0600 Website longgrovepharma.com

Licensing Company Email jlavoie@capstonedevservices.com

Section 2: Personal Information

First Matthew Middle Joseph Last Henderson

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]W. Bryn Mawr Ave, Suite [redacted]

City Rosemont State IL Zip 60018

Telephone [redacted] Email mhenderson@capstonedevservices.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		x
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana University		08/95 - 05/99	
Address	**City**	**State**	**Zip**
107 S. Indiana Avenue	Bloomington	IN	47405
Diploma/Degree obtained, if any			
Bachelor of Science, Health Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Homestead High School		08/91 - 05/95	
Address	**City**	**State**	**Zip**
4310 Homestead Rd	Fort Wayne	IN	46814
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - Present	[redacted] 50th Avenue	Pleasant Prairie	WI	53158
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/07 - 07/20	[redacted] 93rd Avenue	Kenosha	WI	53142
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Capstone Development Services			11/21 - Present
Business Address	**City**	**State**	**Zip**
9450 W. Bryn Mawr Ave, Suite 200	Rosemont	IL	60018
Phone	**Title**	**Number of Employed Hours**	
847-999-0600	Senior Director of Trade, National Accounts & Government	1500+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Xellia Pharmaceuticals			07/18 - 11/21
Business Address	**City**	**State**	**Zip**
2150 E Lake Cook Road	Buffalo Grove	IL	60089
Phone	**Title**	**Number of Employed Hours**	
(847) 947-0200	Senior Director of National Accounts and Trade Relations	6000+	
Description of Duties			
See Attached Resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		x
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Matthew Henderson, **certify that as the designated representative for**

Long Grove Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MJH I am at least 21 years of age;
3. MJH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MJH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MJH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MJH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MJH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Matthew Henderson

Print Name (First, Last)

Matthew Henderson

Original Signature (electronic, copies or stamps not accepted)

03-23-2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Henderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03-23-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Cook

I, Matthew Henderson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03-23-2023

Date

Subscribed and Sworn to before me this 23rd day of March 2023

Julie Kacin Lavoie

Notary Public Signature

OFFICIAL SEAL
JULIE KACIN LAVOIE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/04/2026
(Seal)

MATT HENDERSON

[redacted]50th Ave •Pleasant Prairie, WI 53158 • [redacted]
mhenderson@longgrovepharma.com
LinkedIn Profile

Senior Director of National Accounts and Commercial Operations

20+ years' success driving sales, profitability, and awareness of products, delivering significant impact to the company's growth, performance, and direction

Top performing professional with a solid history in optimizing the performance of products/services, increasing market share, and generating revenue across multiple lines of business. Demonstrate expertise in managing a portfolio of accounts through all stages of the client journey, from engagement to closing accounts to achieve all sales targets. Extensive background in logistics management, cost control and reduction, and utilizing complex analytical techniques to produce insights into performance across the company's supply chain and implement process improvements. Acknowledged for groundbreaking efforts developing major account relations that builds organizational effectiveness and propels revenue growth. Focused motivator exhibiting high ethics, competence and confidence underscored by a personal commitment to outstanding professional performance. Primary experience with generic injectable pharmaceuticals, medical devices, and IV therapy franchises.

Highlights of Expertise:

Strategic & National Accounts • Trade Relations • Government Access • Contracting & Pricing • Order to Cash • Commercial Operations • Supply Chain Management • Product Pipeline & Launch • Channel Strategy & Distribution

Professional Experience

CAPSTONE DEVELOPMENT SERVICES, Rosemont, IL **Nov 2021 to Present**

Specialty pharmaceutical company focused on complex generics, including injectables and topical products

Senior Director of Trade, National Accounts and Government - Long Grove Pharmaceuticals

Support Capstone's commercial engine, Long Grove Pharmaceuticals, to drive profitable revenue growth by implementing short- and long-term business plans to optimize appropriate coverage and minimize barriers for product fulfillment. Lead downstream supply chain by establishing the wholesaler and specialty distribution network for the Long Grove portfolio (**ABC, CAH, MCK, and M&D**). Build Long Grove's commercial foundation including, third party logistics services (**Cardinal Health 3PL**), CRM (**Salesforce**), and government reporting. Establish government access contracts (**VA, DoD**) and alternate site GPO network to maximize access to Long Grove's portfolio.

- Build Long Grove's downstream supply chain partnering with 3PL and pharmaceutical/medical device wholesalers.
- Manage Long Grove's 3PL relationship to ensure consistent supply delivered to wholesaler partners.
- Single point of contact internally and externally for all downstream supply chain, distribution, customer service needs.
- Lead customer demand forecasting to ensure supply available for patient care.
- Oversee wholesaler inventory across 90+ locations and balance supply to meet patient demand.
- Primary contact for all downstream pharmaceutical logistics and order processing (>90% of Long Grove activity).

XELLIA PHARMACEUTICALS, NOVO A/S, Buffalo Grove, IL — 2018 to Nov 2021

Specialty pharmaceutical company focused on providing novel anti-infective treatments

Senior Director of National Accounts and Trade Relations

Led profitable revenue growth by implementing short- and long-term business plans to optimize appropriate coverage and minimize barriers for product fulfillment. Established wholesaler network and specialty distributor network for Xellia portfolio (**ABC, CAH, MCK, and M&D**). Championed Sales Excellence team to drive continuous growth for a team of 2 regional sales directors and 19 sales professionals. Included ownership of Xellia's CRM and sales incentive compensation supported by one direct report.

- Built Xellia's downstream supply chain partnering with 3PL and pharmaceutical/medical device wholesalers.
- Primary 3PL contact for downstream coordination and wholesaler order processing (90% of Xellia activity).
- Managed wholesaler network inventory working with trading partners to optimize inventory in over 90 locations.
- Coordinated allocation of drug shortage inventory to ensure equitable demand fulfillment.
- Primary contact with third party logistics partner for wholesaler order processing (~90% of Xellia activity).
- Established Xellia alternate site business with sales > $80M by focusing on a multi-channel sales strategy.
- Supported launch strategy and execution for Xellia's generic injectable portfolio, including novel formulations.
- Negotiated GPO contracts with MHA, Asembia, Econdisc, McKesson ClarusOne, ABC ProGen, and Cardinal.
- Captured 30% of cost savings through negotiations with primary wholesalers while establishing a trade network.
- Secured 3-year ABC BluePoint Vancomycin private label agreement securing sales > $3M through term.
- Contracted with Healix, Option Care Health, CVS Coram and Omnicare divisions delivering sales > $10M.
- Secured 2-year CVS contract to service Omnicare division with Xellia's foundational premixed product, VANCO READY.
- Contributed >$7M sales partnering on an innovative program with Managed Healthcare Associates (MHA) sales team.
- Established government access through primary and secondary wholesaler partners.
- Launched a novel Vancomycin premixed solution with exclusive product features requiring a complex sales process. Drove progressive 2x sales growth annually and increased market share 2x annually in the long-term care channel.
- Developed 2021 sales incentive program to achieve sales target. Program recognized for creativity and sales focus.

FRESENIUS KABI USA, LLC, Lake Zurich, IL — 2017 to 2018

Pharmaceuticals and devices including IV specialty and generic drugs, infusion, and clinical nutrition

Senior Manager, Trade Relations

Cultivated relationships with leading alternate site and specialty pharmaceutical trading partners to ensure patient access to critical injectable drugs and reach company objectives, driving over $250m replenishment sales annually. Identified trends and opportunities to improve distribution efficiencies, address risks, and manage budget. Instrumental as key contact for all pharmaceutical trading partners on new product launches, GPO support, chargeback, product supply, and allocation.

- Led Fresenius Kabi's downstream supply chain with alternate site and specialty wholesalers
- Managed wholesaler drug shortage allocations to support patient needs. Prioritized order fulfillment to warehouse.
- Managed customer service for alternate site and specialty wholesalers, helping customers in the most need to allocate critical pharmaceuticals impacting patient care.
- Boosted sales by over 20% at the nation's largest alternate site wholesaler.
- Led complex order to cash integration of Fresenius Kabi's Akorn acquisition valued over $1B with multi-channel access (retail, ophthalmic, CII, animal health).

FRESENIUS KABI USA, LLC, Lake Zurich, IL — 2014 to 2017

Senior Manager, Commercial Contracting and Analysis

Orchestrated contract pricing strategy valued over $1.9B across 4 divisions. Analyzed market pricing dynamics and contract compliance, and provided recommendations to executive leadership, and spearhead execution of commercial contract strategy. Managed a team of six professionals.

- Achieved 100% ROI in less than one year by executing an innovative tool to optimize decision making across Fresenius Kabi's US commercial team.
- Boosted contract sales over $135M through pricing initiatives while enabling over 30% contract sales growth.
- Recovered over $1M in contract compliance by internal process improvements.

FRESENIUS KABI USA, LLC, Lake Zurich, IL — 2012 to 2014

Manager, Customer Service Operations

Led customer service operations supporting U.S. specialty pharmaceutical market with $1.6B in sales. Managed team of 11 customer service professionals fulfilling critical support needs of 32 field sales representatives. Partnered with the warehouse to prioritize order fulfilment focusing on drug shortage allocations. Determined inventory management strategies for U.S. portfolio of over 500 injectable, premix, and device products, ensuring equitable distribution to serve patient needs, while balancing market and FDA requirements.

- Managed drug shortage allocations to Wholesalers and providers to support patient needs. Includes managing nationwide allocation of Propofol, Heparin, Leucovorin and Sodium Chloride. Prioritized order fulfilment to warehouse.
- Helped customers in the most need to allocate critical pharmaceuticals impacting patient care. Led design and implementation of SAP enhancements to effectively manage DEA regulated drug sales to ensure zero diversions and provide more robust government reporting.
- Managed weekly wholesaler replenishment orders and prioritized warehouse order fulfillment

HOSPIRA, INC, Lake Forest, IL — 2011 to 2012

Manager, Integrated Business Planning

Led enterprise initiative in global demand planning role for leading provider of specialty injectable pharmaceuticals and medical devices for over 3,000 SKU's and $4B annual revenue. Accountable for developing a global integrated sales and operations planning process that achieved a singular balanced supply and financial plan. Served in high visibility role on executive-level Sales & Operations Planning team. Developed consensus sales forecast, including new demand management methods and policy that synchronized with the new system.

- Led demand planning initiative during a period of significant drug shortages requiring an effective global demand plan to manufacture critical drugs and devices to support patient needs
- Developed SAP-based tool to bridge a supply planning gap, enabling the delivery of a constrained supply plan.
- Developed global demand planning methods and designed management tools used throughout the organization

HOSPIRA, INC, Lake Forest, IL **2009 to 2011**

Manager, US Demand Planning

Accountable for analyzing and executing U.S. demand forecasts to signal supply plans for 2,500 SKUs representing $2.5B (64% of global sales) across 5 global manufacturing locations. Key internal lead for U.S. sales and operations planning activity. Guided U.S. sales and operations planning process annually. Collaborate cross-functionally to obtain consensus on sales forecasts. Managed team of three analysts

- Led demand planning initiative during a period of significant drug shortages requiring an effective global demand plan to manufacture critical drugs and devices to support patient needs.
- Focused demand planning efforts on the most critical drug and device needs to support patient care
- Supported efforts to expedite critical drugs from manufacturing to wholesale distribution
- Surpassed U.S. 2010 YTD forecast accuracy by 10% during a period of significant market-wide supply inconsistencies.
- Improved accuracy of U.S. forecast by developing a metric to measure bias more effectively against an unconstrained forecast. Metric adopted globally.
- Core team member of the Collaborative Forecasting project that successfully developed and deploying new business processes and enhancements to the Steelwedge software that harmonizes demand and financial planning
- US demand planning lead for company SKU-rationalization initiative, impacting over 1,200 SKUs

HOSPIRA, INC, Lake Forest, IL **2006 to 2009**

Analyst, Global Demand Planning

Managed U.S. Medication Management Systems / Device Consumable demand forecasts involving 2,000 SKUs. Analyzed trends for all stages of the product hierarchy and administered SKU-level demand planning. Led monthly sales and operations planning meetings with senior regional and executive staff. Served as corporate demand liaison for Asia-Pacific and Latin America regions, representing a product portfolio with 2,000 SKUs per region.

- Led demand planning initiative during a period of significant drug shortages requiring an effective global demand plan to manufacture critical drugs and devices to support patient needs.
- Improved vertical and horizontal communication in the Asia-Pacific region and enabled a 33% improvement in forecast by implementing regional sales and operations planning processes and tools.
- Key contributor in the transfer of over 250 SKUs across Hospira's device consumable global manufacturing network 250 SKUs.
- Completed Certification of Production and Inventory Management (CPIM) from the Association of Supply Chain Management (APICS). A globally recognized association of supply chain professions and certification of advanced supply chain competencies
- Completed statistical forecast certification from the Institute of Business Forecasting

HOSPIRA, INC, Pleasant Prairie, WI **2005 to 2006**

Manager, Warehouse Operations

Managed inbound/outbound operations for Hospira's flagship warehouse in an FDA-controlled environment. Responsibilities included supply receipt, order fulfillment and shipping of pharmaceutical and device consumables to 5 Hospira-owned warehouses and 32 contracted warehouses across the US. Managed team of 45 across two shifts to execute outbound operations for the timing and accurate delivery of product to Hospira's distribution network, key hospitals, and wholesalers.

- Delivered timely job training to personnel to ensure compliance with FDA, local and state regulations
- Managed warehouse management system to manage workflow and inventory auditing
- Managed controlled drug operations (CIV) and accurate reporting to the DEA (includes inventory auditing)
- Implemented an employee accountability program to establish risk/reward platform for continuous improvement
- Member of Hospira inaugural RFID team
- Nominated for 2006 Environment Health and Safety Award

CARDINAL HEALTH, INC, Seattle, WA **2001 to 2005**

Supervisor, Inbound and Inventory Operations

Supervised a team of 2 leads and 22 employees with an annual operating budget of more than $800,000 in an FDA-regulated distribution warehouse. Responsible for receiving, stocking, and inventory management of 17,000 SKUs including pharmaceuticals, IV solutions, medical disposables, and medical devices with a $18m inventory investment. Led the preparation of the inventory organization and integration of a new 235,000-sq/ft distribution operation collapsing a legacy distribution network of 5 satellite warehouses.

- Doubled SKUs managed with the integration and build-out of the new warehouse
- Executed mandatory inventory audits and investigating exceptions
- Delivered employee training on Cardinal SOPs, FDA-required policies, and other state/local requirements
- Delivered over $230 thousand savings through diverse cost prevention and continuous improvement programs
- Supported integration of a new warehouse management system for Cardinal's Just-In-Time service in June 2004, representing a $5 million inventory investment. Achieved all budgeted financial requirements without interrupting customer service
- Served as area lead to support the installation of a new warehouse management system at Cardinal's Chicago distribution hub
- Served on continuous improvement team at the Dixon, California warehouse
- Decreased expired product expense by 21% in 2005 over the prior year
- Point of contact for US DOD on September 11th awaiting orders to deploy medical supplies to Seattle military installations

CARDINAL HEALTH, INC, Ontario, CA **1999 to 2001**

Supervisor, PreSource Manufacturing

Supervised a team of 4 leads and 75 employees across two shifts to manufacture non-sterile custom kits to support surgical and patient care.

Education and Credentials

Indiana University, Bloomington, IN

Bachelor of Science, Health Administration

Professional Development

- Miller Heiman Strategic Selling Certification
- APICS CPIM certification
- Institute of Business Forecasting
- Statistical Forecast Certification
- Six Sigma Green Belt

References

Available upon request.

TwoLabs PHARMA SERVICES

LONG GROVE

4/11/2023

Via FedEx

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

To whom it may concern,

On behalf of Long Grove Pharmaceuticals, LLC ("Long Grove"), facility located at 9450 W. Bryn Mawr Ave, Suite 200, Rosemont, IL 60018, attached is Long Grove's application for a Wholesaler license in your state.

Long Grove is a "Virtual Manufacturer" whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Long Grove's office. Long Grove's product is not a controlled substance. Accordingly, Long Grove is not required to obtain a DEA registration.

At the time of this application, Long Grove only holds permit in their resident state Illinois:
License: #004005281, Wholesale Drug Distributor, Active, Issued 04/05/2023, Expiration 12/31/2024, no discipline.

If you have any questions regarding this application, please contact me at (304) 270-7571 or via email at nichole.frame@twolabs.com. Please also address all written communication to me.
My address is 312 Twigg Dr. Martinsburg, WV 25404.

Thank you in advance for your consideration.

Nichole Frame
Licensing Analyst
PharmaLicense

4T

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Facility Name: Merz Pharmaceuticals, LLC

Physical Address: 6601 Six Forks Road, Suite 430

City: Raleigh State: NC Zip: 27615

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 919-582-8000 Website: www.merzusa.com

Name of Designated Representative (DR): Terry Lynn Crandall

Licensing Company Email: MerzTxStateLicenses@merz.com DR Email: MerzTxStateLicenses@merz.com

■ Pharmacies ■ Practitioners ■ Hospitals ■ Wholesalers ☐ Veterinarians ■ Others: clinics	■ Dangerous Drugs ☐ Controlled Substances ■ [a]Medical devices, equipment, supplies, gases ☐ Others:	■ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ☐ Others:

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Terry Crandall
Original Signature (electronic, copies or stamps not accepted)

8/2/2021
Date

Name: See Attachment A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

State of Incorporation/Organization: North Carolina

Parent Company (if any): Merz, Incorporated

Corporation/Organization Name: Merz Pharmaceuticals, LLC

Mailing Address: 6601 Six Forks Road, Suite 430

City: Raleigh State: NC Zip: 27615

Telephone: 919-582-8000 Email: MerzTxStateLicenses@merz.com

Contact Person Name: Terry Lynn Crandall

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration See Attachment B 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment F		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment C	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment C		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment D	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment G		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Not owned by an individual		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only) N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment A	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment E	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

N/A

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Merz Pharmaceuticals, LLC

Facility Name

Terry Lynn Crandall

Print Name of Authorized Person Submitting Application

Terry Lynn Crandall

Original signature of Authorized Person (copies or stamps not accepted)

8/2/2022

Date

Board Use Only	Date Received: 9-28 22	Amount: 1000.00 CK-9014 10/13/22

The information provided to the Nevada Board of Pharmacy ("Board") by Merz Pharmaceuticals, LLC ("Merz"), as required by the Board, is the confidential and proprietary information of Merz including, without limitation, personal employee data included within this attachment. All confidential protections afforded under federal, Nevada and applicable law applies to the data provided herein, and such data shall not be disclosed under an applicable FOIA statute unless required by law, with necessary notice.

Attachment A

Nature of Business

Merz Pharmaceuticals, LLC's (Merz Tx's) Raleigh, NC location is a virtual manufacturer of prescription drugs and prescription medical devices. Merz Tx does not physically handle product at its business office. Other locations will be used to manufacture and ship its product. Listed are the facilities used to manufacture and ship its product.

Employees at Merz Tx's Office as of July 18, 2022:

Sabrina	Acevedo
Jacob	Baker
Glenda	Barton
Laura	Bateman
Huseyin	Bayraktar
Bruce	Berryann
Erin	Burrows
Rachel	Chase
Hannah	Cleef
Mark	Cochran
Kensley	Cox
Terry	Crandall
Preah	Dalton
Althea	Danzey
Terry	Davis
Elisa	De groot
Kunti	Desai
Peter	Doyle
Chad	Duncan
Evalonda	Fisher
Rebecca	Foss
Julie	Galbo
Sobin	George
Rebecca	Gibson
Matt	Haberfeld
Charles	Hall
Alexander	Hess

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Douglas	Hoggs
Jordan	Holmes
Nils	Hornig
Hadley	Iliff
Ana	Jimenez ruiz
Jarrick	Jones
Jennifer	Lobraico
Victor	Luft
Sanam	Maharjan
Joshua	Martin
Tina	Mellon
Madison	Miller
Brent	Mueller
Laurel	Myers
Jose	Naranjo
Akash	Narway
Saugat	Neupane
Kevin	O'brien
Sai prasad rao	Pandrapragada
Tonya	Putman
Rosemary	Raulynaitis
Stefan	Schacht
Christopher	Shields
Cody	Singleton
Meenakshi Sundaram	Sundararaman
Hailey	Taylor
Kevin	Walker
Diane	Waller
Dwight	Williams
Matthew	Wilson
Michal	Yarborough
Jane	Yarbrough

Manufacturers (Drug Product):

Mikart, Inc.
1750 Chattahoochee Avenue

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Atlanta, GA 30318

Merz Pharmaceuticals GmbH
Eckenheimer Landstrasse 100, D-60318 Frankfurt am Main

Manufacturers (Device Product):

Merz North America, Inc.
4133 Courtney Street, Suite 10
Franksville, WI 53126

Shipper:

Merz North America, Inc. (an affiliated company)
13900 West Grandview Parkway
Sturtevant, WI 53177

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

in LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through March 28, 2022

You have searched Finished drug products

Search Results: *'Merz Pharmaceuticals'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Cuvposa	0259-0501-16	1 mg/5mL	LIQUID	ORAL	NDA022571	Merz Pharmaceuticals, LLC	0259-0501	glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	01/01/2013	N/A	NDA	1 BOTTLE in 1 CARTON (0259-0501-16) > 473 mL in 1 BOTTLE
Mederma	0259-3192-05	30 mg/g, 100 mg/g, 60 mg/g	CREAM	TOPICAL	part352	Merz Pharmaceuticals, LLC	0259-3192	AVOBENZONE, OCTOCRYLENE, and OXYBENZONE	AVOBENZONE, OCTOCRYLENE, OXYBENZONE	HUMAN OTC DRUG	12/01/2007	08/31/2023	OTC MONOGRAPH FINAL	.5 g in 1 PACKET (0259-3192-05)
Mederma	0259-3192-20	30 mg/g, 100 mg/g, 60 mg/g	CREAM	TOPICAL	part352	Merz Pharmaceuticals, LLC	0259-3192	AVOBENZONE, OCTOCRYLENE, and OXYBENZONE	AVOBENZONE, OCTOCRYLENE, OXYBENZONE	HUMAN OTC DRUG	12/01/2007	08/31/2023	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (0259-3192-20) > 20 g in 1 TUBE
Mederma	0259-3192-50	30 mg/g, 100 mg/g, 60 mg/g	CREAM	TOPICAL	part352	Merz Pharmaceuticals, LLC	0259-3192	AVOBENZONE, OCTOCRYLENE, and OXYBENZONE	AVOBENZONE, OCTOCRYLENE, OXYBENZONE	HUMAN OTC DRUG	12/01/2007	08/31/2023	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (0259-3192-50) > 50 g in 1 TUBE
Mederma Advanced Scar	0259-1105-01	5 mg/g	GEL	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-1105	Allantoin	ALLANTOIN	HUMAN OTC DRUG	11/01/2013	05/31/2024	OTC MONOGRAPH FINAL	1 g in 1 PACKET (0259-1105-01)
Mederma Advanced Scar	0259-1105-20	5 mg/g	GEL	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-1105	Allantoin	ALLANTOIN	HUMAN OTC DRUG	11/01/2013	08/31/2023	OTC MONOGRAPH FINAL	1 TUBE in 1 BOX (0259-1105-20) > 20 g in 1 TUBE
Mederma Advanced Scar	0259-1105-50	5 mg/g	GEL	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-1105	Allantoin	ALLANTOIN	HUMAN OTC DRUG	11/01/2013	05/31/2024	OTC MONOGRAPH FINAL	1 TUBE in 1 BOX (0259-1105-50) > 50 g in 1 TUBE
Mederma for Kids	0259-1101-20	10 mg/g	GEL	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-1101	Allantoin	ALLANTOIN	HUMAN OTC DRUG	05/01/2014	08/31/2023	OTC MONOGRAPH FINAL	1 TUBE in 1 CARTON (0259-1101-20) > 20 g in 1 TUBE
Mederma PM	0259-2202-28	20 mg/g	CREAM	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-2202	Dimethicone	DIMETHICONE	HUMAN OTC DRUG	11/01/2013	07/31/2024	OTC MONOGRAPH FINAL	1 TUBE in 1 BOX (0259-2202-28) > 28 g in 1 TUBE
Mederma PM	0259-2202-48	20 mg/g	CREAM	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-2202	Dimethicone	DIMETHICONE	HUMAN OTC DRUG	11/01/2013	04/30/2023	OTC MONOGRAPH FINAL	1 JAR in 1 BOX (0259-2202-48) > 48 g in 1 JAR
Mederma Stretch Marks Therapy	0259-2102-05	20 mg/g	CREAM	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-2102	dimethicone	DIMETHICONE	HUMAN OTC DRUG	12/01/2013	06/30/2024	OTC MONOGRAPH FINAL	.5 g in 1 PACKET (0259-2102-05)
Mederma Stretch Marks Therapy	0259-2102-15	20 mg/g	CREAM	TOPICAL	part347	Merz Pharmaceuticals, LLC	0259-2102	dimethicone	DIMETHICONE	HUMAN OTC DRUG	12/01/2013	06/30/2024	OTC MONOGRAPH FINAL	1 TUBE in 1 BOX (0259-2102-15) > 150 g in 1 TUBE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Xeomin	0259-1605-01	50 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz Pharmaceuticals, LLC	0259-1605	incobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	09/01/2010	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (0259-1605-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
Xeomin	0259-1610-01	100 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz Pharmaceuticals, LLC	0259-1610	incobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	09/01/2010	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (0259-1610-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
Xeomin	0259-1620-01	200 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz Pharmaceuticals, LLC	0259-1620	incobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	11/20/2015	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (0259-1620-01) > 200 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
Xeomin	0259-1620-10	200 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz Pharmaceuticals, LLC	0259-1620	incobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	11/20/2015	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (0259-1620-10) > 200 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
Xeomin	0259-4110-01	100 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz Pharmaceuticals, LLC	0259-4110	incobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	09/01/2010	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (0259-4110-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE
Xeomin	0259-4150-01	50 [USPU]/1	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRAMUSCULAR	BLA125360	Merz Pharmaceuticals, LLC	0259-4150	incobotulinumtoxinA	BOTULINUM TOXIN TYPE A	HUMAN PRESCRIPTION DRUG	09/01/2010	N/A	BLA	1 VIAL, SINGLE-USE in 1 CARTON (0259-4150-01) > 1 INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION in 1 VIAL, SINGLE-USE

Showing 1 to 18 of 18 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Attachment C

LLC Officer and Ownership Information

Merz Pharmaceuticals, LLC

LLC Officers:

Kevin O'Brien
President

Terry Crandall
Vice President, General Counsel, Secretary

Chad Duncan
Vice President, Chief Financial Officer, Treasurer

Parent Company:

Merz, Incorporated, 6501 Six Forks Road, Raleigh, NC 27615

Attachment D

North Carolina Certificate of Good Standing

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MERZ PHARMACEUTICALS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 6th day of October, 1998

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of July, 2022.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 113957281-1 Reference# 18907242- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: MERZ PHARMACEUTICALS LLC

Address: 6601 SIX FORKS ROAD STE 430 RALEIGH, NC 27615

License Type: Virtual Manufacturer

License Number: 1673

Status: Active - in good standing

Discipline: No

Issue Date: 12/28/2022

Original Issue: 1/5/2021

Expiration Date: 12/31/2023

Attachment G

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Merz Pharmaceuticals, LLC

Physical Address 6601 Six Forks Road, Suite 430

City Raleigh State NC Zip 27615

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 919-582-8000 Website www.merzusa.com

Licensing Company Email MerzTxStateLicenses@merz.com

Section 2: Personal Information

First Terry Middle Lynn Last Crandall

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Six Forks Road, Suite [redacted]

City Raleigh State NC Zip 27615

Telephone 919-582-8104 Email MerzTxStateLicenses@merz.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120) N/A	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials TLC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill		8 /1989 - 5/1992	
Address	City	State	Zip
160 Ridge Road, CB #3380	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
Juris Doctor, Law			

School Name		From - To (MM/YY – MM/YY)	
Bucknell University		8 /1983 – 5/1987	
Address	City	State	Zip
One Dent Drive	Lewisburg	PA	17837
Diploma/Degree obtained, if any			
Bachelor of Arts – English, Psychology			

School Name		From - To (MM/YY – MM/YY)	
River Dell Senior High School		9/80 - 6/83	
Address	City	State	Zip
55 Pyle Street	Oradell	NJ	07649
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2016– Present	[redacted] Woodlot Ridge Road	Chapel Hill	NC	27516
From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2012 - 7/2016	[redacted] E Winmore Ave.	Chapel Hill	N C	27516
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Merz Pharmaceuticals, LLC			10/2020 - Present	
Business Address		**City**	**State**	**Zip**
6601 Six Forks Road, Suite 430		Raleigh	NC	27615
Phone	**Title**		**Number of Employed Hours**	
919-582-8000	Vice President, General Counsel, Secretary		~ 3600	

Description of Duties

Serves as General Counsel, North America for Merz Therapeutics. Head of the legal and compliance team for all aspects of the therapeutics business in the U.S. and Canada.

Business Name			From - To (MM/YY – MM/YY)	
Ironshore Pharmaceuticals Inc.			2018 - 2020	
Business Address		**City**	**State**	**Zip**
430 Davis Dr., #250		Morrisville	NC	27560
Phone	**Title**		**Number of Employed Hours**	
984-224-5007	General Counsel, Chief Compliance Officer and Corporate Secretary		~ 5000	

Description of Duties

Head of legal and compliance for a new company brining novel therapeutics to patients.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Amy Crandall

Original Signature (electronic, copies or stamps not accepted)

8/2/2022

Date

Applicant's initials TLG

I, Terry Lynn Crandall, **certify that as the designated representative for**

Merz Pharmaceuticals, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Terry Lynn Crandall

Print Name (First, Last)

Terry Lynn Crandall

Original Signature (electronic, copies or stamps not accepted)

8/2/2022

Date

Applicant's initials TLC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Terry Crandall

Print Name (First, Last)

Terry Crandall

Original Signature (electronic, copies or stamps not accepted)

8/2/2022

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Durham

I, Terry Crandall, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Terry Crandall

Original Signature

8/2/2022

Date

Subscribed and Sworn to before me this 2nd day of August, 2022.

September D. Oakley

Notary Public Signature

September D. Oakley
Notary Public
Durham County, North Carolina
My Commission Expires 6-21-2025

(Seal)

Applicant's initials TnC

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 100 North Tryon Street, Suite 3600 Charlotte, NC 28202 CN102935033-GAWUX-xs-21-22	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Merz North America, Inc. Merz, Incorporated Merz Pharma 6501 Six Forks Road Raleigh, NC 27615	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Mitsui Sumitomo Insurance USA Inc — 22551 **INSURER B :** Travelers Property Casualty Company Of America — 25674 **INSURER C :** Phoenix Insurance Company — 25623 **INSURER D :** Travelers Indemnity Co Of CT — 25682 **INSURER E :** Navigators Insurance Company — 42307 **INSURER F :** Federal Insurance Company — 20281

COVERAGES **CERTIFICATE NUMBER:** ATL-004271432-22 **REVISION NUMBER:** 7

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GL 2122565	07/01/2021	07/01/2022	EACH OCCURRENCE	$	1,000,000
A	X CLAIMS-MADE ☐ OCCUR			GL 2122561 (Products)	07/01/2021	07/01/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	$	300,000
							MED EXP (Any one person)	$	10,000
							PERSONAL & ADV INJURY	$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$	1,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$	1,000,000
	OTHER:							$	
B	AUTOMOBILE LIABILITY			BA-9E099339	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$	
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$	
								$	
B	☐ UMBRELLA LIAB ☐ OCCUR			EX-3S189810-21-NF	07/01/2021	07/01/2022	EACH OCCURRENCE	$	15,000,000
	X EXCESS LIAB X CLAIMS-MADE						AGGREGATE	$	15,000,000
	☐ DED ☐ RETENTION $							$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			UB- 6K966865 (AOS)	07/01/2021	07/01/2022	X PER STATUTE ☐ OTH-ER		
C	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N	N/A		UB-6K867537 (FL)	07/01/2021	07/01/2022	E.L. EACH ACCIDENT	$	1,000,000
D	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB-6K868177 (WI)	07/01/2021	07/01/2022	E.L. DISEASE - EA EMPLOYEE	$	1,000,000
							E.L. DISEASE - POLICY LIMIT	$	1,000,000
F	EXCESS LAYER LIABILITY			79837204	07/01/2021	07/01/2022	XS of $15,000,000		10,000,000
E	2ND LAYER EXCESS			NY21EXR787302IV	07/01/2021	07/01/2022	XS of $25,000,000		15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER

Merz North America, Inc.
6501 Six Forks Rd
Raleigh, NC 27615-6515

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Lisa Viebrock Lisa M. Viebrock

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Merz Pharmaceuticals, LLC MDEG License # (if applicable) pending

Physical Address 6601 Six Forks Road, Suite 430

City Raleigh State NC Zip 27615

Mailing Address (if different from physical address) same as physical address

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email MerzTxStateLicenses@merz.com

Section 2: Personal Information

First Terry Middle Lynn Last Crandall

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Six Forks Road, Suite [redacted]

City Raleigh State NC Zip 27615

Telephon[redacted] Email MerzTxStateLicenses@merz.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina		08/1974 - 05/1992	
Address	**City**	**State**	**Zip**
160 Ridge Road, CB #3380	Chapel Hill	NC	27599
Diploma/Degree obtained, if any			
Juris Doctor, Law			

School Name		From - To (MM/YY – MM/YY)	
Bucknell University		08/1974 - 05/1987	
Address	**City**	**State**	**Zip**
One Dent Drive	Lewisburg	PA	17837
Diploma/Degree obtained, if any			
Bachelor of Arts - English, Psychology			

School Name		From - To (MM/YY – MM/YY)	
River Dell Senior High School		09/1980 - 05/1987	
Address	**City**	**State**	**Zip**
55 Pyle Street	Oradell	NJ	07649
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2016 - Present	[redacted] Woodlot Ridge Road	Chapel Hill	NC	27516
07/2012 - 07/2016	[redacted] E. Winmore Ave	Chapel Hill	NC	27516
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
Merz Pharmaceuticals, LLC		10/2020 - Present	
Business Address	**City**	**State**	**Zip**
6601 Six Forks Road, Suite 430	Raleigh	NC	27615
Phone	**Title**	**Number of Employed Hours**	
919-582-8000	Vice President, General Counsel, Secretary	Approx. 5, 200	
Description of Duties			
Serves as General Counsel, North America for Merz Therapeutics, where she heads the legal and compliance team for all aspects of the therapeutics business in the U.S. and Canada.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

5/14/2023
Date

I, Terry Crandall, **certify that as the MDEG Administrator for**

Merz Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Terry Crandall
Print Name (First, Last)

Terry Crandall
Original Signature (electronic, copies or stamps not accepted)

5/14/2023
Date

Board Use Only	Date Received:

HSBC

DATE OF ISSUE:
08SEP2022

IRREVOCABLE STANDBY DOCUMENTARY CREDIT NO. SDCMTN583332

BENEFICIARY: NEVADA STATE BOARD OF PHARMACY 985 DAMONTE RANCH PKWY, SUITE 206 RENO, NV 89521 ATTN : EXECUTIVE SECRETARY	APPLICANT: MERZ PHARMACEUTICALS,LLC 6601 SIX FORKS ROAD, SUITE 430 RALEIGH, NC 27615
ADVISING BANK: . .	AMOUNT: USD 25,000.00 USD TWENTY FIVE THOUSAND.00 ONLY

DATE AND PLACE OF EXPIRY:
07SEP2023
AT COUNTER OF ISSUING BANK

1. AT THE REQUEST AND ON THE INSTRUCTIONS OF MERZ PHARMACEUTICALS, LLC (''APPLICANT'' OR ''LICENSEE''), WE, HSBC BANK USA, N.A. HEREBY ESTABLISH IN FAVOR OF THE BENEFICIARY, THE NEVADA STATE BOARD OF PHARMACY (BOARD), THIS IRREVOCABLE STANDBY LETTER OF CREDIT NO: SDCMTN583332 (''CREDIT'') IN THE PRINCIPAL SUM OF USD 25,000.00 (U.S. DOLLARS TWENTY FIVE THOUSAND AND 00/100).

2. THIS CREDIT IS AND HAS BEEN ESTABLISHED FOR THE SOLE BENEFIT OF THE BOARD PURSUANT TO THE TERMS OF NRS 639.515 PERTAINING TO THE INITIAL OR RENEWAL APPLICATION FILED BY THE APPLICANT/LICENSEE.

3. THIS CREDIT IS INTENDED BY THE PARTIES TO SERVE AS A SECURITY DEVICE FOR THE PERFORMANCE BY APPLICANT/LICENSEE OF ITS OBLIGATIONS UNDER APPLICABLE NEVADA LAW REGARDING APPLICANT/LICENSEE'S OPERATION AS A PHARMACEUTICAL WHOLESALER.

4. WE WERE INFORMED BY THE APPLICANT THAT PURSUANT TO NRS 639.515 (4), UPON THE IMPOSITION OF ANY FINES OR COSTS BY THE BOARD AGAINST THE APPLICANT/LICENSEE, THE BOARD SHALL BE ENTITLED TO DRAW UPON THIS CREDIT BY PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING IN THE SAME FORM AS ATTACHMENT A,

..... TO BE CONTINUED ON PAGE 2 .....

V000.06-1

HSBC Bank USA, N.A. GTRF SERVICES
JANE WU (23151)
TRADE MID OFFICE ASSOCIATE

HSBC Bank USA, N.A. GTRF SERVICES
ANTONIO BATAC (21422)
MANAGER GTRF SERVICES

HSBC

ATTACHED TO AND FORMING PART OF DC NO. SDCMTN583332 PAGE 2

DATE OF ISSUE:	BENEFICIARY:
08SEP2022	NEVADA STATE BOARD OF PHARMACY
	985 DAMONTE RANCH PKWY, SUITE 206
	RENO, NV 89521
	ATTN : EXECUTIVE SECRETARY

ATTACHED HERETO, AT OUR OFFICE LOCATED AT HSBC BANK USA, N.A. GTRF TRANSACTION SERVICES, 452 FIFTH AVENUE, NEW YORK NY, 10018. OF THE BOARD

5. THE CERTIFICATE OF DRAWING SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY FOR THE BOARD. PRESENTATION BY THE BOARD OF A COMPLETED CERTIFICATE OF DRAWING MAY BE MADE IN PERSON OR BY REGISTERED MAIL, RETURN RECEIPT REQUESTED.

6. UPON PRESENTATION OF A DULY EXECUTED CERTIFICATE OF DRAWING AS ABOVE PROVIDED, PAYMENT SHALL BE MADE TO THE BOARD, TO AN ACCOUNT OF THE BOARD DESIGNATED BY THE BOARD, IN IMMEDIATELY AVAILABLE FUNDS, AT SUCH TIME AND PLACE AS THE BOARD SHALL SPECIFY.

7. FUNDS MAY BE DRAWN IN ONE OR MORE DRAWINGS NOT TO EXCEED THE PRINCIPAL SUM.

8. IF DEMAND FOR PAYMENT DOES NOT CONFORM TO THE TERMS OF THE CREDIT, WE SHALL GIVE THE BOARD PROMPT NOTICE THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN ACCORDANCE WITH THE TERMS OF THIS CREDIT, STATE THE REASONS THEREFORE, AND AWAIT FURTHER INSTRUCTIONS.

9. UPON BEING NOTIFIED THAT THE DEMAND FOR PAYMENT WAS NOT EFFECTED IN CONFORMITY WITH THE CREDIT, THE BOARD MAY CORRECT ANY SUCH NON-CONFORMING DEMAND FOR PAYMENT.

10. ALL DRAWINGS UNDER THIS CREDIT SHALL BE PAID WITH OUR FUNDS. EACH DRAWING HONORED BY US HEREUNDER SHALL REDUCE, PRO TANTO, THE PRINCIPAL SUM. BY PAYING TO THE BOARD AN AMOUNT DEMANDED IN ACCORDANCE HEREWITH, WE MAKE NO REPRESENTATIONS AS TO THE CORRECTNESS OF THE AMOUNT DEMANDED.

11. THIS CREDIT WILL BE CANCELLED IN WHOLE OR IN PART ONLY UPON RECEIPT BY USE OF A CERTIFICATE OF CANCELLATION WHICH SHALL BE IN THE FORM OF ATTACHMENT B, ATTACHED HERETO AND SHALL BE COMPLETED AND SIGNED BY THE EXECUTIVE SECRETARY OF THE BOARD.

..... TO BE CONTINUED ON PAGE 3 .....

V000.06-1

HSBC Bank USA, N.A. GTRF SERVICES
JANE WU (23151)
TRADE MID OFFICE ASSOCIATE

HSBC Bank USA, N.A. GTRF SERVICES
ANTONIO BATAC (21422)
MANAGER GTRF SERVICES

HSBC

ATTACHED TO AND FORMING PART OF DC NO. SDCMTN583332 PAGE 3

DATE OF ISSUE:	BENEFICIARY:
08SEP2022	NEVADA STATE BOARD OF PHARMACY
	985 DAMONTE RANCH PKWY, SUITE 206
	RENO, NV 89521
	ATTN : EXECUTIVE SECRETARY

12. COMMUNICATIONS WITH RESPECT TO THIS CREDIT SHALL BE IN WRITING AND ADDRESSED TO US AT THE ADDRESS ABOVE AND SHALL SPECIFICALLY REFER TO THIS CREDIT BY THE NUMBER ABOVE.

13. THIS CREDIT MAY NOT BE TRANSFERRED OR ASSIGNED, EITHER IN WHOLE OR IN PART.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT SHALL BE DEEMED AUTOMATICALLY EXTENDED, WITHOUT AMENDMENT, FOR ONE YEAR FROM THE PRESENT OR ANY FUTURE EXPIRATION DATE HEREOF, UNLESS WE NOTIFY YOU NO LATER THAN THIRTY (30) DAYS IN WRITING PRIOR TO ANY EXPIRATION DATE BY OVERNIGHT COURIER SERVICE THAT WE ELECT NOT TO CONSIDER THIS LETTER OF CREDIT RENEWED FOR ANY SUCH ADDITIONAL PERIOD.

THIS STANDBY LETTER OF CREDIT SHALL BE GOVERNED BY, AND CONSTRUED IN ACCORDANCE WITH THE TERMS OF THE INTERNATIONAL STANDBY PRACTICES (ISP98), INTERNATIONAL CHAMBER OF COMMERCE PUBLICATIONS NO. 590.

PLEASE SEND ALL CLAIMS AND CORRESPONDENCE AS PER SBLC TERMS AND CONDITIONS TO FOLLOWING ADDRESS:
HSBC BANK USA, N.A.
GTRF TRANSACTION SERVICES
452 FIFTH AVENUE
NEW YORK, NY 10018
ATTN: STANDBY UNIT

FOR ANY QUERIES, PLEASE CONTACT OUR CLIENT SERVICES TEAM AT:
GTRF.USCS@US.HSBC.COM OR PHONE NO. 1 866 327 0763
OR FAX NO. 1 718 488 4909

..... TO BE CONTINUED ON PAGE 4 .....

V000.06-1

HSBC Bank USA, N.A. GTRF SERVICES
JANE WU (23151)
TRADE MID OFFICE ASSOCIATE

HSBC Bank USA, N.A. GTRF SERVICES
ANTONIO BATAC (21422)
MANAGER GTRF SERVICES

HSBC

ATTACHED TO AND FORMING PART OF DC NO. SDCMTN583332 PAGE 4

DATE OF ISSUE:	BENEFICIARY:
08SEP2022	NEVADA STATE BOARD OF PHARMACY
	985 DAMONTE RANCH PKWY, SUITE 206
	RENO, NV 89521
	ATTN : EXECUTIVE SECRETARY

********** THIS DOCUMENT CONSISTS OF 4 PAGES **********

AUTHORIZED SIGNER

AUTHORIZED SIGNER

V000.06-1

HSBC Bank USA, N.A. GTRF SERVICES
JANE WU (23151)
TRADE MID OFFICE ASSOCIATE

HSBC Bank USA, N.A. GTRF SERVICES
ANTONIO BATAC (21422)
MANAGER GTRF SERVICES

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: MicroVention Inc.

Physical Address: 35 Enterprise

City: Aliso Viejo State: CA Zip: 92656

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.microvention.com

Name of Designated Representative (DR): Amy K Smith

Licensing Company Email: MVI@SLSNY.COM DR Email: amy.smith@microvention.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☒ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Clinics/ Institutions		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A **This is in response to Question # _____. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Resonetics SA AKA Medelec SA
Address: Route de Chardonne 4 City: Puidoux-Gar (SWITZERLAND) State: _____ Zip: 1070

Name: TE Connectivity Ireland Limited
Address: Parkmore West City: Galway (Ireland) State: _____ Zip: H91 VN2T

Name: Junkosha Inc.
Address: Kanda, 12F Ochanomizu-Kyoun Bldg, Chiyoda-ku City: Tokyo 2-2 Surugadai (Japan) State: _____ Zip: _____

Name: Confluent Medical Technologies Inc.
Address: XPR8+5JM, Alajuela Province City: Alajuela (Costa Rica) State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Terumo Americas Holding, Inc.
Corporation/Organization Name: MicroVention Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: MVI@SLSNY.COM
Contact Person Name: Christine Cannon

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA #: 3013556777	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A 100% corporate owned		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - no C/S	✓	✓ N/A	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. 25K		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

MicroVention Inc.

Facility Name

Amy K Smith

Print Name of Authorized Person Submitting Application

Amy K Smith

Original signature of Authorized Person (copies or stamps not accepted)

03/23/2023

Date

Board Use Only	Date Received: 4-3-23	Amount: 1000.00 CK- 5442

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept. of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MicroVention Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 35 Enterprise

City Aliso Viejo State CA Zip 92656

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.microvention.com

Licensing Company Email MVI@SLSNY.COM

Section 2: Personal Information

First Amy Middle K Last Smith

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN _____ Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Tulip Circle

City Yorba Linda State CA Zip 92887

Telephone [redacted] Email amy.smith@microvention.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: The Johns Hopkins University			From - To (MM/YY – MM/YY): 09/99 – 06/02	
Address: 3400 N Charles Street	City: Baltimore		State: MD	Zip: 21218
Diploma/Degree obtained, if any: Masters of Applied Biomedicine				
School Name: Mercer University			From - To (MM/YY – MM/YY): 09/94 – 06/98	
Address: 1501 Mercer University Drive	City: Macon		State: GA	Zip: 31207
Diploma/Degree obtained, if any: Bachelor of Science Engineering				
School Name: Louisiana School for Math, Science & the Arts			From - To (MM/YY – MM/YY): 08/92 05/94	
Address: 715 University Parkway	City: Natchitoches		State: LA	Zip: 71457
Diploma/Degree obtained, if any: HighSchool Diploma				
School Name: Sulphur High School			From - To (MM/YY – MM/YY): 08/90 – 05/92	
Address: 100 Sycamore Street	City: Sulphur		State: LA	Zip: 70663
Diploma/Degree obtained, if any: N/A				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019 - Present	[redacted] Tulip Circle	Yorba Linda	CA	92887
07/2015 - 05/2019	[redacted] Avenida de la Laz	Yorba Linda	CA	92886
08/2013 - 07/2015	[redacted] Via Burgos	Yorba Linda	CA	92887
04/2005 - 08/2013	[redacted] Brintons Bridge Rd	Westchester	PA	19382
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
MicroVention Inc.			08/2021 - Present	
Business Address		**City**	**State**	**Zip**
35 Enterprise		Aliso Viejo	CA	92656
Phone	**Title**		**Number of Employed Hours**	
(714) 247-8000	VP, Regulatory Affairs		~ 3,300 hrs	

Description of Duties: Responsible to ensure registration for medical device products with FDA and global equivalents.

Business Name			From - To (MM/YY – MM/YY)	
Advanced Sterilization Products			06/2017 - 08/2021	
Business Address		**City**	**State**	**Zip**
33 Technology Drive		Irvine	CA	92618
Phone	**Title**		**Number of Employed Hours**	
(888) 783-7723	VP Global Marketing		~ 8,300 hrs	

Description of Duties: Responsible for marketing of sterilization products to hospitals.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Amy K Smith, **certify that as the designated representative for**

MicroVention Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JS I am at least 21 years of age;
3. JS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amy K Smith

Print Name (First, Last)

Amy K Smith

Original Signature (electronic, copies or stamps not accepted)

03/23/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy K Smith

Print Name (First, Last)

Amy K Smith

Original Signature (electronic, copies or stamps not accepted)

03/23/2023

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of ORANGE

I, Amy K Smith, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amy K Smith

Original Signature

Amy K Smith

03/23/2023

Date

Subscribed and Sworn to before me this 23 day of MARCH, 2023

DeeAnna M. Addis

Notary Public Signature

DEEANNA MAY ADDIS
Notary Public - California
Orange County
Commission # 2376000
My Comm. Expires Sep 23, 2025

(Seal)

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☐ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____ _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ORANGE

DEEANNA MAY ADDIS
Notary Public - California
Orange County
Commission # 2376000
My Comm. Expires Sep 23, 2025

Place Notary Seal Above

Subscribed and sworn to (or affirmed) before me on this 23 day of MARCH, 2023,
Date *Month* *Year*
by
(1) AMY K SMITH
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature DeeAnna M. Addis
Signature of Notary Public

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ **Document Date:** _____

Number of Pages: _____ **Signer(s) Other Than Named Above:** _____

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: MicroVention Inc. MDEG License # (if applicable): N/A
Physical Address: 35 Enterprise
City: Aliso Viejo State: CA Zip: 92656
Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Website: www.microvention.com
Licensing Company Email: MVI@SLSNY.COM

Section 2: Personal Information

First: Amy Middle: K Last: Smith
Alias(es, nicknames, name changes, etc.): n/a
Date of Birth: [redacted] SSN or ITIN: Sex: ☐ M ☒ F ☐ X
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: [redacted] Email: amy.smith@microvention.com
Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	X	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Johns Hopkins University		09/99 - 06/02	
Address	**City**	**State**	**Zip**
3400 N. Charles Street	Baltimore	MD	21218
Diploma/Degree obtained, if any			
Masters of Applied Biomedicine			

School Name		From - To (MM/YY – MM/YY)	
Mercer University		09/94 - 06/98	
Address	**City**	**State**	**Zip**
1501 Mercer University Drive	Macon	GA	31207
Diploma/Degree obtained, if any			
Bachelor of Science Engineering			

School Name		From - To (MM/YY – MM/YY)	
Louisiana School for Math, Science & The Arts		08/92 - 05/94	
Address	**City**	**State**	**Zip**
715 University Pkwy	Natchitoches	LA	71457
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Sulphur High School		08/90 - 05/92	
Address	**City**	**State**	**Zip**
100 Sycamore Street	Sulphur	LA	70663
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2019 - Present	[redacted] Tulip Circle	Yorba Linda	CA	92887
07/2015 - 05/2019	[redacted] Avenida de la Laz	Yorba Linda	CA	92886
08/2013 - 07/2015	[redacted] Via Burgos	Yorba Linda	CA	92887
04/2005 - 08/2013	[redacted] Brintons Bridge Rd	Westchester	PA	19382
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
MicroVention Inc.			08/2021 - Present	
Business Address		**City**	**State**	**Zip**
35 Enterprise		Aliso Viejo	CA	92656
Phone	**Title**		**Number of Employed Hours**	
(949) 320-3268	VP, Regulatory Affairs		~ 3,300 hrs	
Description of Duties				
Responsible to ensure registration for medical device products with FDA and global equivalence				

Business Name			From - To (MM/YY – MM/YY)	
Advanced Sterilization Products			06/2017 - 08/2021	
Business Address		**City**	**State**	**Zip**
33 Technology Drive		Irvine	CA	92618
Phone	**Title**		**Number of Employed Hours**	
(888) 783-7723	VP, Global Marketing		~ 8, 300 hrs	
Description of Duties				
Responsible for marketing of sterilization products to hospitals				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

N/A

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Amy K Smith, **certify that as the MDEG Administrator for**

MicroVention Inc.,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy K Smith
Print Name (First, Last)

Amy K Smith
Original Signature (electronic, copies or stamps not accepted)

03/23/2023
Date

Board Use Only	Date Received: 4.3-23

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MICROVENTION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MICROVENTION, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 1997.

Jeffrey W. Bullock, Secretary of State

2751180 8300

SR# 20230913405

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202872668

Date: 03-09-23

Company Particulars

MicroVention Inc.

Corporate Address: 35 Enterprise, Aliso Viejo, CA 92656 USA
FEIN: 33-0773774
www.microvention.com

Drug Labeler Code:
Incorporation State: DE
Incorporation Date: 9/29/1997

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
AVC	35 Enterprise Aliso Viejo, CA 92656 County: Orange	3013556777	N/A - No CS		No	(714) 247-8000	(949) 680-4287

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Amy K Smith	[redacted] Tulip Circle Yorba Linda, CA 92887	VP, Regulatory Affairs		[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Terumo Americas Holding, Inc.	265 Davidson Ave #320 Somerset, NJ 08873	N/A	100	N/A	34-1112331	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Amy K Smith	[redacted] Tulip Circle Yorba Linda, CA 92887	VP, Regulatory Affairs		[redacted]		
Carsten Schroeder	[redacted] Fairview Ct Petaluna, CA 94952	President		[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Phoenix Assurance, LLC	4750 Pleasant Hill Road Memphis, TN 38118					

Verification of Home State (CA) License

State of California—Health and Human Services Agency
California Department of Public Health

Food and Drug Branch
P.O. Box 997435, MS 7602
Sacramento, CA 95899-7435
1-800 495-3232 Toll Free

LICENSE / REGISTRATION VERIFICATION REQUEST

Requestor: Complete Items 1-6 only, then forward to California Department of Public Health, Food and Drug Branch at the address above.

1 Name of Firm or Exemption / DBA
MicroVention Inc

2 Facility Address (number, street)
35 Enterprise

3 City: Aliso Viejo | State: CA | Zip Code: 92656

4 Type of Firm
☐ Retailer ☐ Warehouse ☒ Manufacturer

5 Requestor's Name
State License Servicing

6 Requestor's Address
1751 State Route 17A, Suite 3

City: Florida | State: NY | ZIP Code: 10921 | Email: jglasser@slsny.com

Requestor's Mailing Address (if different than P.O. Box number)

City | State | ZIP Code

DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY STATE AGENCY

License Type: Device Manufacturing | License Number: 9726 | Date Issued: 11/15/2022 | Expiration Date: 11/15/2024

License / Registration Status: ☒ Valid ☐ Suspended/Revoked ☐ Surrendered ☐ Expired
☐ No record of firm / individual ☐ Application received / license pending

Official Signature / Title: [signature] office tech | Date: 12/15/2022

CDPH 8707 (02-15)

Home state Permit

Home State License

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

MicroVention, Inc.
35 Enterprise
Aliso Viejo, CA 92656

LICENSE NUMBER: 97209
EXPIRATION DATE: 11/15/2024

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 12/15/2022

OSP 07 102308

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 CN103090256-STND-PP-23-24	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED MicroVention, Inc. 35 Enterprise Aliso Viejo, CA 92656	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Tokio Marine America Insurance Company — 10945 **INSURER B :** Sompo America Insurance Company — 11126 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** NYC-008941313-28 **REVISION NUMBER:** 10

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			CLL6402306-13	04/01/2023	04/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 500,000 10,000 1,000,000 2,000,000 N/A
B	**AUTOMOBILE LIABILITY** X ANY AUTO X OWNED AUTOS ONLY; SCHEDULED AUTOS X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY			LAL30017605400	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	1,000,000
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED X RETENTION $ 10,000			CU6402307-13 Excludes Products Liability	04/01/2023	04/01/2024	EACH OCCURRENCE AGGREGATE	$ $	2,000,000 2,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		JCDS1114O0 (AOS) Deductible: $250,000 JWCS1065N0 (WI)	04/01/2023 04/01/2023	04/01/2024 04/01/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
A	Products Liability See Attached			GMD6405466-13	04/01/2023	04/01/2024	Each Occ./ Agg. Deductible:		5,000,000 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
EVIDENCE OF COVERAGE

ALL EMPLOYEES ARE COVERED UNDER PRODUCTS LIABILITY POLICY.

CERTIFICATE HOLDER

MicroVention, Inc.
35 Enterprise,
Aliso Viejo, CA 92656

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: CN103090256
LOC #: New York

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA, Inc.	MicroVention, Inc. 35 Enterprise Aliso Viejo, CA 92656
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Products Liability:

Deductible Amount for Bodily Injury and/or Property Damage:
Liability Combined: $250,000 Per Occurence / Deductible Aggregate Amount: $500,000
CLAIMS MADE
Retro Date: 11/01/1986
Worldwide Coverage Territory

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
MICROVENTION INC.
35 Enterprise
Aliso Viejo, CA 92656
Registration Number: 3013556777
FEI Number*: 3013556777
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
MicroVention Inc.[6]
35 Enterprise
Aliso Viejo, CA US 92656
Owner/Operator Number: 10033879[7]

Official Correspondent:
Amy Smith
35 Enterprise
Aliso Viejo, CA 92656
Phone: 949-3203268

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10033879&OwnerOperatorName=&
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10033879&OwnerOperatorName=&

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U.S. Department of **Health & Human Services**

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NV $25k Bond

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107779458

Application/License No. _____

MicroVention, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 35 Enterprise Aliso Viejo, CA ~~92656~~ 92656 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183-6014 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of March, 20 23.

APPLICANT/PRINCIPAL

MicroVention, Inc.

Authorized Representative

SURETY COMPANY

Travelers Casualty and Surety Company of America

Surety Company's Representative

Shelby Russell, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Sarah Major

Witness

Rachael A. Chaveriat

Countersigned by:

Non-Resident Agent #3826223 Shelby Russell

Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Shelby Russell of Knoxville, Tennessee, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

HARTFORD, CONN. | HARTFORD, CONN. | CORPORATE SEAL

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

ANNA P. NOWIK NOTARY PUBLIC CONNECTICUT

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **8th** day of **March** **2023**

HARTFORD, CONN. | HARTFORD, CONN. | CORPORATE SEAL

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

CALIFORNIA ACKNOWLEDGMENT **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange }

On March 8, 2023 before me, Tamara Venditti.
Date *Here Insert Name and Title of the Officer*

personally appeared Jacqueline Collins
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

TAMARA VENDITTI
Notary Public - California
Orange County
Commission # 2298223
My Comm. Expires Jul 22, 2023

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada State Board of Pharmacy - Surety Bond

Document Date: March 8, 2023 Number of Pages: 3

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name:	Signer's Name:
☒ Corporate Officer – Title(s): Corporate Secretary	☐ Corporate Officer – Title(s):
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:	☐ Other:
Signer is Representing: Microvention, Inc.	Signer is Representing:

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First Name	Company	Business Title
Mike	MVI MicroVention, Inc.	Territory Sales Manager
Stephen	MVI MicroVention, Inc.	Sr Territory Sales Manager (STM)
Crystal	MVI MicroVention, Inc.	Associate Director, Quality Engineering Production Support
Jennifer	MVI MicroVention, Inc.	Manager, Accounting
DeeAnna	MVI MicroVention, Inc.	Exec Assistant II
Tony	MVI MicroVention, Inc.	Manager, Manufacturing Engineering
Maria	MVI MicroVention, Inc.	Sr Assembler
Kathy	MVI MicroVention, Inc.	Assembler, II
Gabrielle	MVI MicroVention, Inc.	Engineer I, R&D
Kameron	MVI MicroVention, Inc.	Intern
Mahta	MVI MicroVention, Inc.	Associate Director, Operations
Maria	MVI MicroVention, Inc.	Assembler, I
Esteban	MVI MicroVention, Inc.	Manager, Manufacturing Engineering
Elson	MVI MicroVention, Inc.	Manager, Clinical Data Management
Jolie	MVI MicroVention, Inc.	Specialist, CAIS Project
Justin	MVI MicroVention, Inc.	Specialist, Sales Operations Field Inventory
Sarri	MVI MicroVention, Inc.	Engineer II, Electrical
Mercedes	MVI MicroVention, Inc.	Assembler, II
Claudia	MVI MicroVention, Inc.	Sr Analyst, Field Assurance
Maximiliano	MVI MicroVention, Inc.	Specialist II, Quality Systems
Margarita	MVI MicroVention, Inc.	Sr Assembler
Luis	MVI MicroVention, Inc.	Supervisor, Manufacturing Line Maintenance
Sunil	MVI MicroVention, Inc.	Specialist, SAP Order to Cash
Jonathan	MVI MicroVention, Inc.	Technician II, Manufacturing Process
Ariana	MVI MicroVention, Inc.	Coordinator, Planning
Karen	MVI MicroVention, Inc.	Associate Regional Sales Director - Asia Pacific
Jorge	MVI MicroVention, Inc.	Engineer I, R&D
Danielle	MVI MicroVention, Inc.	Sr Analyst, Financial Planning
Razi	MVI MicroVention, Inc.	Sr Engineer, Manufacturing Process
Adrian	MVI MicroVention, Inc.	Project Group Leader
Evelyn	MVI MicroVention, Inc.	Sr Engineer, Manufacturing
Juana	MVI MicroVention, Inc.	Assembler, II
Heather	MVI MicroVention, Inc.	Territory Sales Manager
Curlyn	MVI MicroVention, Inc.	Engineer I, Reliability
Isabel	MVI MicroVention, Inc.	Assembler, I
Mina	MVI MicroVention, Inc.	Technician II, Quality
Ronda	MVI MicroVention, Inc.	Purchasing Agent
George	MVI MicroVention, Inc.	Scientist II
Romel	MVI MicroVention, Inc.	Manager, Facilities
Abraham	MVI MicroVention, Inc.	Sr Technician, R&D
Eva	MVI MicroVention, Inc.	Sr Assembler
Mario	MVI MicroVention, Inc.	Engineer I, Manufacturing Process
Jill	MVI MicroVention, Inc.	Assembler, I
Martha	MVI MicroVention, Inc.	Assembler, II
Brandon	MVI MicroVention, Inc.	Clerk, Machine Shop Materials Inventory
Emmanuel	MVI MicroVention, Inc.	Technician I, Manufacturing Process
Nida	MVI MicroVention, Inc.	Analyst, Sales Planning
Juan	MVI MicroVention, Inc.	Clerk, Warehouse
Oscar	MVI MicroVention, Inc.	Coordinator, Supply Chain Data
Cara	MVI MicroVention, Inc.	Chemist II, Manufacturing
Aaron	MVI MicroVention, Inc.	Associate Director, R&D
Golnaz	MVI MicroVention, Inc.	Project Group Leader, Quality Production Support
Dan	MVI MicroVention, Inc.	Engineer II, R&D

Damian	MVI MicroVention, Inc.	Sr Director, Operations Finance
Jennifer	MVI MicroVention, Inc.	Engineer II, Quality
Heidi	MVI MicroVention, Inc.	Analyst, Machine Shop Data
Jon	MVI MicroVention, Inc.	Sr Engineer, R&D
Mojgan	MVI MicroVention, Inc.	Technician I, R&D
Miranda	MVI MicroVention, Inc.	Specialist, Regulatory Affairs
Leonard	MVI MicroVention, Inc.	Clerk I, Materials
Nithin	MVI MicroVention, Inc.	Specialist, SAP Logistics & Warehouse Management
John	MVI MicroVention, Inc.	Project Manager, R&D
Crystal	MVI MicroVention, Inc.	Intern
Jamie	MVI MicroVention, Inc.	Assembler, I
Carlos	MVI MicroVention, Inc.	Supervisor, Warehouse
Justin	MVI MicroVention, Inc.	Territory Sales Manager
Austin	MVI MicroVention, Inc.	Production Planner
Serkan	MVI MicroVention, Inc.	Sr Analyst, Marketing (CAIS)
Craig	MVI MicroVention, Inc.	Director, Facilities
Frank	MVI MicroVention, Inc.	Staff Mechanical Designer, Process Engineering
Wendy	MVI MicroVention, Inc.	Director, R&D
Ramin	MVI MicroVention, Inc.	Engineer I, Manufacturing Process
Manthan	MVI MicroVention, Inc.	Sr Specialist, IT Apps Ops Systems
Rohini	MVI MicroVention, Inc.	Project Manager, R&D
Vidhi	MVI MicroVention, Inc.	Project Manager, RA
Vinay	MVI MicroVention, Inc.	Sr Engineer, Supplier Quality
Miles	MVI MicroVention, Inc.	Lead, Master Data Management Integration
Sheela	MVI MicroVention, Inc.	Consultant
Cassie	MVI MicroVention, Inc.	Specialist, Clinical Neurovascular Technology
Jose	MVI MicroVention, Inc.	Sr Technician, R&D
Scott	MVI MicroVention, Inc.	Associate Specialist, Clinical Neurovascular Technology - New Orleans
Ronald	MVI MicroVention, Inc.	Sr Territory Sales Manager (STM)
Daniel	MVI MicroVention, Inc.	Sr Territory Sales Manager (STM)
Kristen	MVI MicroVention, Inc.	Sr Territory Sales Manager (STM)
Melinda	MVI MicroVention, Inc.	Sr. Recruiter
Chimaa	MVI MicroVention, Inc.	Intern
Amy	MVI MicroVention, Inc.	Sr Project Manager, Clinical
Lisa	MVI MicroVention, Inc.	Territory Sales Manager
Christopher	MVI MicroVention, Inc.	Sr Accountant, Staff
Skyelur	MVI MicroVention, Inc.	Chemist I, Manufacturing
David	MVI MicroVention, Inc.	Associate Product Manager
Lourdes	MVI MicroVention, Inc.	Sr Manager, Global Talent Development
Ashley	MVI MicroVention, Inc.	Associate I, Document Control
Daniel	MVI MicroVention, Inc.	Associate Director, Quality Validations
Ann	MVI MicroVention, Inc.	Coordinator, Professional Affairs & Clinical Education
Ashley	MVI MicroVention, Inc.	Product Specialist
Lourdes	MVI MicroVention, Inc.	Sr Engineer, Quality
Nate	MVI MicroVention, Inc.	Sr Territory Sales Manager (STM)
Natalia	MVI MicroVention, Inc.	Product Manager
Thuy	MVI MicroVention, Inc.	Technician II, R&D
Hoang	MVI MicroVention, Inc.	Sr Machinist, CNC
Binh	MVI MicroVention, Inc.	Machinist, CNC
Thuvan	MVI MicroVention, Inc.	Associate Lead, Production
Touyen	MVI MicroVention, Inc.	Assembler, II
Truan	MVI MicroVention, Inc.	Machinist, CNC
Thomas	MVI MicroVention, Inc.	Sr Manager, Global Clinical
Michael	MVI MicroVention, Inc.	Nurse Practitioner

Kim	MVI MicroVention, Inc.	Coordinator, Sales Support
Melissa	MVI MicroVention, Inc.	Sr Engineer, R&D
Steve	MVI MicroVention, Inc.	Territory Sales Manager - Portland Area
Phil	MVI MicroVention, Inc.	Specialist, Clinical Neurovascular Technology
Marilu	MVI MicroVention, Inc.	Assembler, I
Javier	MVI MicroVention, Inc.	Assembler, I
Robin	MVI MicroVention, Inc.	Sr Manager, Machine Shop
Debby	MVI MicroVention, Inc.	Sr Analyst, Field Assurance
Terry	MVI MicroVention, Inc.	Director, Post-Market Surveillance Quality
Ryan	MVI MicroVention, Inc.	Sr Principal Engineer, R&D
Trish	MVI MicroVention, Inc.	Project Manager, RA
Cuong	MVI MicroVention, Inc.	Sr Technician, Quality
Huong	MVI MicroVention, Inc.	Assembler, II
Mindy	MVI MicroVention, Inc.	Sr Assembler
Ngocanh	MVI MicroVention, Inc.	Lead, Production
Phuong	MVI MicroVention, Inc.	Sr Assembler
Audrey	MVI MicroVention, Inc.	Technician I, IT Support
Dora	MVI MicroVention, Inc.	Sr Specialist, A/R
Tyler	MVI MicroVention, Inc.	Territory Sales Manager - Fort Worth
Frank	MVI MicroVention, Inc.	Sr Specialist, Labeling Design
Lawrence	MVI MicroVention, Inc.	Sr Technician, Manufacturing Line Maintenance
Nicholas	MVI MicroVention, Inc.	Scientist II, Product Development
Allie	MVI MicroVention, Inc.	Analyst, HRIS
Rafael	MVI MicroVention, Inc.	Clerk II, Materials
Tomo	MVI MicroVention, Inc.	Analyst, Financial
Gilberto	MVI MicroVention, Inc.	Engineer I, Process Development
David	MVI MicroVention, Inc.	Associate Clinical Specialist, Neurovascular Technology
Nichollette	MVI MicroVention, Inc.	Associate II, Document Control
Karina	MVI MicroVention, Inc.	Assembler, II
Engracia	MVI MicroVention, Inc.	Sr Receiving Inspector, QC
Sarah	MVI MicroVention, Inc.	Sr Engineer, R&D
Renee	MVI MicroVention, Inc.	Sr Analyst, Field Assurance
Saryvann	MVI MicroVention, Inc.	Assembler, I
Yenh	MVI MicroVention, Inc.	Specialist, Labeling Design
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Michelle	MVI MicroVention, Inc.	Sr Advanced Receiving Inspector, QC
Glenn	MVI MicroVention, Inc.	Lead, SAP Master Data Governance
Angelina	MVI MicroVention, Inc.	Sr Coordinator, Document Control & Quality Training
Robert	MVI MicroVention, Inc.	Sr Technician, Facilities
Veronica	MVI MicroVention, Inc.	Specialist II, Global Mobility
Aleesa	MVI MicroVention, Inc.	Associate I, Clinical Research
Thu	MVI MicroVention, Inc.	Sr Assembler
Susan	MVI MicroVention, Inc.	Sr Assembler
Samuel	MVI MicroVention, Inc.	Project Manager, R&D
Melody	MVI MicroVention, Inc.	Intern
Madeleine	MVI MicroVention, Inc.	EIT/Engineer II
Erin	MVI MicroVention, Inc.	Specialist, Talent Acquisition
Manchi	MVI MicroVention, Inc.	Sr Director, Regulatory Affairs
Janet	MVI MicroVention, Inc.	Assembler, I
Jessica	MVI MicroVention, Inc.	Engineer II, R&D
Maggie	MVI MicroVention, Inc.	Manager, Regulatory Affairs
Vincent	MVI MicroVention, Inc.	Sr Project Manager, R&D
Ye	MVI MicroVention, Inc.	Sr Technician, R&D
Michael	MVI MicroVention, Inc.	Sr Manager, Financial Planning & Analysis

Sophia	MVI MicroVention, Inc.	Specialist, Regulatory Affairs
Lana	MVI MicroVention, Inc.	Assembler, II
Sinh	MVI MicroVention, Inc.	Assembler, II
Sarah	MVI MicroVention, Inc.	Engineer II, Manufacturing Process
Viviana	MVI MicroVention, Inc.	Lead, Customer Service & Sales Support (Open Order)
Greg	MVI MicroVention, Inc.	Sr Product Manager
Bianca	MVI MicroVention, Inc.	Payroll Specialist
Tiffany	MVI MicroVention, Inc.	Specialist I, Sales Support
Jacqueline	MVI MicroVention, Inc.	VP and General Counsel
Mike	MVI MicroVention, Inc.	Sr Manager, Formulation Development
Gabriela	MVI MicroVention, Inc.	Sr Lead, Production
Jorge	MVI MicroVention, Inc.	Sr Coordinator, R&D Project
Andreina	MVI MicroVention, Inc.	Project Group Leader, Manufacturing Chemistry
Liam	MVI MicroVention, Inc.	Engineer II, Industrial
Arturo	MVI MicroVention, Inc.	Sr Assembler
Jesus	MVI MicroVention, Inc.	Clerk II, Materials
Brian	MVI MicroVention, Inc.	Director, Field Clinical Team & Sales Operations
Greg	MVI MicroVention, Inc.	Sr Director, Materials Development
Marjorie	MVI MicroVention, Inc.	Technician II, Quality (Product Evaluation Lab)
Esther	MVI MicroVention, Inc.	Sr Lead, Production
David	MVI MicroVention, Inc.	Technician I, Manufacturing Process
Timothy	MVI MicroVention, Inc.	Manager, Regional Sales
Brandon	MVI MicroVention, Inc.	Manager, Regional Sales - South Central Region
Rachel	MVI MicroVention, Inc.	Director, Marketing & Portfolio Strategy
Lan	MVI MicroVention, Inc.	Sr Technician, R&D
Tommy	MVI MicroVention, Inc.	Assembler, II
Minh	MVI MicroVention, Inc.	Lead, QC
Aron	MVI MicroVention, Inc.	Technician I, R&D
Thu-Hanh	MVI MicroVention, Inc.	Assembler, I
Hiep	MVI MicroVention, Inc.	Assembler, II
Kristy	MVI MicroVention, Inc.	Chemist II, Manufacturing
Kenny	MVI MicroVention, Inc.	Chief of Staff, Global Neurovascular R&D & Manufacturing Operations
Terrah	MVI MicroVention, Inc.	Manager, HR Business Partner
Anurag	MVI MicroVention, Inc.	Sr Engineer, Industrial
Anup	MVI MicroVention, Inc.	Sr Project Manager, R&D
Sourik	MVI MicroVention, Inc.	Sr Inspector, QC
Nicholas	MVI MicroVention, Inc.	Project Manager, R&D
Lisa	MVI MicroVention, Inc.	Sr Manager, Professional Affairs & Clinical Education
Juana	MVI MicroVention, Inc.	Assembler, I
Gerardo	MVI MicroVention, Inc.	Engineer II, Manufacturing Process
Luz	MVI MicroVention, Inc.	Sr Lead, Production
Belete	MVI MicroVention, Inc.	Sr Engineer, R&D
Patricia	MVI MicroVention, Inc.	Sr Lead, Production
Luis	MVI MicroVention, Inc.	Handler, Production Materials
Eric	MVI MicroVention, Inc.	Sr Analyst, Sales Operations Support
Menandro	MVI MicroVention, Inc.	Assembler, I
Cathy	MVI MicroVention, Inc.	Sr Director, Corporate & Marketing Communications, Digital Media & PR
Lauren	MVI MicroVention, Inc.	Specialist II, Corporate Communications
Ronak	MVI MicroVention, Inc.	Principal Engineer, R&D
Maiquel	MVI MicroVention, Inc.	Assembler, II
Chanel	MVI MicroVention, Inc.	Sr Analyst, NA Strategic Sales
Martina	MVI MicroVention, Inc.	Sr Specialist, Engineering

Sinh	MVI MicroVention, Inc.	Sr Assembler
Thanh	MVI MicroVention, Inc.	Assembler, II
Philip	MVI MicroVention, Inc.	Technician, CNC Machine Setup
Quoc	MVI MicroVention, Inc.	Assembler, I
Henry	MVI MicroVention, Inc.	Scientist I, Product Development
Jacques	MVI MicroVention, Inc.	VP, Scientific Affairs
Jessica Thanh	MVI MicroVention, Inc.	Sr Assembler
Thanh	MVI MicroVention, Inc.	Sr Assembler
Melinda	MVI MicroVention, Inc.	Lead, Production
Thu	MVI MicroVention, Inc.	Sr Assembler
Thomas	MVI MicroVention, Inc.	Inspector II, QC
Thi	MVI MicroVention, Inc.	Receiving Inspector I, QC
Trung	MVI MicroVention, Inc.	Legal Operations Manager
Diem	MVI MicroVention, Inc.	Assembler, II
Hong Ngoc	MVI MicroVention, Inc.	Technician I, Machine Shop
Tracy	MVI MicroVention, Inc.	Sr Engineer, Industrial
Maria	MVI MicroVention, Inc.	Assembler, I
Kevin	MVI MicroVention, Inc.	Assembler, II
Jeffrey	MVI MicroVention, Inc.	Sr Manager, Manufacturing Engineering
Raul	MVI MicroVention, Inc.	Manager, Payroll
Gabriel	MVI MicroVention, Inc.	Associate Lead, Production
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Jake	MVI MicroVention, Inc.	Principal Engineer, R&D
Brenna	MVI MicroVention, Inc.	Product Specialist
Rachany	MVI MicroVention, Inc.	Associate II, Document Control
Loren	MVI MicroVention, Inc.	Specialist, Customer Service & Sales Support (International)
Lance	MVI MicroVention, Inc.	Controller
Jonathan	MVI MicroVention, Inc.	Coordinator I, Manufacturing Line Maintenance
Irene	MVI MicroVention, Inc.	Lead, Production
Steve	MVI MicroVention, Inc.	Sr Regional Manager, Field Clinical Team
Yuko	MVI MicroVention, Inc.	Specialist I, Regulatory Affairs (JE)
Zoya	MVI MicroVention, Inc.	Sr Engineer, Supplier Quality
Tony	MVI MicroVention, Inc.	Sr Product Manager
Jason	MVI MicroVention, Inc.	Staff Engineer, Quality Production Support
Sami	MVI MicroVention, Inc.	EIT/Engineer I
Sheryl	MVI MicroVention, Inc.	Coordinator, Facilities
Lincoln	MVI MicroVention, Inc.	Principal Engineer, Coatings
Claudia	MVI MicroVention, Inc.	Lead, QC
Niam	MVI MicroVention, Inc.	Engineer II, Manufacturing
Susana	MVI MicroVention, Inc.	Assembler, I
Scott	MVI MicroVention, Inc.	Territory Sales Manager
Farshad	MVI MicroVention, Inc.	Manager, Device Risk
Grace	MVI MicroVention, Inc.	Sr Supervisor, Production
Noe	MVI MicroVention, Inc.	Assembler, II
Doug	MVI MicroVention, Inc.	Sr Director, Talent Acquisition & Development
Gwen	MVI MicroVention, Inc.	Manager, Supply Chain Planning Master Data
Neil	MVI MicroVention, Inc.	Territory Sales Manager
Marina	MVI MicroVention, Inc.	Engineer I, R&D
Kristie	MVI MicroVention, Inc.	Regional Manager, Field Clinical Team
Louie	MVI MicroVention, Inc.	Manager, Warehouse
John	MVI MicroVention, Inc.	Specialist I, CAD
Bryan	MVI MicroVention, Inc.	Sr Manager, Manufacturing Chemistry
James	MVI MicroVention, Inc.	Sr Manager, Equipment Sustainment Engineering
Julianna	MVI MicroVention, Inc.	Coordinator I, Production Training

Kenneth	MVI MicroVention, Inc.	Sr Supervisor, Production
Gustavo	MVI MicroVention, Inc.	Sr Engineer, Manufacturing Process
Joshua	MVI MicroVention, Inc.	Field Clinical Trainer
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Shelly	MVI MicroVention, Inc.	Program Director, Regulatory Affairs
Christine	MVI MicroVention, Inc.	Sr Territory Sales Manager (STM)
Brendan	MVI MicroVention, Inc.	Technician II, Sterilization Equipment
Vazgen	MVI MicroVention, Inc.	Engineer I, Manufacturing Process
Bob	MVI MicroVention, Inc.	Sr Regional Manager, Field Clinical Team
Eteri	MVI MicroVention, Inc.	Exec Assistant II
Maria	MVI MicroVention, Inc.	Sr Advanced Receiving Inspector, QC
Matt	MVI MicroVention, Inc.	Sr Engineer, Manufacturing Process
Jose	MVI MicroVention, Inc.	Sr Assembler
Delfino	MVI MicroVention, Inc.	Manager, Quality Control
Hari	MVI MicroVention, Inc.	Clerk I, Materials
Luis	MVI MicroVention, Inc.	Engineer II, Manufacturing Process
Robert	MVI MicroVention, Inc.	Sr Director, Clinical Research & Operations
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Inez	MVI MicroVention, Inc.	Administrator, Office Services
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Bertha	MVI MicroVention, Inc.	Administrator, Office Services
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Zak	MVI MicroVention, Inc.	Clerk, Logistics & Trade Compliance
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Chanh	MVI MicroVention, Inc.	Assembler, I
Tung	MVI MicroVention, Inc.	Assembler, I
My	MVI MicroVention, Inc.	Sr Assembler
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Thi	MVI MicroVention, Inc.	Assembler, II
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Hung	MVI MicroVention, Inc.	Sr Assembler
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Corey	MVI MicroVention, Inc.	Sr Medical Writer
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Jessica	MVI MicroVention, Inc.	Sr Engineer, R&D
Brian	MVI MicroVention, Inc.	Deputy Chief Compliance Officer
Isabel	MVI MicroVention, Inc.	Receiving Inspector II, QC
Kerina	MVI MicroVention, Inc.	Buyer, II
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Faye	MVI MicroVention, Inc.	Sr Manager, Commodity Risk Management
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Winston	MVI MicroVention, Inc.	Associate Director, IT Operations
Brian	MVI MicroVention, Inc.	Sr Engineer, Manufacturing Process
Eric	MVI MicroVention, Inc.	Engineer II, Process Development
Nathaniel	MVI MicroVention, Inc.	Territory Sales Manager
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Eunice	MVI MicroVention, Inc.	Sr Planner, Supply Chain
Quentin	MVI MicroVention, Inc.	Specialist, Biocompatibility
Daniel	MVI MicroVention, Inc.	Manager, Procurement
Saros	MVI MicroVention, Inc.	Assembler, I
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Emma	MVI MicroVention, Inc.	Engineer II, R&D
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Rau	MVI MicroVention, Inc.	Assembler, I
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Andy	MVI MicroVention, Inc.	Sr Coordinator, Quality Control
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Jonathan	MVI MicroVention, Inc.	Associate Director, North America Strategic Sales
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Yen	MVI MicroVention, Inc.	Sr Assembler
Xich	MVI MicroVention, Inc.	Sr Assembler
Tuan	MVI MicroVention, Inc.	Sr Assembler
Qui	MVI MicroVention, Inc.	Lead, Production
Anh Ngoc	MVI MicroVention, Inc.	Sr Assembler
Hanh	MVI MicroVention, Inc.	Technician II, R&D
Nhu T	MVI MicroVention, Inc.	Inspector II, QC
Cuong	MVI MicroVention, Inc.	Sr Assembler
Erick	MVI MicroVention, Inc.	Sr Assembler
Hien	MVI MicroVention, Inc.	Inspector II, QC
David	MVI MicroVention, Inc.	Assembler, II
Steventien	MVI MicroVention, Inc.	Assembler, I
Chi Myngoc	MVI MicroVention, Inc.	Sr Assembler
Thanh	MVI MicroVention, Inc.	Assembler, I
Ai Thanh	MVI MicroVention, Inc.	Assembler, II
Chien	MVI MicroVention, Inc.	Assembler, II
Duc	MVI MicroVention, Inc.	Sr Assembler
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Ny	MVI MicroVention, Inc.	Assembler, II
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Colleen	MVI MicroVention, Inc.	Technician I, R&D
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Kathy	MVI MicroVention, Inc.	Sr Assembler
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Ngoc Tran	MVI MicroVention, Inc.	Sr Assembler
Mui	MVI MicroVention, Inc.	Assembler, II
Kim	MVI MicroVention, Inc.	Assembler, II
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Mateo	MVI MicroVention, Inc.	Sr Lead, Production
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Alice	MVI MicroVention, Inc.	Principal Buyer
James	MVI MicroVention, Inc.	Director, Global Upstream Marketing Hemorrhagic Stroke

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Lianna	MVI MicroVention, Inc.	Lead, Production
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Marisol	MVI MicroVention, Inc.	Associate Lead, Production
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Christine	MVI MicroVention, Inc.	Sr Manager, Corporate Communications
Vichea	MVI MicroVention, Inc.	Inspector II, QC
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Roberto	MVI MicroVention, Inc.	Technician, Facilities
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Dave	MVI MicroVention, Inc.	Sr Technician, R&D
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Niam	MVI MicroVention, Inc.	Engineer II, EDP
Taha	MVI MicroVention, Inc.	Director, Professional Affairs & Clinical Education
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Armando	MVI MicroVention, Inc.	Engineer II, R&D
David	MVI MicroVention, Inc.	Specialist, Clinical Neurovascular Technology
Nick	MVI MicroVention, Inc.	Sr Specialist, Global Talent
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Trushala	MVI MicroVention, Inc.	Sr Specialist, Post Market Surveillance
Chanreaksmey	MVI MicroVention, Inc.	Associate Lead, Production
Trang	MVI MicroVention, Inc.	Sr Assembler
Cathleen	MVI MicroVention, Inc.	Technician I, R&D
Britney	MVI MicroVention, Inc.	Sr Technician, R&D
Cuong	MVI MicroVention, Inc.	Assembler, II
Hoa	MVI MicroVention, Inc.	Sr Assembler
Harrison	MVI MicroVention, Inc.	Sr Assembler
Kevin	MVI MicroVention, Inc.	Technician II, R&D
Henry	MVI MicroVention, Inc.	Group Lead, Operations Planning
Mai	MVI MicroVention, Inc.	Sr Specialist, Regulatory Affairs
Minh	MVI MicroVention, Inc.	Associate Lead, Production
Lisa	MVI MicroVention, Inc.	Sr Assembler
Dat	MVI MicroVention, Inc.	Sr Technician, Quality
Nina	MVI MicroVention, Inc.	Technician I, R&D
Tucau	MVI MicroVention, Inc.	Sr Assembler
Tommy	MVI MicroVention, Inc.	Sr Inspector, QC
Thuan	MVI MicroVention, Inc.	Sr Assembler
Tuyethoa	MVI MicroVention, Inc.	Sr Calibration Technician
Helen	MVI MicroVention, Inc.	Lead Technician, R&D
Chinh	MVI MicroVention, Inc.	Technician Sr, Manufacturing Process
Ngoclan	MVI MicroVention, Inc.	Specialist I, Engineering
Trinh	MVI MicroVention, Inc.	Specialist, Product Returns & Quality Control
Johnny	MVI MicroVention, Inc.	Specialist I, Engineering
Oanh	MVI MicroVention, Inc.	Sr Technician, R&D
Vi	MVI MicroVention, Inc.	Technician II, R&D
Hongphuc	MVI MicroVention, Inc.	Sr Technician, R&D
Kim Huong	MVI MicroVention, Inc.	Sr Assembler
Khoi	MVI MicroVention, Inc.	Technician II, R&D
Katie	MVI MicroVention, Inc.	Accountant, Staff
Lisa	MVI MicroVention, Inc.	Sr Lead, Production
Kim Lien	MVI MicroVention, Inc.	Sr Assembler
John	MVI MicroVention, Inc.	Technician I, R&D
Danny	MVI MicroVention, Inc.	Sr Assembler
Vivian	MVI MicroVention, Inc.	Technician I, R&D
Tai Anh	MVI MicroVention, Inc.	Inspector II, QC
Van	MVI MicroVention, Inc.	Sr Assembler
Nick Nghi	MVI MicroVention, Inc.	Sr Assembler
Nghia	MVI MicroVention, Inc.	Sr Assembler
Thuy	MVI MicroVention, Inc.	Sr Assembler
Joline	MVI MicroVention, Inc.	Sr Assembler
Lylyan	MVI MicroVention, Inc.	Sr Assembler
Phuong Hung	MVI MicroVention, Inc.	Sr Assembler
Trang	MVI MicroVention, Inc.	Sr Assembler
Natalie	MVI MicroVention, Inc.	Sr Assembler
Hai	MVI MicroVention, Inc.	Assembler, II

Tracie ThuyTrang	MVI MicroVention, Inc.	Technician II, Manufacturing Process
Trang Thuy	MVI MicroVention, Inc.	Sr Assembler
Nam	MVI MicroVention, Inc.	Sr Assembler
David	MVI MicroVention, Inc.	Sr Assembler
Chau - A	MVI MicroVention, Inc.	Assembler, II
Phuong	MVI MicroVention, Inc.	Assembler, II
Tuyen	MVI MicroVention, Inc.	Sr Assembler
Thuy Phuong Thi	MVI MicroVention, Inc.	Assembler, II
Phong Tan	MVI MicroVention, Inc.	Technician I, R&D
Ngoc-Hang	MVI MicroVention, Inc.	Sr Assembler
Tien	MVI MicroVention, Inc.	Sr Assembler
Thanh Thuy	MVI MicroVention, Inc.	Assembler, II
Thomas	MVI MicroVention, Inc.	Technician I, R&D
Hoang	MVI MicroVention, Inc.	Assembler, I
Ngoc-Ha	MVI MicroVention, Inc.	Sr Assembler
Luc	MVI MicroVention, Inc.	Sr Assembler
Linh	MVI MicroVention, Inc.	Inspector II, QC
Hoa	MVI MicroVention, Inc.	Assembler, II
Helena	MVI MicroVention, Inc.	Sr Assembler
Hai	MVI MicroVention, Inc.	Assembler, II
Dung Tien	MVI MicroVention, Inc.	Sr Assembler
Hong Diem	MVI MicroVention, Inc.	Sr Assembler
Loan	MVI MicroVention, Inc.	Inspector II, QC
Thuvan	MVI MicroVention, Inc.	Assembler, II
Chon	MVI MicroVention, Inc.	Assembler, I
Ngoc Phuong	MVI MicroVention, Inc.	Assembler, II
Jaclyn	MVI MicroVention, Inc.	Sr Assembler
Loan	MVI MicroVention, Inc.	Assembler, II
Thuy	MVI MicroVention, Inc.	Assembler, II
Thang	MVI MicroVention, Inc.	Sr Assembler
Mai	MVI MicroVention, Inc.	Inspector I, QC
Huong	MVI MicroVention, Inc.	Assembler, II
Tam Thien	MVI MicroVention, Inc.	Assembler, II
Cuong Tien	MVI MicroVention, Inc.	Assembler, II
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Lynn	MVI MicroVention, Inc.	Associate Lead, Production
Hoang Gia	MVI MicroVention, Inc.	Assembler, II
Josephina	MVI MicroVention, Inc.	Assembler, II
Thien	MVI MicroVention, Inc.	Sr Assembler
Phuong Kim Thi	MVI MicroVention, Inc.	Assembler, I
Nam	MVI MicroVention, Inc.	Assembler, I
Thu Thuy	MVI MicroVention, Inc.	Assembler, II
Xuan	MVI MicroVention, Inc.	Sr Assembler
Thuy	MVI MicroVention, Inc.	Assembler, II
Derek	MVI MicroVention, Inc.	Data Analyst II, Post Market Quality
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Leequyen	MVI MicroVention, Inc.	Assembler, I
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Donald	MVI MicroVention, Inc.	Manager, QC Receiving Inspection
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Phuong	MVI MicroVention, Inc.	Sr Engineer, Quality
Thuy	MVI MicroVention, Inc.	Engineer II, Equipment Design
Thomas Tuan	MVI MicroVention, Inc.	Associate Director, Quality Engineering

Tien	MVI MicroVention, Inc.	Assembler, II
Hieu	MVI MicroVention, Inc.	Assembler, II
Tai	MVI MicroVention, Inc.	Sr Assembler
Loan	MVI MicroVention, Inc.	Assembler, II
Thi	MVI MicroVention, Inc.	Assembler, I
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Tracy	MVI MicroVention, Inc.	Technician I, R&D
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Tuyet	MVI MicroVention, Inc.	Assembler, I
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Dylan	MVI MicroVention, Inc.	Engineer II, EDP
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Shawn	MVI MicroVention, Inc.	SVP, CAIS
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Jon	MVI MicroVention, Inc.	Territory Sales Manager

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Kaz	MVI MicroVention, Inc.	Sr Engineer, R&D
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Emily	MVI MicroVention, Inc.	Analyst, Field Assurance
Michelle	MVI MicroVention, Inc.	Sr Analyst, HRIS
Vanessa	MVI MicroVention, Inc.	Exec Assistant I
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Sokphalla	MVI MicroVention, Inc.	Sr Technician, R&D
Logan	MVI MicroVention, Inc.	Technician II, R&D
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Virgie	MVI MicroVention, Inc.	Coordinator, Product Management
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Artemio	MVI MicroVention, Inc.	Lead, Warehouse
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Nohemy	MVI MicroVention, Inc.	Manager, Compensation
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Mukta	MVI MicroVention, Inc.	Engineer I, EDP
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Nguyen Sa	MVI MicroVention, Inc.	Sr Technician, Manufacturing Process
Tuan	MVI MicroVention, Inc.	Sr Assembler
Dung	MVI MicroVention, Inc.	Sr Assembler
Thu Loan	MVI MicroVention, Inc.	Assembler, II
Oanh	MVI MicroVention, Inc.	Sr Assembler
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Thuc	MVI MicroVention, Inc.	Sr Assembler

Cuong	MVI MicroVention, Inc.	Assembler, I
Ngoc	MVI MicroVention, Inc.	Assembler, II
Chau	MVI MicroVention, Inc.	Assembler, I
Brigitte	MVI MicroVention, Inc.	Product Manager
Le-Tuyet	MVI MicroVention, Inc.	Sr Assembler
Thuy	MVI MicroVention, Inc.	Sr Assembler
Bay	MVI MicroVention, Inc.	Sr Assembler
Darlyn	MVI MicroVention, Inc.	Sr Assembler
Kim Chi	MVI MicroVention, Inc.	Sr Assembler
Kim-Duyen	MVI MicroVention, Inc.	Sr Assembler
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Loan	MVI MicroVention, Inc.	Sr Assembler
Tammy	MVI MicroVention, Inc.	Sr Assembler
Helen	MVI MicroVention, Inc.	Sr Assembler
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Garrett	MVI MicroVention, Inc.	Sr Product Manager
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Jorge	MVI MicroVention, Inc.	Territory Sales Manager - Houston Area
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Gerry	MVI MicroVention, Inc.	Regional Sales Manager - Northwest
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Gregory	MVI MicroVention, Inc.	Sr Specialist, Procurement Contract
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Arturo	MVI MicroVention, Inc.	Technician, Facilities
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Scott	MVI MicroVention, Inc.	Principal Engineer, Manufacturing
Marcus	MVI MicroVention, Inc.	Technician I, IT Support
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Karim	MVI MicroVention, Inc.	Principal Scientist, Clinical (Contract)

Lauren	MVI MicroVention, Inc.	Specialist, Product Sterilization
Adan	MVI MicroVention, Inc.	Clerk, Warehouse
Jesse	MVI MicroVention, Inc.	Supervisor, Customer Service & Sales Support (International)
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Quan	MVI MicroVention, Inc.	Sr Technician, Validation
Farah	MVI MicroVention, Inc.	Associate Lead, Production
Maria	MVI MicroVention, Inc.	Assembler, II
Marta	MVI MicroVention, Inc.	Assembler, II
Antonia	MVI MicroVention, Inc.	Sr Technician, Manufacturing Process
Vanessa	MVI MicroVention, Inc.	Planner, Supply Chain
Gia	MVI MicroVention, Inc.	Sr Manager, Supply Chain Program
Emily	MVI MicroVention, Inc.	Product Manager
Dianela	MVI MicroVention, Inc.	Lead, Product Sterilization
Joel	MVI MicroVention, Inc.	Sr Specialist, Labeling Design
Anais	MVI MicroVention, Inc.	Lead, Customer Service & Sales Support
Alma	MVI MicroVention, Inc.	Assembler, I
Olga	MVI MicroVention, Inc.	Assembler, II
Bryana	MVI MicroVention, Inc.	Sr Recruiter, Talent Acquisition
Veronica	MVI MicroVention, Inc.	Engineer I, R&D
Sothon	MVI MicroVention, Inc.	Technician I, R&D
Tracy	MVI MicroVention, Inc.	Sr Buyer
Scott	MVI MicroVention, Inc.	Executive Territory Sales Manager (ETM)
Sarah	MVI MicroVention, Inc.	Specialist II, Corporate Communications
Marc	MVI MicroVention, Inc.	Engineer I, Manufacturing Process
Patricia	MVI MicroVention, Inc.	Sr Assembler
Lucero	MVI MicroVention, Inc.	Assembler, I
Gamaliel	MVI MicroVention, Inc.	Technician I, Manufacturing Line Maintenance
Dan	MVI MicroVention, Inc.	Assembler, II
Patrick	MVI MicroVention, Inc.	Sr Analyst, Marketing Business
Joseph	MVI MicroVention, Inc.	Principal Engineer, R&D
Peyman	MVI MicroVention, Inc.	Sr Lead, Production
Clara	MVI MicroVention, Inc.	Sr Inspector, QC
Luis	MVI MicroVention, Inc.	Sr Engineer, R&D
Archibald	MVI MicroVention, Inc.	Engineer I, Manufacturing Process
Sindi	MVI MicroVention, Inc.	Assembler, I
Marisela	MVI MicroVention, Inc.	Sr Assembler
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Justina	MVI MicroVention, Inc.	Sr Supervisor, Production
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Cynthia	MVI MicroVention, Inc.	Assembler, I
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Jasmine	MVI MicroVention, Inc.	Project Group Leader
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Chris	MVI MicroVention, Inc.	Territory Sales Manager
Christopher	MVI MicroVention, Inc.	Territory Sales Manager
Carsten	MVI MicroVention, Inc.	CEO

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Scafford	MVI MicroVention, Inc.	VP, Global Quality
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Sapna	MVI MicroVention, Inc.	Director, Regulatory Affairs
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Nhi	MVI MicroVention, Inc.	Sr Assembler
Joseph	MVI MicroVention, Inc.	Sr Machinist
Milena	MVI MicroVention, Inc.	Sr Manager, IT SAP
Amy	MVI MicroVention, Inc.	VP, Global Regulatory Affairs
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Jose	MVI MicroVention, Inc.	Lead, Production
Swami	MVI MicroVention, Inc.	Sr Manager, Supply Chain
Dennis	MVI MicroVention, Inc.	Inspector I, QC
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Tyler	MVI MicroVention, Inc.	Specialist, Regulatory Affairs
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Souriya	MVI MicroVention, Inc.	Supervisor, Quality Control
Tahj	MVI MicroVention, Inc.	Engineer II, R&D
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Jorge	MVI MicroVention, Inc.	Specialist, Clinical Neurovascular Technology
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Carolyn	MVI MicroVention, Inc.	Corporate Counsel

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Trevor	MVI MicroVention, Inc.	Sr Specialist, Engineering
Jeffrey	MVI MicroVention, Inc.	Sr Technician, Manufacturing Process
Ann	MVI MicroVention, Inc.	Associate Director, Global Accounting
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Akihiro	MVI MicroVention, Inc.	Manager, Regulatory Affairs
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Alick	MVI MicroVention, Inc.	Sr Specialist, Regulatory Affairs
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Randall	MVI MicroVention, Inc.	Sr Technician, Microbiology Lab
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Nahal	MVI MicroVention, Inc.	Sr Engineer, R&D
Katherine	MVI MicroVention, Inc.	Sr Assembler
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Thanh	MVI MicroVention, Inc.	Sr Assembler
Lucie	MVI MicroVention, Inc.	Sr Director, Professional Affairs & Clinical Education
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Sambo	MVI MicroVention, Inc.	Associate Lead, Production
Sonny	MVI MicroVention, Inc.	Engineer II, R&D
Ambuja	MVI MicroVention, Inc.	Sr Engineer, R&D
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Hamed	MVI MicroVention, Inc.	Sr Engineer, R&D
Tony	MVI MicroVention, Inc.	Coordinator, Planning
Rosa	MVI MicroVention, Inc.	Sr Assembler
Dungdoan	MVI MicroVention, Inc.	Sr Assembler
Loan	MVI MicroVention, Inc.	Sr Assembler
Cindy	MVI MicroVention, Inc.	Technician I, R&D
Anhnguyet	MVI MicroVention, Inc.	Sr Assembler
Dung	MVI MicroVention, Inc.	Assembler, II
Ken	MVI MicroVention, Inc.	Technician II, Injection Molding
My	MVI MicroVention, Inc.	Assembler, II
Phuong	MVI MicroVention, Inc.	Assembler, II
Annie	MVI MicroVention, Inc.	Sr Assembler
Dung	MVI MicroVention, Inc.	Assembler, II
Thanh Tuyen	MVI MicroVention, Inc.	Sr Assembler
Randy	MVI MicroVention, Inc.	Assembler, II
Thuy Phuong	MVI MicroVention, Inc.	Assembler, I

Tuan	MVI MicroVention, Inc.	Sr Assembler
Thao	MVI MicroVention, Inc.	Assembler, II
Thach M	MVI MicroVention, Inc.	Sr Assembler
Kim	MVI MicroVention, Inc.	Assembler, II
William	MVI MicroVention, Inc.	Sr Assembler
Hung	MVI MicroVention, Inc.	Sr Specialist, Engineering
Tai	MVI MicroVention, Inc.	Assembler, I
Long	MVI MicroVention, Inc.	Assembler, I
Vivian	MVI MicroVention, Inc.	Sr Principal Engineer, R&D
Nga	MVI MicroVention, Inc.	Assembler, I
Hang	MVI MicroVention, Inc.	Assembler, II
Than	MVI MicroVention, Inc.	Assembler, I
Polly	MVI MicroVention, Inc.	Production Planner
Tam	MVI MicroVention, Inc.	Assembler, I
Kim-Ngoc	MVI MicroVention, Inc.	Assembler, II
Dung	MVI MicroVention, Inc.	Lead, Document Control
Regina	MVI MicroVention, Inc.	Sr Specialist, CAD
Minh	MVI MicroVention, Inc.	Sr Engineer, Equipment Design
Tram	MVI MicroVention, Inc.	Assembler, II
Nga	MVI MicroVention, Inc.	Assembler, II
Quang	MVI MicroVention, Inc.	Assembler, I
Minh	MVI MicroVention, Inc.	Assembler, I
Eric	MVI MicroVention, Inc.	Technician II, IT Support
Jeff	MVI MicroVention, Inc.	Associate Product Manager
Jennie	MVI MicroVention, Inc.	Sr Analyst, Financial Cost
Annie	MVI MicroVention, Inc.	Sr Specialist, Product Sterilization
An	MVI MicroVention, Inc.	Technician I, Manufacturing Process
Lizette	MVI MicroVention, Inc.	Assembler, I
Peter	MVI MicroVention, Inc.	Sr Specialist, Engineering
Natalie	MVI MicroVention, Inc.	Technician II, R&D
Phuong	MVI MicroVention, Inc.	Technician II, Manufacturing Process
Trang	MVI MicroVention, Inc.	Sr Technician, R&D
Hung Ngoc	MVI MicroVention, Inc.	Specialist II, Engineering
Thuy	MVI MicroVention, Inc.	Lead, Production
Lien	MVI MicroVention, Inc.	Sr Assembler
Van	MVI MicroVention, Inc.	Assembler, II
Binh	MVI MicroVention, Inc.	Specialist I, Business Excellence
Priscilla	MVI MicroVention, Inc.	Specialist II, Engineering
Frank	MVI MicroVention, Inc.	Manager, Post-Market Clinical Product Safety
Andy	MVI MicroVention, Inc.	Sr Analyst, Financial Cost
Stephanie	MVI MicroVention, Inc.	Sr Specialist, Sales Support
Nagesh	MVI MicroVention, Inc.	SVP, Global Clinical & Medical Affairs
Estela	MVI MicroVention, Inc.	Assembler II, Validation
Scott	MVI MicroVention, Inc.	Sr Buyer
Steve	MVI MicroVention, Inc.	Sr Director, Global Downstream Marketing
Magda	MVI MicroVention, Inc.	Sr Assembler
Derian	MVI MicroVention, Inc.	Lead, Production
Janet	MVI MicroVention, Inc.	Manager, Global Logistics & Trade Compliance
Nohemi	MVI MicroVention, Inc.	Sr Specialist, Engineering
Stephany	MVI MicroVention, Inc.	Specialist I, Sales Support
Omar	MVI MicroVention, Inc.	Clerk, Warehouse
Laura	MVI MicroVention, Inc.	Technician I, Manufacturing Process
Yosef	MVI MicroVention, Inc.	Product Manager
Hugo	MVI MicroVention, Inc.	Intern
Petr	MVI MicroVention, Inc.	Principal Scientist

Maria	MVI MicroVention, Inc.	Sr Assembler
Evelyn	MVI MicroVention, Inc.	Sr Engineer, R&D
Dana	MVI MicroVention, Inc.	Territory Sales Manager
Milad	MVI MicroVention, Inc.	Medical Writer
Laura	MVI MicroVention, Inc.	Associate General Counsel & Sr Director, Legal Affairs
Tamara	MVI MicroVention, Inc.	Sr Manager, Contracts, IP & Legal Affairs
Diwakar	MVI MicroVention, Inc.	Specialist, IT Applications Operations Systems
Melisa	MVI MicroVention, Inc.	Specialist I, Engineering
Daniel	MVI MicroVention, Inc.	Specialist, Clinical Education
Karen	MVI MicroVention, Inc.	Sr Assembler
Leonardo	MVI MicroVention, Inc.	Sr Technician, R&D
Angela	MVI MicroVention, Inc.	Sr Associate, IT Project
Andrea	MVI MicroVention, Inc.	Supervisor, Production
Christine	MVI MicroVention, Inc.	Assembler, II
Fernando	MVI MicroVention, Inc.	Consultant
Mark	MVI MicroVention, Inc.	Manager, Regional Sales
Stephanie	MVI MicroVention, Inc.	Assembler, I
Jennifer	MVI MicroVention, Inc.	Manager, Benefits
Dana	MVI MicroVention, Inc.	Sr Technician, Manufacturing Process
Huu	MVI MicroVention, Inc.	Inspector II, QC
Loan	MVI MicroVention, Inc.	Assembler, II
Ngoc	MVI MicroVention, Inc.	Assembler, II
Mai	MVI MicroVention, Inc.	Technician I, R&D
KimCuong	MVI MicroVention, Inc.	Sr Assembler
Helen	MVI MicroVention, Inc.	Sr Chemist, Manufacturing
Dong	MVI MicroVention, Inc.	Assembler, II
Trung	MVI MicroVention, Inc.	Technician II, Manufacturing Line Maintenance
Stephanie	MVI MicroVention, Inc.	Principal Buyer
Shirley	MVI MicroVention, Inc.	Staff Engineer
Huan	MVI MicroVention, Inc.	Master Machinist
Ngoc-Ha	MVI MicroVention, Inc.	Sr Assembler
Louis	MVI MicroVention, Inc.	Sr Assembler
Frank	MVI MicroVention, Inc.	Sr Assembler
John	MVI MicroVention, Inc.	Specialist I, Engineering
Denise	MVI MicroVention, Inc.	Sr Assembler
Christina	MVI MicroVention, Inc.	Assembler, II
Tony	MVI MicroVention, Inc.	Assembler, II
Ann	MVI MicroVention, Inc.	Specialist, Accounting
Binh	MVI MicroVention, Inc.	Technician II, Industrial Engineering
Tin	MVI MicroVention, Inc.	Associate Lead, Production
Minh	MVI MicroVention, Inc.	Handler, Production Materials
David	MVI MicroVention, Inc.	Assembler, I
Thanh	MVI MicroVention, Inc.	Assembler, II
Brian	MVI MicroVention, Inc.	Scientist I, Product Development
Natalie	MVI MicroVention, Inc.	Engineer I, EDP
Brian	MVI MicroVention, Inc.	Territory Sales Manager
Ken	MVI MicroVention, Inc.	Technician II, Chemical Manufacturing Engineering
Maricela	MVI MicroVention, Inc.	Specialist II, Engineering
Gavin	MVI MicroVention, Inc.	Engineer I, R&D
Phoebe	MVI MicroVention, Inc.	Specialist, IT Database Applications
Elaine	MVI MicroVention, Inc.	Sr Manager, Software Quality
Ivan	MVI MicroVention, Inc.	Principal Buyer
Leili	MVI MicroVention, Inc.	IT Change Manager
Paris	MVI MicroVention, Inc.	Sr Buyer

Yi	MVI MicroVention, Inc.	Principal Scientist, Clinical
Carol	MVI MicroVention, Inc.	Associate Director, Marketing Communications
Sheila	MVI MicroVention, Inc.	Director, Medical Affairs
Derek	MVI MicroVention, Inc.	Product Manager
Rod	MVI MicroVention, Inc.	Manager, International Regulatory Affairs
Laurie	MVI MicroVention, Inc.	Director, Employee Relations & HR Compliance
Tracey	MVI MicroVention, Inc.	Sr Analyst, Field Assurance
Cindy	MVI MicroVention, Inc.	Specialist I, Corporate Communications
Danielle	MVI MicroVention, Inc.	Specialist, Clinical Neurovascular Technology
Sarah	MVI MicroVention, Inc.	Sr Engineer, Manufacturing Process
Allison	MVI MicroVention, Inc.	Sr Specialist, Regional Marketing - CHAPLA
Douglas	MVI MicroVention, Inc.	Sr Medical Writer
Jazzmen	MVI MicroVention, Inc.	Territory Sales Manager
Shalomah	MVI MicroVention, Inc.	Manager, Clinical Data Management
Jeffrey	MVI MicroVention, Inc.	Sr Specialist, Labeling Design
Tadele	MVI MicroVention, Inc.	Specialist I, Engineering
Nga Ting	MVI MicroVention, Inc.	Sr Project Manager, R&D
Annie	MVI MicroVention, Inc.	Assembler, II
Deisy	MVI MicroVention, Inc.	Assembler, II
Joy	MVI MicroVention, Inc.	Sr Analyst, Financial
Jonathan	MVI MicroVention, Inc.	Manager, Regional Sales
Bunky	MVI MicroVention, Inc.	Specialist, Clinical Neurovascular Technology
Xinping	MVI MicroVention, Inc.	Sr Scientist
Yue	MVI MicroVention, Inc.	Staff Scientist
Jing	MVI MicroVention, Inc.	Sr Analyst, Procurement
Mark	MVI MicroVention, Inc.	Sr Director, North America Sales - West
Gucci	MVI MicroVention, Inc.	Staff Engineer, Mechanical (R&D)
Lisa	MVI MicroVention, Inc.	Manager, Healthcare Compliance
Alex	MVI MicroVention, Inc.	Trainer, Quality
Alexander	MVI MicroVention, Inc.	Administrator, IT Global Systems & Security
Mary	MVI MicroVention, Inc.	Inspector II, QC
Raymon	MVI MicroVention, Inc.	Project Group Leader
Kevin	MVI MicroVention, Inc.	Engineer II, R&D
Mark	MVI MicroVention, Inc.	Master Machinist
Razmik	MVI MicroVention, Inc.	Sr Inspector, QC
Leon	MVI MicroVention, Inc.	Sr Assembler
Simon	MVI MicroVention, Inc.	Sr Manager, Market Development
Mei	MVI MicroVention, Inc.	Assembler, II
Erin	MVI MicroVention, Inc.	Sr Product Manager
Janet	MVI MicroVention, Inc.	Sr Planner, Supply Chain
Sarah	MVI MicroVention, Inc.	Associate Director, Procurement
Royce	MVI MicroVention, Inc.	Sr Associate, Clinical Research
Mohammad	MVI MicroVention, Inc.	Associate Lead, Production
Jessica	MVI MicroVention, Inc.	Assembler, I
Lily	MVI MicroVention, Inc.	Sr Technician, Calibration
Estela	MVI MicroVention, Inc.	Sr Assembler
Francisco	MVI MicroVention, Inc.	Sr Technician, Chemical Manufacturing Engineering
Jose	MVI MicroVention, Inc.	Clerk, Warehouse
Ariana	MVI MicroVention, Inc.	Assembler, I
Juana	MVI MicroVention, Inc.	Sr Assembler
Lucila	MVI MicroVention, Inc.	Technician I, Manufacturing Process
Maria	MVI MicroVention, Inc.	Sr Assembler
Juan Pablo	MVI MicroVention, Inc.	Consultant
Mingyu	MVI MicroVention, Inc.	Principal Toxicologist
Lei	MVI MicroVention, Inc.	Analyst, Internal Controls

Lejia	MVI MicroVention, Inc.	Sr Buyer
Boyang	MVI MicroVention, Inc.	Sr Specialist, Regulatory Affairs (China)
Kathy	MVI MicroVention, Inc.	Sr Engineer, R&D
Julie	MVI MicroVention, Inc.	Assembler, II
Yiqun	MVI MicroVention, Inc.	Lead Medical Writer
Hongyan	MVI MicroVention, Inc.	Sr Medical Writer
Barbara	MVI MicroVention, Inc.	Sr Accountant, Fixed Assets
Jeffrey	MVI MicroVention, Inc.	Associate Clinical Specialist Neurovascular Technology

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Pierre Fabre Pharmaceuticals, Inc.

Physical Address: 8 Campus Drive, 2nd Floor

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.pierre-fabre.us

Name of Designated Representative (DR): Chester Ka Yan Lam

Licensing Company Email: PFP@slsny.com DR Email: chester.lam@pierre-fabre.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer - Virtual
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	12/06/2017	AL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
17-L-0090	Alabama State Board of Pharmacy

Reason/Charge
Violations of the Alabama Pharmacy Practice Act

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Pierre Fabre Pharmaceuticals, Inc.

Provide explanation below:

Violated Code of Alabama - involved in the distribution of drug products in the state of AL without a current or valid permit to do so.

Original Signature (electronic, copies or stamps not accepted) Mathieu P Clement

4/6/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	03/20/2018	FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2018-007941	Florida Department of Business and Professional Regulation

Reason/Charge
Violation of Section 499.0121(10) Florida Statute (2017)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Pierre Fabre Pharmaceuticals, Inc.

Provide explanation below:

Violated Section 499.0121(10) Florida Statute (2017) by failing to operate in compliance with applicable state law, specifically Section 34-23-32 Code of Alabama

Original Signature (electronic, copies or stamps not accepted) Mathieu P Clement

4/6/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	09/17/2018	MD		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Maryland State Board of Pharmacy

Reason/Charge
Shipping into MD w/out a permit

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pierre Fabre Pharmaceuticals, Inc.	

Name of Business/Industry/Entity

Provide explanation below:

Admin fine of $5000 for not having a Distributor license

4/6/23

Original Signature (electronic, copies or stamps not accepted) Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	12/12/2018	FL		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2018-054777 & 2018-054783		Florida Department of Business and Professional Regulation		
Reason/Charge				
Violation of Section 499.0121(10) Florida Statute (2017)				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				
Pierre Fabre Pharmaceuticals, Inc.				

Provide explanation below:

Florida served domino discipline based upon Pierre Fabre Pharmaceuticals, Inc. not having a Distribution permit in Maryland

Original Signature (electronic, copies or stamps not accepted) Mathieu P Clement

4/6/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
	11/05/2020	GA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2020-0139	Georgia State Board of Pharmacy

Reason/Charge
Failure to notify board of location change

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Pierre Fabre Pharmaceuticals, Inc.

Provide explanation below:

Received Admin Fine of $5000 for continuing to ship into Georgia after location change, and before an application for change of location was submitted to the board.

Original Signature (electronic, copies or stamps not accepted) Mathieu P Clement

4/6/23
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: FARMEA
Address: 10 Bouche Thomas st, Zac D'orgemont City: Angers State: N/A Zip: 49007

Name:
Address: City: State: Gers Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

N/A **Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Pierre Fabre USA Inc.
Corporation/Organization Name: Pierre Fabre Pharmaceuticals, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: PFP@slsny.com
Contact Person Name: Christine Cannon

N/A **Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A **Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 64370	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Pierre Fabre USA Inc. 100% sole ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No MDEG	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No MDEG	✓	✓	✓	✓
N/A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)**				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Pierre Fabre Pharmaceuticals, Inc.

Facility Name

Mathieu P Clement

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/6/23

Date

Board Use Only	Date Received: 4-17-23	Amount: 1000.00 CK-342

AL Case# 17-L-0090
Consent Order

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
PIERRE FABRE PHARMACEUTICALS, INC.	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Virtual Permit No. 193303	)	**CASE NO: 17-L-0090**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Pierre Fabre Pharmaceuticals, Inc. (hereinafter referred to as "Pierre Fabre") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) counsel for the Board and a representative of Pierre Fabre have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Pierre Fabre violated the applicable provisions based upon the conduct set out in Count One of the Statement.

2. Pierre Fabre shall pay to the Board an administrative fine in the amount of Three Thousand dollars ($3,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Pierre Fabre shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Pierre Fabre expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Pierre Fabre further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Pierre Fabre hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That Pierre Fabre agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Pierre Fabre acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Pierre Fabre acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 6th day of December, 2017.

Pierre Fabre Pharmaceuticals, Inc.

By: _____

Its: _____

DONE this the 6th day of December, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

FL Case# 2018-007941
Final Order

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 5/4/2018
File # 2018-03334

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case No.: 2018-007941**

PIERRE FABRE PHARMACEUTICALS, INC.,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Pierre Fabre Pharmaceuticals, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves an alleged violation of Section 499.0121(10), Florida Statutes (2017), by failing to operate in compliance with applicable state law, specifically 34-23-32, Code of Alabama.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

[SIGNATURE PAGE AND CERTIFICATE OF SERVICE FOLLOW]

DONE and ORDERED this 3rd day of May, 2018 in Tallahassee, Florida.

JONATHAN ZACHEM, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Drew F. Winters
Division Director
Drugs, Devices, and Cosmetics

Prepared by:
Andrew Butler
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: Pierre Fabre Pharmaceuticals, Inc., c/o CT Corporation System, Registered Agent at 1200 S. Pine Island Road, Plantation, Florida 33324 this 4th day of May, 2018.

By: _____
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

PIERRE FABRE PHARMACEUTICALS, INC.,

Respondent.
_____/

Case No.: 2018-007941

RECEIVED
APR 20 2018
Drugs, Devices and Cosmetics

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2018-007941 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices; and Cosmetics (hereinafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Pierre Fabre Pharmaceuticals, Inc. (hereinafter, "Respondent") is permitted by the Department to operate as a nonresident prescription drug manufacturer and as a complimentary drug distributer, at 8 Campus Drive, 2nd Floor, Parsippany, New Jersey 07054, having been issued permit numbers 26:596 and 40:766, respectively.

2. Respondent was issued a Notice of Violation on March 20, 2018, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

3. Respondent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

4. Respondent admits that the allegations, if proven, would constitute violations of Chapter 499, Florida Statutes.

SETTLEMENT TERMS

5. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes, and the rules adopted pursuant thereto.

6. Respondent agrees to pay a settlement amount of one-thousand dollars ($1,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics, 2601 Blair Stone Road, Tallabassee, Florida, 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

7. The acceptance of this settlement agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

8. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which

disciplinary action may be taken.

9. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2018-007941. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided that the final order does not conflict with this agreement.

11. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

12. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

13. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

14. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

15. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics and has no force or effect until the Division accepts this agreement and adopts it in a final order.

16. The signatories hereto are vested with the authority to execute this agreement on

behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

PIERRE FABRE PHARMACEUTICALS, INC.,

By: _____

Name: Nick Pizzie

Title: CFO

Date: 4/17/18

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Drew F. Williams

Title: Division Director

Date: 5-3-2018

MD- Discipline - Resolved.

IN THE MATTER OF	*	**BEFORE THE**
PIERRE FABRE PHARMACEUTICALS	*	**MARYLAND STATE**
	*	**BOARD OF PHARMACY**
PERMIT NO. D06266	*	

* * * * * * * * * * * *

CONSENT ORDER

Background

The Maryland Board of Pharmacy (the "Board") received credible information indicating that Pierre Fabre Pharmaceuticals (the "Distributor"), a wholesale drug distributor licensed in Maryland under Permit No. D06266, had been disciplined by the Alabama Board of Pharmacy on December 6, 2017, for distributing drug products into Alabama without a current or valid permit. Subsequently, the Board received further information evidencing that the Distributor shipped prescription drugs into Maryland prior to obtaining a Maryland permit.

In lieu of instituting formal proceedings against Pierre Fabre Pharmaceuticals, in accordance with the Maryland Pharmacy Act, Md. Code Ann., Health Occ. § 12-101 *et seq.*, the Board and Pierre Fabre Pharmaceuticals have agreed to resolve this matter as set forth in this Consent Order.

FINDINGS OF FACT

1. At all times relevant, the Distributor was a wholesale distributor located in Persippany, New Jersey.
2. On or about December 6, 2017, the Board issued a wholesale distributor's permit to Pierre Fabre Pharmaceuticals. The Distributor's permit is active and expires on

May 31, 2019.

3. On or about February 8, 2018, the Board received a self-report from the Distributor disclosing that it had been disciplined by the Alabama Board of Pharmacy on December 6, 2017, for distributing drug products into Alabama without a current or valid permit to do.
4. Subsequently, the Board obtained shipping records from the Distributor which revealed that the Distributor shipped approximately 103 prescription drug products, none of which were controlled dangerous substances, into Maryland prior to obtaining a wholesale distributor's permit from the Board.
5. The Distributor has since conducted a gap analysis of its operations and have engaged consultant services to appropriately manage its licensing processes.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that Pierre Fabre Pharmaceuticals, is subject to discipline in accordance with Md. Code Ann., Health Occ. §§ 12-6C-03 and 12-6C-11 and COMAR 10.34.22.05A(4).

ORDER

Based upon an affirmative vote of a majority of the Board under the authority of Md. Code Ann., Health Occ. § 12-6C-11 and COMAR 10.34.22.05, it this 17th day of September, 2018, hereby,

ORDERED that Pierre Fabre Pharmaceuticals, Permit No. D06266, shall pay a FINE in the amount of FIVE THOUSAND DOLLARS ($5,000.00), payable to the Maryland Board of Pharmacy within thirty (30) days of the date of this Order, and sent to:

Wells Fargo Bank
Attn: State of Maryland – Board of Pharmacy
Lockbox 2051
7175 Columbia Gateway Drive
Columbia, Maryland 21046
(Please include the Case Number 18-183 to ensure proper assignment.)

; and be it further,

ORDERED that Pierre Fabre Pharmaceuticals shall comply with all laws and regulations governing the wholesale distribution of prescription drugs and devices into, out of, and within the State of Maryland; and be it further,

ORDERED that in the event that Pierre Fabre Pharmaceuticals violates any of the terms above, the Board, after notice and an opportunity for a hearing, and a determination of a violation, may impose any disciplinary sanction it deems appropriate, including suspension, revocation, and fines, said violation being proven by a preponderance of the evidence; and be it further,

ORDERED that this is a formal order and as such is a public document pursuant to Md. Code Ann., General Provisions Art. § 4-301 *et seq.*

9-17-18
Date

Deena Speights-Napata
Executive Director for:

Kevin Morgan, Pharm.D.
Board President

CONSENT

1. By signing this Consent, Pierre Fabre Pharmaceuticals submits to the foregoing Consent Order as a resolution of this matter and agree to be bound by its terms and conditions.

2. Pierre Fabre Pharmaceuticals acknowledges the validity of this Consent Order as if it were made after a hearing in which it would have had the right to counsel, to confront witnesses, and to all other substantial procedural protections provided by law.

3. Pierre Fabre Pharmaceuticals acknowledges that, by entering into this Consent Order, Pierre Fabre Pharmaceuticals is waiving its right to appeal any adverse ruling of the Board that might have followed such an evidentiary hearing.

4. Pierre Fabre Pharmaceuticals acknowledges the legal authority and the jurisdiction of the Board to enter and enforce this Consent Order.

5. Pierre Fabre Pharmaceuticals signs this Consent Order freely and voluntarily, after having had the opportunity to consult with counsel. Pierre Fabre Pharmaceuticals fully understands the language, meaning, and effect of this Consent Order.

09/12/2018
Date

Name: LAURENT-EMMANUEL SAFFRÉ
Title: PRESIDENT & CEO

STATE OF NEW JERSEY,
COUNTY/CITY OF Morris/Parsippany

I hereby certify that on this 12 day of September, 2018, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared Laurent Emmanuel Saffre and made an oath in due form that the foregoing Consent was his/her voluntary act and deed on behalf of Pierre Fabre Pharmaceuticals.

Justine Westrich
Notary Public
My commission expires: 5/29/19

JUSTINE WESTRICH
NOTARY PUBLIC OF NEW JERSEY
ID # 2446777
My Commission Expires 5/29/2019

FL Case #s 2018-054777 and 2018-054783
Final Order

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 12/14/2018
File # 2018-10158

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

Case Nos.: 2018-054777
2018-054783

PIERRE FABRE PHARMACEUTICALS, INC.,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Pierre Fabre Pharmaceuticals, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves an alleged violation of Section 499.0121(10), Florida Statutes (2017), by failing to operate in compliance with applicable state law, specifically Maryland Code, Health Occupations, Section 12-6C-03.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

[SIGNATURE PAGE FOLLOWS]

DONE and ORDERED this 12th day of December, 2018 in Tallahassee, Florida.

JONATHAN ZACHEM, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Drew F. Winters
Division Director
Drugs, Devices, and Cosmetics

Prepared by:
Andrew Butler
Assistant General Counsel
Division of Drugs, Devices, and Cosmetic

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Pierre Fabre Pharmaceuticals, Inc., c/o CT Corporation System, Registered Agent, at 1200 S. Pine Island Rd., Plantation, Florida 33324 this 14th day of December, 2018.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

PIERRE FABRE PHARMACEUTICALS, INC.,

Respondent.
_____/

RECEIVED
DEC 10 2018
DDC - LEGAL

Case Nos.: 2018-054777
2018-054783

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case numbers 2018-054777 and 2018-054783 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Pierre Fabre Pharmaceuticals, Inc. (hereinafter, "Respondent") is permitted by the Department to operate as a nonresident prescription drug manufacturer and as a complimentary drug distributor, at 8 Campus Drive, 2nd Floor, Parsippany, New Jersey 07054, having been issued permit numbers 26:596 and 40:766, respectively.

2. Respondent was issued a Notice of Violation on November 13, 2018, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

3. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

4. Respondent admits that the allegations, if proven, would constitute violations of Chapter 499, Florida Statutes.

SETTLEMENT TERMS

5. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

6. Respondent agrees to pay a settlement amount of one-thousand dollars ($1,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida, 32399-1047, Attention: Tammy Shaw, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

7. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

8. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

9. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case numbers 2018-054777 and 2018-054783. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

11. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

12. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

13. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

14. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

15. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

16. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such

principals.

PIERRE FABRE PHARMACEUTICALS, INC.,	FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,
By: _____	By: _____
Name: Mathieu Clement	Name: Drew E. Williams
Title: CFO	Title: Division Director
Date: _____	Date: 12-12-2018

GA Case# 2020-00139
Consent Order

BEFORE THE GEORGIA STATE BOARD OF PHARMACY

IN THE MATTER OF:	*	
	*	
PIERRE FABRE PHARMACEUTICALS, INC.	*	**DOCKET NO.**
	*	
	*	
Applicant.	*	

GEORGIA STATE BOARD OF PHARMACY
NOV 24 2020
DOCKET NO. 2020-0139

CONSENT ORDER FOR REGISTRATION AS WHOLESALER PHARMACY

By agreement of the Georgia State Board of Pharmacy ("Board") and Pierre Fabre Pharmaceuticals, Inc. ("Applicant") the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. T. 26, Ch. 4.

FINDINGS OF FACT

1.

On or about April 26, 2006, Applicant was licensed under License No. PHWH002285 as a wholesaler pharmacy in the State of Georgia. Applicant changed its location approximately over four years ago without filing a proper change in location application with the Board. On or about July 15, 2020, Applicant submitted an application for change of location with the Board.

2.

Applicant continued to ship medication products after the change of location and before the application for the change in location was submitted to the Board.

3.

Applicant waives any further findings of facts in this matter.

CONCLUSIONS OF LAW

Under O.C.G.A. T. 26, Ch. 4, the application for a wholesaler pharmacy license can be denied by the Board. Applicant waives any further conclusions of law with respect to this matter in Georgia, but reserves the right to contest this matter and the allegations herein in other jurisdictions and courts of law.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ORDERED, and the Applicant hereby AGREES, that Applicant shall be granted a new license to operate as a wholesaler pharmacy under the following terms and conditions:

1.

The Applicant shall submit to the Board an administrative fine in the amount of five thousand dollars (5,000.00) payable within ninety (90) days from the effective date of this Consent Order. Payment shall be in the form of a cashier's check or money order made payable to the Georgia State Board of Pharmacy and sent to the Board at 2 Peachtree Street, N.W., 6th Floor, Atlanta, Georgia 30303. The Applicant's failure to pay the administrative fine by the ninetieth day shall subject Applicant's license to further disciplinary action, including revocation.

2.

This Consent Order shall constitute a PUBLIC REPRIMAND.

3.

Approval of this Consent Order by the Georgia State Board of Pharmacy shall in no way be construed as condoning the Applicant's alleged conduct, and shall not be construed as a waiver of any of the lawful rights possessed by the Board. This Consent Order shall not become effective until approved and docketed by the Georgia State Board of Pharmacy.

4.

Agent of Applicant, Pierre Fabre Pharmaceuticals, Inc. acknowledges he/she has read this Consent Order and understands its contents. Applicant understands that Applicant has a right to an appearance in this matter, and Applicant freely, knowingly and voluntarily waives such right by entering into this Consent Order. Applicant understands that this Consent Order will not become effective until approved and docketed by the Georgia State Board of Pharmacy. Applicant further understands and agrees that the Board shall have the authority to review all relevant evidence in considering this Consent Order. Applicant further understands that this Consent Order, once approved, shall constitute a public record of the Board and may be disseminated as such. Applicant further understands that if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and sanctions contained herein.

(signatures continue on next page)

Approved, this 18th day of November, 2020



(BOARD SEAL)

GEORGIA STATE BOARD OF PHARMACY

BY: Bruce Michael Faulk
~~LISA C. HARRIS~~ Bruce Michael Faulk, R.Ph.
Vice President **with express permission by Eric Lacefield, Executive Director**

ATTEST: E R L
ERIC R. LACEFIELD
Executive Director

CONSENTED TO:

Mathieu Clement
AGENT, ON BEHALF OF
Applicant
PIERRE FABRE PHARMACEUTICALS, INC.

AS TO SIGNATURE OF AGENT ON BEHALF OF APPLICANT
Sworn to and subscribed before me
this 5th day of November, 2020.

NOTARY PUBLIC
My commission expires: 6/17/2021

#1217039

DANIEL R. THOMAS
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 6/17/2021

REACHING OUR
TRUE POTENTIAL

Pierre Fabre Pharmaceuticals, Inc.

Pierre Fabre USA, Inc.

List of Officers

Melissa Morris Bacallao	CEO, President
Mathieu Clement	CFO, Vice President & Secretary

Mathieu Clement
CFO, Vice President & Secretary

Pierre Fabre
Pharmaceuticals Inc.

Pierre Fabre Dermo-Cosmetique S.A

45 place Abel Gance, Boulogne

Billancourt FRANCE

US Identity # 98-0407542

Privately Held Company

100%

Pierre Fabre USA Inc.

8 Campus Drive

2nd Floor – Ste. 202

Parsippany, NJ 07054

FEIN 22-3374070

Privately Held Company

100%

Pierre Fabre Pharmaceutical, Inc.

8 Campus Drive

2nd Floor

Parsippany, NJ 07054

FEIN 20-3804871

Privately Held Company

Company Particulars

Pierre Fabre

Pierre Fabre Pharmaceuticals, Inc.

Corporate Address: 8 Campus Drive, 2nd Floor, Parsippany , NJ 07054 USA
FEIN: 20-3804871
www.pierre-fabre.us

Drug Labeler Code: 64370
Incorporation State: DE
Incorporation Date: 04/08/2005

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
CAM	8 Campus Drive 2nd Floor Parsippany, NJ 07054 County: Morris County	N/A	N/A - No CS	968997101	No	(973) 647-1600	(973) 898-6573

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Chester Ka Yan Lam	8 Campus Drive 2nd Floor Parsippany , NJ 07054	Designated Representative		[redacted]		

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Pierre Fabre USA Inc.	8 Campus Drive 2nd Floor, Ste. 202 Parsippany, NJ 07054	N/A	100	N/A	22-3374070	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Mathieu P Clement	[redacted]Stafford Place Larchmont, NY 10538	CFO, Vice President & Secretary	No	[redacted]		
Melissa Morris Bacallao	[redacted]N Chatsworth Ave Larchmont, NY 10538	CEO & President	No	[redacted]		

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation System			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Cardinal Health 105, LLC dba Specialty Pharmaceutical Services (501 Mason)	501 Mason Road Ste. 200 LaVergne, TN 37086					

Disciplinary History: AL 2017, FL 2018, MD 2018, FL 2018

Formation (DE) Good Standing

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIERRE FABRE PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIERRE FABRE PHARMACEUTICALS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF APRIL, A.D. 2005.

Jeffrey W. Bullock, Secretary of State

3952697 8300

SR# 20230316223

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202616752

Date: 01-31-23

Home State
Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

PIERRE FABRE PHARMACEUTICALS, INC.
0100958071

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on February 02, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of February, 2023

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6139861036

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Home State License
Online Verification

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/20/2023

Registration Number: 5004567 **Registered as:** Manufacturer and Wholesale
Name: PIERRE FABRE PHARMACEUTICALS
DBA:
Address: 8 CAMPUS DR - 2ND FL , PARSIPPANY, NJ 07054
Original Issue Date: 10/04/2013 **Expiration Date:** 01/31/2024
Current Issue Date: 10/21/2022
Disciplines: No

Mackenzie Winne - All Ope... > 77477

Reply | Add note | Forward | Close | Merge | Delete

Overdue

RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

DOH-PHFPP reported via email

18 days ago (Fri, 11 Sep 2020 at 4:44 PM)

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

Jennifer Steffee | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

NJ letter- No official Vol's

Proof of Labeler code NDC# 64370

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through April 11, 2023

You have searched Finished drug products

Search Results: *'64370'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	En Mi Da
HEMANGEOL	64370-375-01	4.28 mg/mL	SOLUTION	ORAL	NDA205410	Pierre Fabre Pharmaceuticals, Inc.	64370-375	propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/14/2014	N/A
HEMANGEOL	64370-375-50	4.28 mg/mL	SOLUTION	ORAL	NDA205410	Pierre Fabre Pharmaceuticals, Inc.	64370-375	propranolol hydrochloride	PROPRANOLOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/14/2014	N/A

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified 4/26/23

Pierre Fabre Pharmaceuticals
Employee List

Abdulla	Hoda	
Ackerman	Monica	
Alvarez	Madeleine	
Appolonia	Patrick	
Arden	Tanner W	
Bacallao	Melissa Morris	(Lisa Morris)
Baldwin	Alinda	
Barnes	Sarah	
Barr	Nicole A	
Bassett	Dylan	
Beauchamp	Michael	
Berger	Laura	
Black	Jason Bjorn	
Blakeley	Brooke	
Boes	Sharon	
Bookman	Joshua	
Boren	Lisette	
Cade	Brent H.	
Chhabra	Navjeet	
Chidrawar	Priya	
Cinco	Delfina	
Cleary	Dana M	
Clement	Mathieu	
Corvi	Jena	
Craveiro	Mateus	
D'Ambra	Chloe	
DaVanzo	Sarah	
Delannoy	Olivier A.	
Dembeck	Gregory	
Denver	Marina Janet	
Deus	Rachel Ann	
DiFabrizio	Danielle	
Dowling	Trisha	
Drury	Megan	
Duchnowski	Heidi	
Dugas	Michelle Renee	
Dunkley	Jennifer M.	
Durkin	Heather	
Espinoza	Tommy	
Ferguson	Megan Kathleen	
Fernandez	Kelvin	
Frasch	Heather Amanda	
Froyen	Kylie	
Gaffey	George	
Golding	Matthew	
Guttridge	Thomas Stanley	
Haigh-Walsh	Kimberly	
Haikin	Maya	

Happee	Nicole
Haskell	Tracey
Hezekiah	Charles
Hurd	Lynn
Jameson	Erin
Jarrin	Ashley
Joie	Emilie
KWON	SANDI
Kagan	Victoria
Kappel-Weiss	Helene
Kellner	Madelyn
Kivior	James
Konrad	Matthew
Koramoni	Manoj Kumar
Korniyenko	Oksana
Kunadia	Neeta K
Lam	Chester
Lanza III	Joseph Lawrence
Lattimer	Hillarie
Laurencot	Camille R
Lee	Nikki
Levy	Marni
Luyk	Barry
Marceau	Kerrie S
May	Ashley Elizabeth
McCall	Kristin
McGarry	Barbara
Mejia	Arlene
Messina	Katherine
Mills	Kacey
Morris	Laura
Nimbley	Arthur
O'Connell	Heather
O'Malley	Michaela
Otero	Maria
Pastorkovich	Joseph
Perreu	Aline
Petrosillo	Jeffrey P
Pierre	Sarah
Pletkovich	Thomas Preston
Poulos	Connie
Reinhart	Marisa J
Robertshaw	Beth
Rubinstein	Jaclyn
Sands	Claire
Schoen	Michele
Schutte	Aubrey
Serrain	Margaux

Shah	Akanksha
Sherman	Jamie
Smith	Jaclyn Hoesch
Stasiak	Olivia
Stuckey	Lara
Suarez	Elena Melissa
Sullivan	Mark J.
Svirskaya	Oksana
Szabo	Marianna
Takara	Andrew Kasembeli
Taylor-Sanders	Gayle
Thompson	Gina
Tironi	Marlina
Tobar	Lina
Tokuda	Shirley
Tseng	Grace
Turner	Michelle R.
Vorherr	Jeffrey
Westrich	Justine
Yu	Sarah

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pierre Fabre Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 8 Campus Drive, 2nd Floor

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.pierre-fabre.us

Licensing Company Email: PFP@slsny.com

Section 2: Personal Information

First: Chester Middle: Ka Yan Last: Lam

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]196th Place

City: Fresh Meadows State: NY Zip: 11366

Telephone: [redacted] Email: chester.lam@pierre-fabre.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. John's University, College of Pharmacy and Health Sciences		08/2012 - 05/2018	
Address	**City**	**State**	**Zip**
8000 Utopia Pkwy	Queens	NY	11439
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD) - Cum Laude			

School Name		From - To (MM/YY – MM/YY)	
Francis Lewis High School		09/2008 - 06/2012	
Address	**City**	**State**	**Zip**
73-67 196 Place	Fresh Meadows	NY	11365
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/99 - Present	[redacted] 196th Place	Fresh Meadows 1hr 30 min. from facility	NY	11366
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Pierre Fabre Pharmaceuticals, Inc.			March 2021 - present	
Business Address		City	State	Zip
8 Campus Drive, 2nd Floor		Parsippany	NJ	07054
Phone	Title		Number of Employed Hours	
(973) 647-1600	Designated Representative		~ 4,160 hrs	
Description of Duties Ensure that collection, reporting and handling of Pierre Fabre products' safety info adheres to internal and regulatory requirements; maintain oversight of safety risk management and all other pharmacovigilance and/or Cosmetovigilance activites; ensures PV/CV compliance and inspection readiness across all affiliate functions; oversee handling and tracking of medication info requests; Coordinate and organize, at the national/area level and in liaison with the Corporate Vigilances Division (CVD) and/or Corporate Cosmetovigilance department (CCD), all activities in relation with the oversight of the safety profile				

Business Name			From - To (MM/YY – MM/YY)	
Target Pharmacy/CVS			May 2019 - present	
Business Address		City	State	Zip
135-05 20th Ave		College Point	NY	11356
Phone	Title		Number of Employed Hours	
(718) 661-2303	Registered Pharmacist - per diem		~ 8,000 hrs	
Description of Duties Provide clinical and academic knowledge; orchestrate patient-focused care, counseling and health-related services; process and provide final verification for all prescriptions				

Business Name			From - To (MM/YY – MM/YY)	
Taro Pharmaceuticals			08/2019 - 03/2021	
Business Address		City	State	Zip
3 Skyline Dr		Hawthorne	NY	10532
Phone	Title		Number of Employed Hours	
(914) 345-9001	Senior Associate, Pharmacovigilance		~ 3,120 hrs	
Description of Duties Oversaw triage, data entry, and medical review of all spontaneous adverse event reports via ARGUS safety database to ensure complete quality output on marketed and investigational products; Spearheaded the role in evaluating scientific literature for relevant adverse events; maintained US Adverse Event database and submission of all expedited adverse event reports to the FDA; managed Periodic Safety Reporting w/ the FDA				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Chester Ka Yan Lam, **certify that as the designated representative for**

Pierre Fabre Pharmaceuticals, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CL I am at least 21 years of age;
3. CL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chester Ka Yan Lam
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chester Ka Yan Lam
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/2023
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Chester Ka Yan Lam, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature Chester Ka Yan Lam

3/28/2023
Date

Subscribed and Sworn to before me this 28 day of March.

JUSTINE WESTRICH
NOTARY PUBLIC OF NEW JERSEY
Commission # 2446777
My Commission Expires 5/23/2024

Notary Public Signature

(Seal)

Bond
$25k

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBJA1886

Application/License No. _____

Pierre Fabre Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8 Campus Drive, Suite 202, Parsippany, NJ 07054 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1776 on the Green, 67 Park Place East, Morristown, NJ 07960 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 2, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

13BSBJA1886

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of March, 2023.

APPLICANT/PRINCIPAL

Pierre Fabre Pharmaceuticals, Inc.

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Jessica Ciccone, Attorney-in-fact
print name

HARTFORD FIRE INSURANCE CO. INCORPORATED 1810

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: A J GALLAGHER RISK MGMNT SVCS LLC
Agency Code: 13-656536

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Jessica Ciccone
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 13BSBJA1886
Naming Pierre Fabre Pharmaceuticals, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of March 14, 2023.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

4W

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Sanofi-Aventis U.S. LLC

Physical Address: 55 Corporate Drive

City: Bridgewater State: NJ Zip: 08807

Mailing Address (if different from physical address): 55 Corporate Drive, Attn. Kara McMahon, Manager of State Licensing Operations.

City: Bridgewater State: NJ Zip: 08807

Telephone: 908-981-5000 Website: www.sanofi.com

Name of Designated Representative (DR): Stefan Jens Roehr

Licensing Company Email: kara.McMahon@sanofi.com DR Email: Stefan.Roehr@sanofi.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: Non controlled prescription drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . Provide all the following *where applicable*: NOT APPLICABLE

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	N/A

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below: Not Applicable.

Original Signature (electronic, copies or stamps not accepted)

March 16, 2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: See attached.

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓

• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Sanofi-Aventis U.S. LLC

Facility Name

Stefan Jens Roehr

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted) Date

March 16, 2023

Received - 3-23-23 Amt - 1,000.00 - CC

Billing Address:

55 Corporate Drive, Bridgewater NJ 08807

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/22/2023

Registration Number: 5003607 **Registered as:** Manufacturer and Wholesale

Name: SANOFI-AVENTIS U.S. LLC

DBA:

Address: 55 CORPORATE, BLDG A DR, BRIDGEWATER, NJ 08807

Original Issue Date: 03/14/2008 **Expiration Date:** 01/31/2024

Current Issue Date: 12/06/2022

Disciplines: No

Additional Registered Addresses:
2500 SOUTHPOINT DR, FOREST PARK, GA 30297
1025 SANDHILL RD, RENO, NV 89521
50 STAUFFER INDUSTRIAL PK , TAYLOR, PA 18517

Description of Activities

Sanofi-Aventis US LLC
55 Corporate Dr.
Bridgewater, NJ 08807

Sanofi-Aventis US LLC (Sanofi) is a virtual manufacturer of non-controlled prescription drugs located in NJ. Sanofi is an FDA-registered manufacturer that utilizes affiliated entities to physically manufacture and distribute its prescription drugs.

Sanofi's Bridgewater, NJ location never physically handles any of its products. This location functions as the corporate headquarters and may be listed on its product labels and invoices. All corporate-level related activities take place at the Bridgewater, NJ locaton. These activities include, but are not limited to, the following:

Legal
Marketing
Tax/Insurance
Customer Service
Quality
Supply Chain/ Planning
Regulatory
Government Affairs
Finance
Human Resources

Third Party/Affiliated Distributors:

Sanofi-Aventis US LLC (affiliate)
Address: 50 Stauffer Industrial Park, Taylor, PA 18517
Contact Person: Ross Treible; Telephone #: 570-562-7011

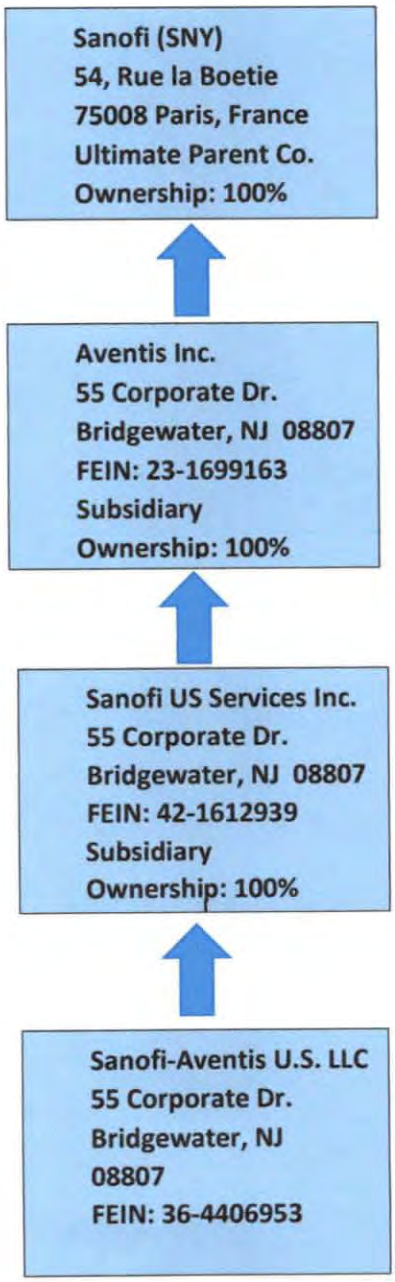
Sanofi-Aventis US LLC (affiliate)
Address: 2500 Southpoint Drive, Forest Park, GA 30297
Contact Person: Kamara Hirni; Telephone #: 404-675-3685

Sanofi-Aventis US LLC (affiliate)
Address: 1025 Sandhill Road, Reno, NV 89521
Contact Person: Steve DeLong; Telephone #: 775-325-9315

Ownership Organizational Chart

For

Sanofi-Aventis U.S. LLC



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

WAYNE G MCVAUGH

AON RISK SERVICES CENTRAL, INC.
1650 MARKET ST STE 1000
PHILADELPHIA, PA 19103-7306

is authorized to transact business as described above

License No: 500206 Issue Date: 08-15-2006 Expiration Date: 09-01-2024

Generated by Sircon 243391019

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

WAYNE G MCVAUGH
AON RISK SERVICES CENTRAL, INC., 1650 MARKET ST STE 1000, PHILADELPHIA, PA 19103-7306

LICENSE NUMBER: 500206

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 08-15-2006 Expiration Date: 09-01-2024

Generated by Sircon 243391019

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SANOFI-AVENTIS U.S. LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SANOFI-AVENTIS U.S. LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3264746 8300

SR# 20230534187

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202720680

Date: 02-15-23

Sanofi-Aventis U.S. LLC		
55 Corporate Drive, Bridgewater, NJ 08807 Somerset County Main Phone: 908-981-5000 Fax: 908-981-7818 www.sanofi.us		
Officer Name	**Officer Title**	**Ownership**
Huang, Philip	Vice President	0%
Roehr, Stefan	Vice President, Head of Global Supply Chain NA	0%
Tolpa, Michael J.	Vice President, Treasurer	0%

Officer List

Michael J Tolpa
Vice President, Treasurer

Corporate Address
55 Corporate Dr.
Bridgewater, NJ 08807
Somerset County
Main Phone: 908-981-5000
Fax: 908-981-7818
Website: www.sanofi.us
Email:
Michael.Tolpa@sanofi.com

Resident Address
[redacted]Pinehurst Circle, Annandale, NJ 08801

DOB: [redacted]
SS#: [redacted]
POB: United States
Mobile Phone: [redacted]

Stefan Jens Roehr
Vice President, Head of Global Supply Chain NA

Corporate Address
55 Corporate Dr.
Bridgewater, NJ 08807
Somerset County
Main Phone: 908-981-5000
Fax: 908-981-7818
Website: www.sanofi.us
Email:
Stefan.Roehr@sanofi.com

Resident Address
[redacted]Delaware Rd. Whitehouse Station, NJ 08889

DOB: [redacted]
SS#: [redacted]
POB: Frankfurt, Germany
Dual Citizenship: Germany / US
DL#: [redacted](NJ)
Mobile Phone: [redacted]

Previous Address:
1. Brazil (October 2011 - April 2016): Rua Martiniano de Carvelho [redacted]Apt [redacted]BL [redacted], Bela Vista, Sao Paulo, Sao Paulo CEP 01321-000 Brazil
2. New Jersey (April 2016 - Present) [redacted]Delaware Road, Whitehouse Station, New Jersey United States 08889

Philip L. Huang
Vice President, Country Quality Head US

Corporate Address
55 Corporate Dr.
Bridgewater, NJ 08807
Somerset County
Main Phone: 908-981-5000
Fax: 908-981-7818
Website: www.sanofi.us
Email:
Philip.Huang@sanofi.com

Resident Address
[redacted]Settlers Ct.
Maple Glen, PA 19002

DOB: [redacted]
SS#: [redacted]
POB: United States
DL#: [redacted](PA)
Mobile Phone: [redacted]

Licenses
Sanofi-Aventis U.S. LLC
55 Corporate Drive, Bridgewater NJ 08807

State	License	License Type	Expiration	Status
Arizona	M002187	Manufacturer (Sub Type: Virtual)	10/31/2024	Active
Arkansas	WD05780	Wholesaler	12/31/2024	Active
Florida	26374	Non-Resident Rx Drug Manufacturer	7/31/2024	Active
Florida	261124	Non-Resident Rx Drug Manufacturer	7/31/2024	Active
Idaho	M69910	Virtual Manufacturer	12/31/2023	Active
New Jersey	5003607	Drug and Medical Device Certificate of Registration: Wholesaler and Virtual Manufacturer	1/31/2024	Active
North Dakota	Whol2939	Virtual Manufacturer	6/30/2023	Active
Oklahoma	88-M-7838	Manufacturer	2/29/2024	Active
Oregon	M-0002284-CS	Manufacturer with Controlled Substance Registration	9/30/2023	Active
Pennsylvania	7200001223	Certificate of Registration: Drug and Device Registration. Distributor, Manufacturer, Retailer of Drugs (All Types) and/or Devices; Out of State Business.	1/31/2024	Active
West Virginia	MR0552452	Manufacturer	6/30/2024	Active

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Sanofi-Aventis U.S. LLC
55 Corporate Drive
BRIDGEWATER, NJ 08807
Registration Number: 3003496686
FEI Number*: 2222017
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
SANOFI-AVENTIS U.S. LLC[6]
55 Corporate Drive
Bridgewater, NJ US 08807
Owner/Operator Number: 9054794[7]

Official Correspondent:
Kathleen Holdren
55 Corporate Drive
Bridgewater, NJ 08807
Phone: 1-570-9571577

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

√ Verified MA. 4/13/23

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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U.S. Department of Health & Human Services

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Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
Sanofi-Aventis U.S. LLC
55 Corporate Drive
BRIDGEWATER, NJ 08807
Registration Number: 3003496686
FEI Number*: 2222017
Status: Active
Date Of Registration Status: 2023

Owner/Operator:
SANOFI-AVENTIS U.S. LLC
55 Corporate Drive
Bridgewater, NJ US 08807
Owner/Operator Number: 9054794

Official Correspondent:
Robert Stuckert
55 Corporate Drive
Bridgewater, NJ 08807
Phone: 1-908-9815490

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Sanofi-Aventis U.S. LLC
List of NDC/NHRIC Labeler Codes:

NDC/NHRIC Labeler Code	Firm Name
0088	Sanofi-Aventis U.S. LLC
0075	Sanofi-Aventis U.S. LLC
0068	Sanofi-Aventis U.S. LLC
0066	Sanofi-Aventis U.S. LLC
0039	Sanofi-Aventis U.S. LLC
0024	Sanofi-Aventis U.S. LLC

Verification Source: https://www.fda.gov/industry/structured-product-labeling-resources/ndcnhric-labeler-codes

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Current through February 28, 2023

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Display 50 **records per page** **Search for text in the table:**

	Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
+	ADLYXIN	0024-5745-02		KIT		BLA208471	sanofi-aventis U.S. LLC	0024-5745	Lixisenatide		HUMAN PRESCRIPTION DRUG	07/27/20
+	ADLYXIN	0024-5747-02	100 ug/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA208471	sanofi-aventis U.S. LLC	0024-5747	Lixisenatide	LIXISENATIDE	HUMAN PRESCRIPTION DRUG	07/27/20
+	ADMELOG	0024-5924-10	100 U/mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	BLA209196	Sanofi-Aventis U.S. LLC	0024-5924	insulin lispro	INSULIN LISPRO	HUMAN PRESCRIPTION DRUG	12/11/20
+	ADMELOG	0024-5925-00	100 U/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA209196	Sanofi-Aventis U.S. LLC	0024-5925	insulin lispro	INSULIN LISPRO	HUMAN PRESCRIPTION DRUG	12/11/20
+	ADMELOG	0024-5925-05	100 U/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA209196	Sanofi-Aventis U.S. LLC	0024-5925	insulin lispro	INSULIN LISPRO	HUMAN PRESCRIPTION DRUG	12/11/20
+	ADMELOG	0024-5926-05	100 U/mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	BLA209196	Sanofi-Aventis U.S. LLC	0024-5926	insulin lispro	INSULIN LISPRO	HUMAN PRESCRIPTION DRUG	10/19/20
+	AMARYL	0039-0221-10	1 mg/1	TABLET	ORAL	NDA020496	Sanofi-Aventis U.S. LLC	0039-0221	glimepiride	GLIMEPIRIDE	HUMAN PRESCRIPTION DRUG	06/18/20

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
+ AMARYL	0039-0222-10	2 mg/1	TABLET	ORAL	NDA020496	Sanofi-Aventis U.S. LLC	0039-0222	glimepiride	GLIMEPIRIDE	HUMAN PRESCRIPTION DRUG	06/18/20
+ AMARYL	0039-0223-10	4 mg/1	TABLET	ORAL	NDA020496	Sanofi-Aventis U.S. LLC	0039-0223	glimepiride	GLIMEPIRIDE	HUMAN PRESCRIPTION DRUG	06/18/20
+ Ambien	0024-5401-31	5 mg/1	TABLET, FILM COATED	ORAL	NDA019908	sanofi-aventis U.S. LLC	0024-5401	zolpidem tartrate	ZOLPIDEM TARTRATE	HUMAN PRESCRIPTION DRUG	04/01/19
+ Ambien	0024-5421-31	10 mg/1	TABLET, FILM COATED	ORAL	NDA019908	sanofi-aventis U.S. LLC	0024-5421	zolpidem tartrate	ZOLPIDEM TARTRATE	HUMAN PRESCRIPTION DRUG	04/01/19
+ Ambien	0024-5501-31	6.25 mg/1	TABLET, COATED	ORAL	NDA021774	sanofi-aventis U.S. LLC	0024-5501	zolpidem tartrate	ZOLPIDEM TARTRATE	HUMAN PRESCRIPTION DRUG	09/19/20
+ Ambien	0024-5521-31	12.5 mg/1	TABLET, COATED	ORAL	NDA021774	sanofi-aventis U.S. LLC	0024-5521	zolpidem tartrate	ZOLPIDEM TARTRATE	HUMAN PRESCRIPTION DRUG	09/19/20
+ Apidra	0088-2500-34	100 [iU]/mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	BLA021629	sanofi-aventis U.S. LLC	0088-2500	insulin glulisine	INSULIN GLULISINE	HUMAN PRESCRIPTION DRUG	02/24/20
+ Apidra	0088-2500-33	100 [iU]/mL	INJECTION, SOLUTION	INTRAVENOUS; SUBCUTANEOUS	BLA021629	sanofi-aventis U.S. LLC	0088-2500	insulin glulisine	INSULIN GLULISINE	HUMAN PRESCRIPTION DRUG	02/24/20
+ Apidra SoloStar	0088-2502-01	100 [iU]/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA021629	sanofi-aventis U.S. LLC	0088-2502	insulin glulisine	INSULIN GLULISINE	HUMAN PRESCRIPTION DRUG	02/24/20
+ Apidra SoloStar	00B8-2502-05	100 [iU]/mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA021629	sanofi-aventis U.S. LLC	0088-2502	insulin glulisine	INSULIN GLULISINE	HUMAN PRESCRIPTION DRUG	02/24/20
+ Arava	0088-2160-30	10 mg/1	TABLET, FILM COATED	ORAL	NDA020905	sanofi-aventis U.S. LLC	0088-2160	leflunomide	LEFLUNOMIDE	HUMAN PRESCRIPTION DRUG	09/19/19

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
+ Arava	0088-2161-30	20 mg/1	TABLET, FILM COATED	ORAL	NDA020905	sanofi-aventis U.S. LLC	0088-2161	leflunomide	LEFLUNOMIDE	HUMAN PRESCRIPTION DRUG	09/19/19
+ Arava	0088-2162-33	100 mg/1	TABLET, FILM COATED	ORAL	NDA020905	sanofi-aventis U.S. LLC	0088-2162	leflunomide	LEFLUNOMIDE	HUMAN PRESCRIPTION DRUG	09/19/19
+ Avalide	0024-5855-30	12.5 mg/1, 150 mg/1	TABLET, FILM COATED	ORAL	NDA020758	sanofi-aventis U.S. LLC	0024-5855	irbesartan and hydrochlorothiazide	IRBESARTAN; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	01/01/20
+ Avalide	0024-5856-30	12.5 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	NDA020758	sanofi-aventis U.S. LLC	0024-5856	irbesartan and hydrochlorothiazide	IRBESARTAN; HYDROCHLOROTHIAZIDE	HUMAN PRESCRIPTION DRUG	01/01/20
+ Avapro	0024-5850-90	75 mg/1	TABLET, FILM COATED	ORAL	NDA020757	Sanofi-Aventis U.S. LLC	0024-5850	irbesartan	IRBESARTAN	HUMAN PRESCRIPTION DRUG	01/01/20
+ Avapro	0024-5851-30	150 mg/1	TABLET, FILM COATED	ORAL	NDA020757	Sanofi-Aventis U.S. LLC	0024-5851	irbesartan	IRBESARTAN	HUMAN PRESCRIPTION DRUG	01/01/20
+ Avapro	0024-5852-30	300 mg/1	TABLET, FILM COATED	ORAL	NDA020757	Sanofi-Aventis U.S. LLC	0024-5852	irbesartan	IRBESARTAN	HUMAN PRESCRIPTION DRUG	01/01/20
+ Clolar	0024-5860-01	1 mg/mL	INJECTION	INTRAVENOUS	NDA021673	Sanofi-Aventis U.S. LLC	0024-5860	clofarabine	CLOFARABINE	HUMAN PRESCRIPTION DRUG	04/01/20
+ Doxercalciferol	0955-1720-50	.5 ug/1	CAPSULE	ORAL	NDA020862	Winthrop U.S, a business of sanofi-aventis U.S. LLC	0955-1720	Doxercalciferol	DOXERCALCIFEROL	HUMAN PRESCRIPTION DRUG	04/17/20
+ Doxercalciferol	0955-1721-50	1 ug/1	CAPSULE	ORAL	NDA020862	Winthrop U.S, a business of sanofi-aventis U.S. LLC	0955-1721	Doxercalciferol	DOXERCALCIFEROL	HUMAN PRESCRIPTION DRUG	04/17/20

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
+ Doxercalciferol	0955-1722-50	2.5 ug/1	CAPSULE	ORAL	NDA020862	Winthrop U.S, a business of sanofi-aventis U.S. LLC	0955-1722	Doxercalciferol	DOXERCALCIFEROL	HUMAN PRESCRIPTION DRUG	04/17/20
+ Dupixent	0024-5915-02	300 mg/2mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5915	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	06/19/20
+ Dupixent	0024-5915-20	300 mg/2mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5915	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	06/19/20
+ Dupixent	0024-5911-20	100 mg/.67mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5911	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	10/20/20
+ Dupixent	0024-5914-01	300 mg/2mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5914	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	03/28/20
+ Dupixent	0024-5918-02	200 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5918	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	10/19/20
+ Dupixent	0024-5918-01	200 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5918	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	10/19/20
+ Dupixent	0024-5914-02	300 mg/2mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5914	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	07/01/20

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
+ Dupixent	0024-5919-02	200 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5919	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	06/14/20
+ Dupixent	0024-5919-20	200 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5919	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	06/14/20
+ Dupixent	0024-5911-02	100 mg/.67mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761055	sanofi-aventis U.S. LLC	0024-5911	Dupilumab	DUPILUMAB	HUMAN PRESCRIPTION DRUG	10/20/20
+ Elitek	0024-5150-10		KIT		BLA103946	Sanofi-Aventis U.S. LLC	0024-5150	rasburicase		HUMAN PRESCRIPTION DRUG	07/12/20
+ Elitek	0024-5151-75		KIT		BLA103946	Sanofi-Aventis U.S. LLC	0024-5151	rasburicase		HUMAN PRESCRIPTION DRUG	06/01/20
+ Ferrlecit	0024-2792-10	12.5 mg/mL	INJECTION	INTRAVENOUS	NDA020955	sanofi-aventis U.S. LLC	0024-2792	sodium ferric gluconate complex	SODIUM FERRIC GLUCONATE COMPLEX	HUMAN PRESCRIPTION DRUG	03/01/20
+ Ferrlecit	0024-2794-10	12.5 mg/mL	INJECTION	INTRAVENOUS	NDA020955	sanofi-aventis U.S. LLC	0024-2794	sodium ferric gluconate complex	SODIUM FERRIC GLUCONATE COMPLEX	HUMAN PRESCRIPTION DRUG	07/07/20
+ Fexinidazole	0024-4512-14	600 mg/1	TABLET	ORAL	NDA214429	Sanofi-Aventis U.S. LLC	0024-4512	Fexinidazole	FEXINIDAZOLE	HUMAN PRESCRIPTION DRUG	07/16/20
+ Fexinidazole	0024-4512-24	600 mg/1	TABLET	ORAL	NDA214429	Sanofi-Aventis U.S. LLC	0024-4512	Fexinidazole	FEXINIDAZOLE	HUMAN PRESCRIPTION DRUG	07/16/20

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketi Date
+ FLOMAX	0024-5837-01	.4 mg/1	CAPSULE	ORAL	NDA020579	sanofi-aventis U.S. LLC	0024-5837	tamsulosin hydrochloride	TAMSULOSIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/16/20
+ Jevtana	0024-5824-11		KIT		NDA201023	Sanofi-Aventis U.S. LLC	0024-5824	cabazitaxel		HUMAN PRESCRIPTION DRUG	06/17/20
+ KEVZARA	0024-5922-01	200 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761037	sanofi-aventis U.S. LLC	0024-5922	sarilumab	SARILUMAB	HUMAN PRESCRIPTION DRUG	04/13/20
+ KEVZARA	0024-5908-01	150 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761037	sanofi-aventis U.S. LLC	0024-5908	sarilumab	SARILUMAB	HUMAN PRESCRIPTION DRUG	05/22/20
+ KEVZARA	0024-5908-02	150 mg/1.14mL	INJECTION, SOLUTION	SUBCUTANEOUS	BLA761037	sanofi-aventis U.S. LLC	0024-5908	sarilumab	SARILUMAB	HUMAN PRESCRIPTION DRUG	05/22/20

Showing 1 to 50 of 101 entries

Previous 1 2 3 Next

Background information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm076801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Maria Herrera

From: Kelly, Cecilia /US <Cecilia.Kelly@sanofi.com>
Sent: Thursday, March 30, 2023 10:01 AM
To: McMahon, Kara /US
Subject: RE: Sanofi-Aventis US LLC Bridgewater, NJ Employee List

Legal Name - Last Name	Legal Name - First Name	Company
Carr-Galella	Kathy	(0400) Sanofi-Aventis US LLC
Bowne	Heather	(0400) Sanofi-Aventis US LLC
Solas	Michael	(0400) Sanofi-Aventis US LLC
Patel	Prital	(0400) Sanofi-Aventis US LLC
Mcallister	Robert	(0400) Sanofi-Aventis US LLC
Garretson	Jeannette	(0400) Sanofi-Aventis US LLC
Gruber	Jackie	(0400) Sanofi-Aventis US LLC
Ellsworth	Eugene	(0400) Sanofi-Aventis US LLC
Judson	Andria	(0400) Sanofi-Aventis US LLC

Rivera Conforme	Alicia	(0400) Sanofi-Aventis US LLC
Wills-Williams	Felisa	(0400) Sanofi-Aventis US LLC
Nagaraj	Arthi	(0400) Sanofi-Aventis US LLC
Tully	Christine	(0400) Sanofi-Aventis US LLC
RODRIGUEZ	JESSICA	(0400) Sanofi-Aventis US LLC
Cardona	Sergio	(0400) Sanofi-Aventis US LLC
Kwon	Peter	(0400) Sanofi-Aventis US LLC
D'Amore	Consuelo	(0400) Sanofi-Aventis US LLC
Givens	Kathy	(0400) Sanofi-Aventis US LLC
Loss	Mariah	(0400) Sanofi-Aventis US LLC
Fenton	Troy	(0400) Sanofi-Aventis US LLC
Masbad	Ephraim	(0400) Sanofi-Aventis US LLC

Kennedy	Nancy	(0400) Sanofi-Aventis US LLC

Cecilia Eguía Kelly, SPHR
People Business Partner, Manufacturing & Supply
North America People & Culture

+508-969-3931
cecilia.kelly@sanofi.com
68 New York Avenue, office 5435, Framingham, MA 01701

sanofi

One Support is a single point of contact for a comprehensive Employee Experience!

For HR related inquiries, please type the subject of which are looking to find more information at *One* Support. Click on the article that is most relevant. There you can (right side of screen) "Create a support request" call 1-855-694-7737 (9am-5 pm EST).

LEAVE QUESTION:

Upon calling 855-694-7737 , press #1 **US Employee,** #1 **Health & Welfare Benefits** , **# 1 Leave of Absence**

From: McMahon, Kara /US <Kara.Mcmahon@sanofi.com>
Sent: Thursday, March 30, 2023 11:48 AM
To: Kelly, Cecilia /US <Cecilia.Kelly@sanofi.com>
Subject: Sanofi-Aventis US LLC Bridgewater, NJ Employee List

Hi Cecilia,

I hope this message finds you well.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Sanofi-Aventis U.S. LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 55 Corporate Drive

City: Bridgewater State: New Jersey Zip: 08807

Mailing Address (if different from physical address): 55 Corporate Drive, Attn. Kara McMahon, Manager of State Licensing

City: Bridgewater State: NJ Zip: 08807

Telephone: 908-981-5000 Website: www.sanofi.com

Licensing Company Email: Kara.mcmahon@sanofi.com

Section 2: Personal Information

First: Stefan Middle: Jens Last: Roehr

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Corporate Drive

City: Bridgewater State: _____ Zip: 08807

Telephone: 908-981-5000 Email: Stefan.Roehr@sanofi.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached.			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	See attached.			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
See attached.			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

March 16, 2023
Date

I, Stefan Roehr, **certify that as the designated representative for**

Sanofi-Aventis U.S. LLC at 55 Corporate Drive, Bridgewater NJ 08807,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Stefan Roehr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 16, 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stefan Roehr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 16, 2023

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of **Somerset**

I, **Stefan Roehr**, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

March 16, 2023

Subscribed and Sworn to before me this _____ day of March, 2023.

Kara McMahon

Notary Public Signature

Kara McMahon

KARA MCMAHON
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 16, 2024
COMMISSION: #2182036

(Seal)

Contact

www.linkedin.com/in/stefan-roehr-b500a81

Top Skills

Logistics
Financial Management
Supply Chain Management

Languages

German
Spanish/Portuguese
English

Stefan Roehr

Head North America Supply Chain, Distribution, and Logistics at Sanofi

Summary

Have spent 30+ years in the Pharmaceutical Industry, starting in Finance and working in various areas of Financial Management (Site, Regional, Global)and also Inventory Management and Supply Chain. Managed Capital Investment budgets for North America, helped in the Economic analysis for Americas / Asia Pacific during the HMR - RPR merger in 2002, responsible for global inventory for Aventis in 2004 based in Germany, and responsbile for Global Supply Chain Management (market & affiliate related) regarding key performance indicators and supply chain improvements through 2008, working in Paris France. After 2008 spend 8 years in Supply Chain management positions in Venezuela, Panama, and Brazil and in 2016 assumed responsibility for Supply Chain for North America.

Specialties: Finance & Controlling, Inventory Management, Supply Chain

Experience

Sanofi
11 years 7 months

Head North America Supply Chain, Distribution, and Logistics
April 2016 - Present (6 years 10 months)

Responsible for all supply chain, logistics, and distribution activities for North America including but not limited to warehousing, transportation, demand management, customer service, and sales and operations planning. Manage a team of 200+ across the US and Canada (Pharmaceuticals).

Senior Director Operations Support Brazil
January 2014 - April 2016 (2 years 4 months)

Responsible for all logistic activities for Brazil (including Rx/CHC and Gx business units), the Project Management Organization for Brazil, as well as

Information Systems Business Unit support for Brazil. Changed scope and dedication to the Brazilian Market to implement a unified distribution project for the business.

Senior Director Global Supply Chain Operations Latin America
July 2011 - December 2013 (2 years 6 months)

Managing supply chain and logistic activities for 30 countries in Latin America as well as plant logistic activities for 8 pharmaceutical manufacturing plants

Sanofi
5 years 6 months

Director of Supply Chain, Latam Region
January 2009 - May 2010 (1 year 5 months)

Located now in Panama City, Panama

Deputy Director, Global Supply Chain Markets KPI Management
December 2004 - December 2008 (4 years 1 month)

Responsible for Key Performance Indicator (KPIs) evaluation and management for 80+ global markets within Sanofi-Aventis. Provide evaluation and analysis on global supply chain performance. Monitor and recommend actions on product supply and movement worldwide.

Aventis, Product Development & Supply
Senior Manager, Supply Chain / Inventory
April 2004 - December 2004 (9 months)

Responsible for forecast, evaluating, planning, and reporting of Aventis global inventory. Provided inventory analysis and data and worked with Finance and Controlling to enhance Inventory Management Project.

Aventis Industrial Operations
Global Controller, Allegra
July 2002 - April 2004 (1 year 10 months)

Provided all cost-related and financial information to Financial Controller and Product Leader of Allegra/Telfast. Developed business plans for Allegra, evaluating and analyzing standard cost movements and site allocations, responsible for global transfering pricing concerning Allegra

Aventis North America Industrial Operations
North America Industrial Operations Strategy Manager
May 2000 - July 2002 (2 years 3 months)

Worked on integration strategy for Hoechst Marion Roussel and Rhone Poulenc Rorer in North America. Consolidated all financial information for Industrial Operations in NA and validated legal to management financial reporting. Managed capital investment budgets

Aventis, Industrial Operations
Controller, Strategic Initiatives, Americas/Asia Pacific
January 1999 - May 2000 (1 year 5 months)

Actively involved with development of strategy for integration between HMR and RPR for Americas/Asia Pacific Region. Performed economic evaluations and strategic impacts of Industrial Operations facilities in Latin America, North America, and Asia to maximize future plant network structure. Coordinated 3 year business plan for 38 sites, 15 countries

Hoechst Marion Roussel
Finance
1995 - 1997 (2 years)

Education

Fairleigh Dickinson University
Masters of Business Administration, Management · (August 1991 - May 1994)

London School of Economics and Political Science
Masters of Science, Economics · (August 1988 - September 1989)

Richmond University
BA, Business Administration & Computer Science · (September 1984 - May 1988)

Stefan Jens Roehr

VP, Head of Global Supply Chain NA

Corporate Address
55 Corporate Dr.
Bridgewater, NJ 08807
Somerset County
Main Phone: 908-981-5000
Fax: 908-981-7818
www.sanofi.us
Stefan.Roehr@sanofi.com

Current Resident Address:
[redacted]Delaware Rd. Whitehouse Station, NJ 08889

Previous Resident Address:

1. Brazil (October 2011 - April 2016)
   Rua Martiniano de Carvelho [redacted] Apt [redacted] BL 3, Bela Vista, Sao Paulo, Sao Paulo CEP 01321-000 Brazil
2. New Jersey (April 2016 - Present)
   [redacted]Delaware Road, Whitehouse Station, New Jersey United States 08889

DOB: [redacted]
SS#: [redacted]
POB: Frankfurt, Germany
Dual Citizenship: Germany / US
DL#: [redacted](NJ)
Mobile Phone: [redacted]

Stefan Jens Roehr

Bridgewater, New Jersey
+1 [redacted]* mobile
September 2016

EDUCATION:

Kansas University / Webster University
Continuing education, courses in Finance and Accounting, 2002 - 2003
Fairleigh Dickinson University, Madison, New Jersey
MBA, Management, 1994
London School of Economics and Political Science (LSE), London, England
MSc Economics, 1989
Richmond University, London, England
BA Business Administration and Computer Science (Hons), 1988
Minor in Finance and Accounting

EXPERIENCE:

Sanofi
Vice President, North America Supply Chain (04/16 – Present)

- Responsible for all supply chain activities for North America
- Responsible for distribution and warehousing for Merial, Pharma, & Pasteur
- Responsible for USD $ 70 Million budget supporting + USD $ 10 Billion in sales annually

Senior Director, Operations Support, Brazil (01/14 – 04/16)

- Responsible for market supply chain in Brazil for Sanofi Rx/CHC, Medley Gx, Pasteur
- Responsible for Information Systems Business Support
- Responsible for Project Management Organization Brazil
- Responsible for Harmony Tax Integration Project Brazil (consolidation of legal entities)
- Project lead for managing and building Sanofi's largest warehouse worldwide in Brazil

Senior Director, Global Supply Chain Operations for Latin America (06/11 – 12/13)

- Responsible for market supply chain for all Latin America countries
- Responsible for all plant logistics operations
- In charge of logistic integration between Sanofi & Genfar Pharmaceuticals, Colombia (Dec 2012)

Sanofi-Aventis
Director, Latin America Supply Chain (06/10 – 06/11)

- Manage additional responsibility of supply chain in Mexico and Brazil

Director, Latam Supply Chain (01/09 – 06/10)

- Manage Latam supply chain markets
- Ensure logistic processes between Europe and the Latam Region

Stefan Jens Roehr

Deputy Director, Global Markets Supply Chain (01/05 – 12/08)

- Special Project: Venezuela Supply Chain Mission to aide and support operational processes distribution project (January, 2008 through November, 2008)
- Special Projects: Assisted Inter-Latina Region and Panamanian Distribution Platform
- Developed and implemented global out of stock and alert analysis tool used by SC, Sanofi-Aventis
- Implemented global key performance indicator analysis tools and reporting structures to evaluate Supply Chain performance for over 100 markets
- Involved with Supply Chain arbitration between markets regarding product needs
- Responsible for on-going automation of performance indicator systems and reporting
- Worked with local markets to evaluate and enhance Supply Chain performance and understanding (Ecuador, Venezuela, Mexico, USA, Canada, Egypt, South Africa, Germany, France, UK, Italy, Ukraine, Russia, Turkey, Singapore, etc.)

Aventis Pharmaceuticals

Senior Manager, Product Development & Supply, Supply Chain / Inventory (04/04 – 01/05)

- Responsible for evaluating, forecasting, planning and reporting of Aventis Global inventory, managing € 1.5 Billion of Pharmaceutical products worldwide
- Provide inventory data and analysis to all levels of management
- Work with Controlling on enhancing global system of reporting (Inventory Management Process (IMP), Data Collection Tool (DCT), Global Data Warehouse (GDW))

Global Controller, Industrial Operations, Allegra (7/02 – 04/04)

- Develop 2003-2004 Business Plan for Allegra (Aventis' largest Pharmaceutical product in terms of net sales), evaluating and analyzing standard cost movement and cost allocations
- Responsible for transfer price calculations and costing structures for countries launching Allegra
- Provide all cost-related information and financial information to Product Leader
- Established effective network between site controllers to more effectively manage and evaluate supply chain for Allegra

North America Industrial Operations Strategy Manager (5/00 – 7/02)

- Responsible for overseeing integration strategy between Hoechst Marion Roussel (HMR) and Rhone Poulenc Rorer (RPR) Pharmaceutical Companies in North America, tracking savings, headcount reductions, and divestment offers
- Consolidate all financial information for Industrial Operations for North America and validate Legal and Management reporting structures to parent affiliate in Germany and France
- Responsible for developing, submitting, tracking and reporting on $ 30 million capital investment budget for North America
- Controller for supply chain processes for new drug, GA-EPO. Responsible for establishing costing structure to international customers, product pricing, and transfer process methodology

Controller, Strategic Initiatives, Americas / Asia Pacific (AAP) (1/99 – 5/00)

- Actively involved with development of strategy for integration between HMR and RPR Industrial Operations AAP Region
- Performed economic evaluations and strategic usefulness tests of Industrial Operations facilities in China, India, Korea, Japan, Australia, Brazil, Mexico, Venezuela and other countries to enable management to maximize future plant network structures
- Coordinated three-year business plan and capital investment plan for AAP at 38 sites, 15 countries and 4 continents

Stefan Jens Roehr

Hoechst Marion Roussel
Senior Financial Analyst (10/95 – 1/99)

- Responsible for North American financial consolidation in relation to Cost of Goods Sold, Cost of Goods Manufactured, Site Expenses, and Capital Investment. Also responsible for establishment of International Transfer Prices and implementation of Investment Module for SAP-R3.
- Part of Kansas City manufacturing site Financial Controlling Group for operational activities
- Worked with Finance / Controlling for planning and forecasting requirements for legal and management consolidation
- Part of global Reliance Team responsible for evaluating and developing Global Capital Investment Planning system in Frankfurt, Germany
- Helped in the transition of financial reporting from Hoechst Roussel Pharmaceuticals, Inc. (HRPI) to HMR. Made certain that reporting requirements to parent affiliate in Frankfurt were met.

Hoechst Roussel Pharmaceuticals
Financial Analyst (10/89 – 10/95)

- Prepared investment analysis concerning proposed mergers and acquisition deals for HRPI and Hoechst Celanese Corporation
- Responsible for international reporting systems used in preparing and transmitting financial data to parent-affiliate in Germany.
- Responsible for coordinating the Operational Planning (OPL) submission for HRPI, which was used by Germany for the 5-year worldwide sales outlook and Budget System
- Maintained and supported 45 users on local area network within Group Reporting and Accounting Departments.

Hoechst Roussel Pharmaceuticals
Summer Intern (1985 – 1989)

- Worked in Financial Department supporting Director of Finance with general activities

Foreign Languages
Fluent in German & English (reading / writing)
Acceptable Spanish / Portuguese

Community Service
Volunteer work as Mentor for Aim for Youth Program in KC, Missouri

Achievements
Received Outstanding Academic Achievement awards in Business Administration and Computer Science from Richmond College
First graduate from Richmond College to be accepted by London School of Economics

Personal
Enjoy travel, golf, tennis, diving, snow skiing, running, photography

Other
Dual Citizenship (American / German)

References
Furnished upon request

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Sanofi-Aventis U.S. LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 55 Corporate Drive

City: Bridgewater State: NJ Zip: 08807

Mailing Address (if different from physical address): 55 Corporate Drive Attn. Kara McMahon, Manager of State Licensing Operations

City: Bridgewater State: NJ Zip: 08807

Telephone: 908-981-5000 Website: www.sanofi.com

Licensing Company Email: kara.McMahon@sanofi.com

Section 2: Personal Information

First: Stefan Middle: Jens Last: Roher

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 55 Corporate Drive

City: Bridgewater State: NJ Zip: 08807

Telephone: 908-981-5000 Email: Stefan.Roehr@sanofi.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)			
School Name See attached.			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name See attached.			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*: Not Applicable.

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

March 16, 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Stefan Roehr
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 16, 2023
Date

Please have this section completed in the presence of a Notary Public.

State of NJ, ss. County of Somerset

I, Stefan Roehr, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

March 16, 2023
Date

Subscribed and Sworn to before me this _____ day of March, 2023.

Kara McMahon
Notary Public Signature

KARA MCMAHON
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES APRIL 16, 2024
COMMISSION: #2182036

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107742238

Application/License No. _____

SANOFI-AVENTIS U.S. LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 55 Corporate Drive Bridgewater, NJ 08807 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 10, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of March, 2023.

APPLICANT/PRINCIPAL
SANOFI-AVENTIS U.S. LLC

COMPANY

Authorized Representative

SURETY
TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

Surety Company's Representative

Wayne G. McVaugh, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Sara Owens

Witness Lori Shelton

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Wayne G. McVaugh** of **PHILADELPHIA**, **Pennsylvania**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **10th** day of **March**, **2023**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No **15170**
Inspection End Date **08/18/2020**

Registration #	Category	Inspection Type	Evaluation
5003607	**Wholesale Drug/Medical Device**	**Routine**	**Satisfactory**

Name of Owner or Corporation	Trade Name	Activity
SANOFI-AVENTIS U.S. LLC	**SANOFI-AVENTIS U.S. LLC**	**Office Only**

Establishment Street Address	City	ZIP	County
55 Corporate Drive	**Bridgewater**	**08807**	**Somerset**

Establishment Mailing Address (if different)	Phone Number	Fax Number
	908-981-5000	

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After
Kate Lebedinsky, REHI	**B156230**	**Operational**	------	

Name and Title of Designated Representative	Email
Stefan Roehr, VP, North America Supply Chain	**Stefan.Roehr@sanofi.com**

Products
☐ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices ☐ Class III Medical Devices
☐ API ☐ Veterinary Drugs ☒ No Products Stored/Handled Onsite

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 04.50

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
08/18/2020	1	09:15	10:00	2	10:00	13:15			
08/19/2020	3	07:15	07:45						

		YES	NO	N/A
	N.J.A.C. 8:21-3A.7 Personnel Requirements			
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.8 Facility *Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:*			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☐	☐	☒
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☐	☐	☒
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☐	☐	☒
Note				

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
	N.J.A.C. 8:21-3A.9 Security			
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☒	☐	☐
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.10 Storage			
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.11 Examination of Materials			
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐	☐	☒
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.13 Recordkeeping			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☒	☐	☐
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☒	☐	☐
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☒	☐	☐
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☒	☐	☐
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.14 Due Diligence *Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:*			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☐	☐	☒
(a) 2	The wholesale distributor's most recent facility inspection reports	☐	☐	☒
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 4	A list of corporate officers and managerial employees and designated representatives	☐	☐	☒
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☐	☐	☒
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☐	☐	☒
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☐	☐	☒
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.15 Availability of Records and Inventories			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☒	☐	☐
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.16 Policies and Procedures			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling retum of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
Note				
	N.J.A.C. 8:21-3A.17 List of Responsible Persons			
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.19 Salvage; Reprocessing			
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☐	☒
Note				

Inspecting Official

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No **15170**
Inspection End Date **08/18/2020**

Registration #	Category	Inspection Type	Evaluation
5003607	**Wholesale Drug/Medical Device**	**Routine**	**Satisfactory**

Name of Owner or Corporation	Trade Name	Activity
SANOFI-AVENTIS U.S. LLC	**SANOFI-AVENTIS U.S. LLC**	**Office Only**

Establishment Street Address	City	ZIP	County
55 Corporate Drive	**Bridgewater**	**08807**	**Somerset**

Establishment Mailing Address (if different)	Phone Number	Fax Number
	908-981-5000	

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After
Kate Lebedinsky, REHI	**B156230**	**Operational**	------	

Name and Title of Designated Representative	Email
Stefan Roehr, VP, North America Supply Chain	**Stefan.Roehr@sanofi.com**

Products
☐ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices ☐ Class III Medical Devices
☐ API ☐ Veterinary Drugs ☒ No Products Stored/Handled Onsite

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 04.50

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
08/18/2020	1	09:15	10:00	2	10:00	13:15			
08/19/2020	3	07:15	07:45						

		YES	NO	N/A
	N.J.A.C. 8:21-3A.7 Personnel Requirements			
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.8 Facility *Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:*			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☐	☐	☒
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☐	☐	☒
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☐	☐	☒
(a) 4	Maintained in a clean and orderly condition	☐	☐	☒
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☐	☐	☒
Note				

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
	N.J.A.C. 8:21-3A.9 Security			
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☒	☐	☐
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☐	☐	☒
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.10 Storage			
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☐	☐	☒
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☐	☐	☒
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☐	☐	☒
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.11 Examination of Materials			
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☐	☐	☒
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☐	☐	☒
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.13 Recordkeeping			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☒	☐	☐
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☒	☐	☐
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☒	☐	☐
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☒	☐	☐
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.14 Due Diligence *Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:*			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☐	☐	☒
(a) 2	The wholesale distributor's most recent facility inspection reports	☐	☐	☒
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☐	☐	☒

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 4	A list of corporate officers and managerial employees and designated representatives	☐	☐	☒
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☐	☐	☒
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☐	☐	☒
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☐	☐	☒
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☐	☐	☒
Note				
	N.J.A.C. 8:21-3A.15 Availability of Records and Inventories			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☒	☐	☐
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.16 Policies and Procedures			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
Note				
	N.J.A.C. 8:21-3A.17 List of Responsible Persons			
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.19 Salvage; Reprocessing			
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☐	☒
Note				



Inspecting Official

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: STERIS Corporation

Physical Address: 5960 Heisely Road

City: Mentor State: OH Zip: 44060

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 440-354-2600 Website: www.steris.com

Name of Designated Representative (DR): Becky Aldhizer

Licensing Company Email: udiadmin@steris.com DR Email: Becky_Aldhizer@steris.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	■ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: NOT APPLICABLE

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: ~~Delaware~~ OHIO B2A

Parent Company (if any): STERIS plc

Corporation/Organization Name: STERIS Corporation

Mailing Address: 5960 Heisely Road

City: Mentor State: OH Zip: 44060

Telephone: 44-354-2600 Email: Becky_Aldhizer@steris.com

Contact Person Name: Becky Aldhizer

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

STERIS Corporation

Facility Name

Becky Aldhizer

Print Name of Authorized Person Submitting Application

Becky Aldhizer

Original signature of Authorized Person (copies or stamps not accepted)

Oct 24, 2022

Date

Board Use Only	Date Received: 10-25-22	Amount: 1000.00 CC ✓ 2/8/23

Section 9
Nevada Wholesaler Application

Section 9: Provide the following documents with you application based on your Business Type. Required documents are indicated by an " ✓ " on the right.		
Task	**Non-publicly Traded**	**Comments**
▪List of all Officers and Directors	X	Attached to this application
▪List of all corporation shareholders and their percent ownership	X	Attached to this application
• Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last 12 months.	X	Attached to this application
▪Designated Representative form must be completed by the Designated Representative	X	Attached to this application
• Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/share	X	Solar US Acquisition Co, LLC is 100% shareholder so there is no personal information
• Copy of DEA certificate if handling controlled substances	X	Not applicable
• List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	X	Due to privacy issues, we do not think this can be provided to you. We have provided a list of Directors & Officers which is publicly available.
▪Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. (REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)	X	Attached to this application
▪Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices.	X	Attached to this application
• If providing a Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957). The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	X	Attached to this application

From: Aldhizer, Becky <Becky_Aldhizer@steris.com>
Sent: Tuesday, November 22, 2022 8:26 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Cc: UDIADMIN <UDIADMIN@steris.com>; Aldhizer, Becky <Becky_Aldhizer@steris.com>
Subject: RE: Nevada Out-of-State Wholesaler Application-STERIS Corporation

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Maria,

I would like clarification of your requested items.

- Copy of the Home State License or letter/email exemption from your Home state licensing department The State of Ohio requires person or companies licensed by the State of Ohio Board of Pharmacy that engages in the sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment as defined in section 4752 of the Ohio Revised Code. STERIS does not sell drugs or home medical equipment. I called the State of Ohio Board of Pharmacy today and they tell me that they do not give exemption letters as this implies we should have a license but they are giving us an exemption to the requirement. The only thing the State of Ohio provides is a certificate of good standing. This is why I provided you the email form the U.S. Food and Drug Administration confirming our medical device registration for 2023.
- Full list of employees pursuant to **NRS 639.500 (2)** Are you asking for employees in Nevada?
- Copy of a bond in an amount of $25,000 made payable to the state of Nevada Can you point out where this is required since we have provided proof of insurance for $1M.
- Please fill out the attached page for it was left blank on the MDEG Administrator Application See attached document.

Thank you for your assistance.

Best regards,

Becky Aldhizer, RAC
Director, Regulatory Operations Product Labeling
STERIS
5960 Heisley Road
Mentor, OH 44060
Direct: (440) 392-7490
e-Mail: Becky_Aldhizer@steris.com

Web: www.steris.com

hCue

Report Name : Management Structure
Entity Name: STERIS Corporation

Snyder, Ronald E.	Director	Director
Tokich, Michael J.	Director	Director
Tamaro, Renato G.	Vice President and Corporate Treasurer	Officer
Tokich, Michael J.	Senior Vice President and Chief Financial Officer	Officer
Burton, Karen L.	Vice President, Controller and Chief Accounting Officer	Officer
Zangerle, J. Adam	Senior Vice President, General Counsel and Company Secretary	Officer
Majors, Cary	Senior Vice President, Americas Commercial Operations	Officer
Madsen, Julia	Senior Vice President, Life Sciences	Officer
Fraser, Mary Clare	Vice President and Chief Human Resources Officer	Officer
Carestio, Daniel A.	President and Chief Executive Officer	Officer
Xilas, Andrew	Senior Vice President and General Manager, Dental	Officer
Ubbing, Jack P.	Assistant Secretary	Officer
Snyder, Ronald E.	Assistant Secretary	Officer
Schloss, John	Assistant Secretary	Officer

- **List of all corporation shareholders and their percent ownership**

  Solar US Acquisition Co, LLC is the 100% shareholder of STERIS Corporation

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show STERIS CORPORATION, an Ohio corporation, Charter No. 660223, having its principal location in Mentor, County of Lake, was incorporated on August 9, 1985 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of February, A.D. 2023.

Ohio Secretary of State

Validation Number: 202304703284

Establishment Registration & Device Listing

Establishment:
STERIS CORPORATION
5960 Heisley Road
Mentor, OH 44060
Registration Number: 1527821
FEI Number*: 1527821
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
STERIS Corporation
5960 Heisley Road
Mentor, OH US 44060
Owner/Operator Number: 10078069

Official Correspondent:
Becky L Aldhizer
STERIS Corporation
5960 Heilsey Road
Mentor, OH 44060
Phone: 440-3927490

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 11/07/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

From: CDRH Registration and Listing
To: Aldhizer, Becky
Subject: Registration Number 1527821: Successful 2023 Medical Device Establishment Registration
Date: Friday, October 14, 2022 9:50:06 AM
Attachments: SignatureBlockLogo.png

CAUTION: This email originated from outside of STERIS. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Becky L Aldhizer:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2023:

Registration Number: 1527821
Owner Operator Number: 10078069
STERIS CORPORATION
5960 Heisley Road
Mentor, OH 44060
UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to reglist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is valid until December 31, 2023. Registration for 2024 will be conducted between October 1 and December 31, 2023.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
Imports & Registration and Listing Team
Division 2 Establishment Support
Office of Regulatory Programs
Office of Product Evaluation and Quality
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1
Email: reglist@cdrh.fda.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/28/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
CN102364077-STERI-GAXW-23-24	**INSURER(S) AFFORDING COVERAGE** — **NAIC #**
INSURED STERIS Corporation 5960 Heisley Road Mentor, OH 44060	**INSURER A :** Homesite Insurance Company of Florida **INSURER B :** National Union Fire Ins Co. of Pittsburgh PA — 19445 **INSURER C :** AIU Insurance Co — 19399 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CLE-006539526-08 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			POC-166826740-00	03/01/2023	03/01/2024	EACH OCCURRENCE	$ 1,500,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
	[ ] SIR applies per policy						MED EXP (Any one person)	$ Excluded
	[ ] terms and conditions						PERSONAL & ADV INJURY	$ 1,500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	[ ] OTHER:							$
B	AUTOMOBILE LIABILITY			AL 6890186 (AOS)	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 3,000,000
B	X ANY AUTO			AL 6890187 (VA)	03/01/2023	03/01/2024	BODILY INJURY (Per person)	$
C	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS			AL 6890188 (MA)	03/01/2023	03/01/2024	BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	[ ] UMBRELLA LIAB [X] OCCUR			CXS-7558019-02	03/01/2023	03/01/2024	EACH OCCURRENCE	$ 1,000,000
	X EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$ 1,000,000
	[ ] DED [ ] RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 015824844 (AOS)	03/01/2023	03/01/2024	X PER STATUTE [ ] OTH-ER	
C	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N] (Mandatory in NH)	N / A		WC 015824845 (CA)	03/01/2023	03/01/2024	E.L. EACH ACCIDENT	$ 1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			WC 015824846 (WI)	03/01/2023	03/01/2024	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

CERTIFICATE HOLDER

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

NOT FOR PUBLIC DISTRIBUTION

Last Name	First Initial
Addison	J
Advey	R
Agarwal	R
Ahlin	R
Aldhizer	R
Algeri	K
Allen	B
Allen	L
Allen	J
Almasy	D
Alt	J
Amburgy	J
Ames	H
Andrusky	R
Andrzejewski	M
Angadi	S
Annor	P
Antonucci	C
Appachimarmadam	S
Arseneault	D
Ashby	J
Asmar	M
Auvil	V
Babb	J
Balaban	S
Barkoot	D
Barnes	C
Barnicoat-Kutscher	H
Barrett	A
Barrett	J
Barrios	M
Basavaraju	S
Beahn	N
Bean	J
Beasley	C
Beasley	P
Beaufort	A
Bednar	D
Bednarik	L
Beemiller	D
Begovic	M
Behrendt	F
Bensky	H
Berg	C

Last Name	First Initial
Berthet-Judith	V
Bertone	R
Bertone	A
Berwa	A
Betyak	I
Beville	S
Bielewicz	S
Bihary	D
Black	D
Blackford	D
Blakesmith	B
Bleck	B
Blesi	E
Bliley	J
Blizzard	J
Bojc	J
Boni	V
Bossard	N
Bradac	K
Braidic	E
Bregitzer	R
Bridgewater	J
Brinkman	S
Britnell	C
Britton	C
Brodbeck	W
Brook	J
Brown	G
Brown	S
Browning	R
Bucci	L
Budzowski	J
Buhrow	P
Burnside	D
Burton	K
Butcher	K
Butler	B
Butsko	N
Byram	M
Cameron	W
Camp	D
Cantwell	R
Carlisle	N
Carlson	B

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

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Last Name	First Initial
Carr	D
Carr	J
Cartee	A
Cavasinni	K
Chakraborty	D
Chambers	C
Champion	A
Champoir	D
Chiancone	L
Chiffon	M
Childs	D
Chmielecki	G
Cickelli	R
Cindric	N
Clancy	T
Clark	C
Clark	B
Clifton	J
Cobb	W
Cognee	W
Cook	N
Cool	E
Cooper	J
Corbett	P
Corbin	R
Corbin	D
Cortez	E
Coumos	A
Courtot	J
Coyne	M
Crawley	T
Croucher	C
Crowe	C
Crowell	M
Crowley	A
Croxen	J
Cruz	J
Curran	C
Dailey	M
Damp	G
Danda	R
Daubenspeck	R
Davis	L
Davy	D

Last Name	First Initial
Day	D
Dayok	A
DeBelle	J
DeCaprio	C
DeCastra	T
DeChant	R
Del Sandro	D
DeLuca	C
Derrick	M
Dick	G
Dickinson	T
DiFranco	D
DiLalla	F
Dillen	R
Dillon	M
DiMaria	P
DiRusso	R
DiSalvo	R
Dobbins	P
Doles	S
Donnelly	N
Dorado	M
Dorsey	L
Drobot	R
Drobot	S
Duckett	M
Dunaway	L
Duncan	P
Dysart	M
Eber	T
Ehrman	M
Ellerbruch	C
Elliott	L
Elliott	M
Emerich	J
Emmett	K
Esperance	J
Evans	W
Evans	J
Eveland	R
Fahle	G
Fear	J
Feldkamp	A
Felker	D

STERIS Corporation
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Mentor, OH 44060

Active Employee List

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Last Name	First Initial
Feran	K
Feran	A
Ferenac	M
Ferencak	B
Fiorello	A
Fisk	L
Fix	K
Flagg	D
Flis	R
Floriea	J
Flowers	C
Foerst	K
Fordyce	J
Foster-Nagorski	H
Frandanisa	S
Fraser	M
Frayser	R
Frey	J
Friemoth	S
Fromknecht	M
Fuchs	A
Fucile	F
Furlong	D
Gable	C
Gabriel	G
Galek	O
Gallagher	L
Gantzer	M
Garasimchuk	A
Garg	P
Garrett	C
Gasanova	S
Gearhart	J
Genovese	N
Gent	J
Gephart	A
Gessic	H
Gilbert	D
Goldstein	J
Golling	S
Gonsalves	M
Gonzales	D
Gott	R
Gracey	L

Last Name	First Initial
Grant	R
Grasso	J
Grasso	C
Greenwood	Z
Greiner	J
Griffin	N
Griswold	B
Grushetskiy	A
Gulipilli	R
Gunnoe	T
Gurley	C
Gurley	R
Guzzo	M
Haas	O
Haas	M
Haehn	E
Haeseler	S
Haire	G
Hall	W
Hallden	M
Hansen	K
Harbert	J
Harkey	L
Hartwig	K
Harvey	C
Hastings	G
Hathaway	K
Hawthorne	L
Headd	D
Heffern	J
Helmick	S
Henderson	S
Hendricks	K
Herrick	W
Hervey	B
Hickman	J
Hinojosa	M
Hirter	A
Hlebak	L
Holloman	K
Houston	T
Hovencamp	M
Howard	R
Hoynes	D

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

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Last Name	First Initial
Hradisky	V
Hrboka	E
Huber	M
Huber	B
Hubert	M
Hudler	S
Huffman	A
Humar	J
Huya	D
Ickes	S
Ingersoll	P
Intihar	S
Irwin	D
Iyer	V
Jacobson	S
Janda	E
Janus	S
Jean	S
Jeffery	K
Jewel	T
Jha	R
Jodon	M
Johnson	L
Johnson	M
Johnson	K
Johnson	B
Jones	T
Jones	D
Jones	T
Jones	C
Jordan	S
Joseph	A
Josipovic	B
Jury	B
Kalister	M
Kalister	E
Kangane	S
Kapko	D
Kapko	K
Kasapis	K
Kaschube	S
Kehn	K
Kellogg	P

Last Name	First Initial
Kelly	M
Kelly	K
Keys	D
Kielar	G
Kiess	S
Kilfoyle	C
Kim	S
Kimbrough	T
Kingsmill-West	L
Kipnis	J
Kittanakere Balaji	P
Klinger	K
Klucaric	M
Konzel	C
Koritansky	N
Kosatka	K
Kotoch	N
Krajc	A
Kral	J
Krishna	P
Krulic	J
Krzynowek	E
Kuharik	K
Kula	M
Kulkarni	M
Kus	J
LaFrance	M
Laird	J
Laird	K
LaJoie	D
Lambert	J
Land	G
Langdon	C
Lannan	C
Lariche	C
Lattimore	J
Laukiavich	S
LaVan	M
Lawlor	Q
Ledet	D
Lee	R
Lee	W
Lee	D

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

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Last Name	First Initial
Lee	K
Lee	R
Lehman	W
Lendon	M
Lesefky	C
Lester	V
Lewis	N
Lieske	K
Lightner	T
Lima	M
Lint	M
Litto	C
Liviola	A
Logan	T
Lohn	K
London	M
Lopez	L
Lorek	J
Lucas	R
Lucas	W
Ludwig	K
Luther	K
MacDonald	N
MacQueen	B
Mahankali	S
Majewski	C
Mallow	J
Malone	M
Mancini	C
Mani	J
Manyam Venkata	K
Marchinetti	M
Martin	A
Massey	J
Mastromatteo	M
Matic	K
Mayer-Mack	S
McCaleb	K
McCoig	A
McConnell	P
McCoy-Farinacci	K
McGovern	E
McGowan	M
McGowan	L

Last Name	First Initial
McGowan	M
McHale	C
McKenzie	R
McKinney	K
McNeil	C
Meenakshi Sundaram	K
Mehta	S
Mejia	K
Mekhail	L
Mekker	E
Merges	M
Meszaros	J
Meyer	N
Meyer	A
Meyer	M
Meyers	A
Michaels	J
Miday	Z
Mihalek	C
Miller	K
Miller	J
Miller	K
Miller	S
Miller	T
Mills	A
Mineo	R
Miranda	K
Mitskavich	K
Mixon	B
Mohammad	J
Mohandass	B
Monaghan	K
Mondejar	D
Mondville	M
Montanaro	A
Montesanto	S
Moody	L
Mooney	J
Moore	M
Moore-Samad	N
Morocco	M
Mossing	R
Moster	E
Mottice	M

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

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Last Name	First Initial
Mould	B
Mould	J
Mouncey	N
Mroz	D
Mullen O'Neill	D
Mundra	A
Murphy	M
Murray	L
Mussack	C
Myers	K
Myers	J
Naader	H
Nagy	M
Nalepka	J
Nash	B
Nejdi	K
Nejman	J
Nelli	B
Nerandzic	M
Nichols	J
Nichols	C
Niewolak	R
Nittoli	M
Nofal	H
Nolan	M
Nolan	E
Novak	S
Novak	T
Novak	B
Obeid	J
O'Dale	P
O'Donnell	A
Olsdal	N
Olsen	K
Ortenzio	K
Osborn	K
Osmeloski	M
Oswald	J
Otto	Z
Pachono	C
Padhee	S
Palagyi Zupancic	J
Pandit	A

Last Name	First Initial
Panichi	C
Parks	M
Parks	J
Paskert	B
Paskey	B
Pastier	J
Patel	C
Patterson	S
Pavlak	S
Pennell	K
Perez	J
Perry	D
Persons	L
Peters	C
Peterson	B
Petro	S
Petzel	S
Pezer	M
Pfeifer	B
Phillips	K
Piazza	B
Pike	N
Piotrkowski	A
Pirc	T
Pitlor	N
Plantan	J
Pogacnik	K
Pollock	E
Poole	C
Popp	J
Poppy	J
Powell	D
Prawdzik	J
Pretty	M
Price	K
Price	L
Probola	K
Prusky	N
Psenak	V
Pugh	S
Quick	R
Quinn	K
Radekevich	B

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

NOT FOR PUBLIC DISTRIBUTION

Last Name	First Initial
Rahimi	A
Rahman	N
Rajput	D
Ramamoorthy	S
Ramegowda	M
Ramsey	J
Ramsey	D
Ramsey	S
Rantucci	J
Rao	A
Reddy	S
Reed	K
Reichert	D
Reinsel	S
Reitman	S
Repasky	M
Repko	T
Ricciardo	B
Richardella	R
Ricker	J
Ridenour	C
Rigler	S
Riha	L
Rijhwani	G
Riley	B
Ritchey	R
Rivera	G
Rivera	J
Robinson	N
Roche	B
Rodriguez	U
Roelevink	L
Roseberry	T
Rositano-Burgett	W
Rowe	S
Roy	S
Roy	A
Royer	M
Ruf	M
Ruple	V
Sabatini	J
Saenz	E
Saffo	O

Last Name	First Initial
Sahoo	D
Sahoo	R
Saldukas	B
Sanborn	J
Sassano	A
Schiavoni	K
Schloss	J
Schneider	B
Schubert	M
Schultz	Z
Scoles	B
Scott	W
Seager	M
Seaman	B
Seaton	N
Sebbio	K
Sepik	J
Servi	P
Shaffer	D
Shah	Y R
Shahidian	B
Shambaugh	T
Sheffer	D
Shenkel	J
Shockey	C
Sholtis	A
Sikiric	S
Sill	K
Siller	H
Simmons	H
Simon	D
Sims	K
Sindha	A
Siringer	V
Slansky	R
Slaper-Hawranko	K
Smith	S
Smith	J
Smith	M
Smith	T
Smith	J
Smith	J
Snyder	R
Snyder	R

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

NOT FOR PUBLIC DISTRIBUTION

Last Name	First Initial
Soldo	A
Somich	L
Somrak	S
Sopnicar	F
Sosic	A
Spindler	J
Stark	L
Steele	J
Stefancin	S
Stefko	K
Stephens	A
Sterrett	G
Stipanovich	W
Stock	M
Sullivan	M
Suman	J
Sumiejski	B
Szoke	S
Tamaro	R
Tammariello	J
Tamson	A
Tan	B
Tankovich	K
Tash	M
Thornton	R
Tighe	M
Todd	C
Tokarski	J
Tokich	M
Tomer	S
Toth	I
Toth	C
Trushel	K
Trusnik	B
Trussa	K
Tsupruk	A
Turner	M
Turner	M
Tusai	R
Tuscano	L
Tutolo	A
Tyagi	A
Ubbing	J

Last Name	First Initial
Ungar	K
Ungco	J
Unterwagner	N
Upare	K
Urban	J
Ursick	M
Vacik	K
Valencak	W
Valentino	A
Vance	J
Varghese	A
Vejandla	S
Velez	L
Vickers	G
Vidmar	M
Villalta Ochoa	C
Vincek	S
Vining	M
Virant	B
Voepel	A
Vokurka	C
Wahlstrom	K
Walters	S
Wang	N
Ward	T
Ward	L
Warholic	A
Watson	K
Weger	D
Westman	W
Wheatley	R
White	R
White	N
White	I
White	R
Wiese	N
Wiese	J
Williams	N
Williams	S
Williams	E
Williams	B
Wills	C
Wilpula	E

STERIS Corporation
5960 Heisley Road
Mentor, OH 44060

Active Employee List

NOT FOR PUBLIC DISTRIBUTION

Last Name	First Initial
Wilson	P
Wilson	T
Wilson	N
Winter	J
Wireman	K
Wojcieck	B
Wolf	A
Wood	D
Woodell	G
Wright	S
Wroblesky	R
Yeary	J
Yirava	W
Yochum	H
York	K
Young	M
Yuzva	S
Zalar	L
Zangerle	J
Zele	R
Zocchi	M
Zsaludko	A
Zukauskas	E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler STERIS Corporation

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 5960 Heisely Road

City Mentor State OH Zip 44060

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 440-354-2600 Website www.steris.com

Licensing Company Email udiadmin@steris.com

Section 2: Personal Information

First Becky Middle _____ Last Aldhizer

Alias(es, nicknames, name changes, etc.) _____

Date of Birt[redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Private

City _____ State OH Zip 44***

Telephone [redacted] Email Becky_Aldhizer@steris.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kent State University		08/81-05/85	
Address	**City**	**State**	**Zip**
800 E SUmmit Street	Kent	OH	44240
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Marietta Senior High School		09/78-06-81	
Address	**City**	**State**	**Zip**
115 Academy Drive	Marietta	OH	45750
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/07-Present	Private		OH	44***
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
STERIS Corporation			0/09-Prsent	
Business Address		**City**	**State**	**Zip**
5960 Heisely Road		Mentor	OH	44060
Phone	**Title**		**Number of Employed Hours**	
440-354-2600	Director Regulatory Operations		27,040+	
Description of Duties				
FDA Registrations, State Registrations, Import/Export and Product Labeling				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

N/A

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

N/A

I, Becky Aldhizer, **certify that as the designated representative for**

STERIS Corporation,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Becky Aldhizer

Print Name (First, Last)

Becky Aldhizer

Original Signature (electronic, copies or stamps not accepted)

Oct 20, 2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Rebecca Aldhizer

Print Name (First, Last)

Rebecca Aldhizer — Oct 20, 2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Lake

I, Rebecca Aldhizer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Rebecca Aldhizer — October 20, 2022

Original Signature — **Date**

Subscribed and Sworn to before me this 20th day of October 2022.

Roberta J. Bertone

Notary Public Signature Roberta J. Bertone

ROBERTA J. BERTONE, NOTARY PUBLIC
COMM. EXP. 4/6/2026
STATE OF OHIO
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG STERIS Corporation MDEG License # (if applicable) _____

Physical Address 5960 Heisely Road

City Mentor State OH Zip 44060

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 440-354-2600 Website www.steris.com

Licensing Company Email udiadmin@steris.com

Section 2: Personal Information

First Becky Middle _____ Last Aldhizer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address Private

City _____ State OH Zip 44***

Telephone [redacted] Email BeckyAldhizer@steris.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kent State University		08/81-05/85	
Address	**City**	**State**	**Zip**
800 E. Summit Street	Kent	OH	44240
Diploma/Degree obtained, if any			
Criminal Justice, B.S.			

School Name		From - To (MM/YY – MM/YY)	
Marietta Senior High Sohool		09/78-06/81	
Address	**City**	**State**	**Zip**
115 Academy Drive	Marietta	OH	45750
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/07-Present	Private		OH	44***
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
STERIS Corporation			2009-Pesent	
Business Address		**City**	**State**	**Zip**
5960 Heisely Road		Mentor	OH	44060
Phone	**Title**		**Number of Employed Hours**	
440-354-2600	Director Regulatory Operations		27,040+	
Description of Duties				
FDA Registration, State Regulations, Inport/Export an Product Labeling				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Becky Aldhizer, **certify that as the MDEG Administrator for**

STERIS Corporation,

that I (initial that you have read and meet the following requirements):

1. x Have a high school diploma or its equivalent;
2. x Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. x Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. x Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Becky Aldhizer
Print Name (First, Last)

Becky Aldhizer
Original Signature (electronic, copies or stamps not accepted)

Oct 24, 2022
Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 285070983

Application/License No. _____

STERIS CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 5960 Heisley Road Mentor, OH 44060-1834 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on December 2, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of December, 2022.

APPLICANT/PRINCIPAL
STERIS CORPORATION

Jennifer H Smith
Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Christina L Sandoval
Surety Company's Representative

Christina L. Sandoval, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Richard Byte
Witness

Teresa Baker
Witness

SIGNED and SEALED in the presence of:

Corinne Chapman
Witness Corinne Chapman

Samantha Chierici
Witness Samantha Chierici

Countersigned by:

Susan Ann Welsh
Nevada Resident Agent
Nevada Non-Resident Agent, Susan Ann Welsh

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8208850-285057**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Christina L. Sandoval; Christopher T. Moser; Corinne Chapman; James B. McTaggart; Jean Torres; Jennifer L. Jakaitis; Jessica B. Dempsey; Judith A. Lucky-Eftimove; Kristin L. Hannigan; Nicholas Kertesz; Rogert Paraison; Samantha Chierici; Sandra M. Winsted; Susan A. Welsh

all of the city of Chicago state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 14th day of October, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 14th day of October, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 26, 2025
Commission number 1125044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 2nd day of December, 2022

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Vertical Pharmaceuticals, LLC

Physical Address: 1880 McFarland Parkway, Suite 110-A

City: Alpharetta State: GA Zip: 30005

Mailing Address (if different from physical address): 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: (678) 325-5341 Website: https://www.verticalpharma.com/

Name of Designated Representative (DR): Miguel Gomez Rodriguez

Licensing Company Email: verticalstatelicense@osmotica.com DR Email: mgomez@avionrx.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): Vertical/Trigen Opco, LLC

Corporation/Organization Name: Vertical Pharmaceuticals, LLC

Mailing Address: 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: (678) 325-5341 Email: verticalstatelicense@osmotica.com

Contact Person Name: Harold A. Deas, Jr.

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. **(NAC 639.6957).** Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Vertical Pharmaceuticals, LLC
Facility Name

Harold Deas, Jr.
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: 3-27-23	Amount: 1000.00 CK - 18091

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERTICAL PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERTICAL PHARMACEUTICALS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5403351 8300

SR# 20230394583

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202652774

Date: 02-06-23

VERTICAL
PHARMACEUTICALS, LLC

Ownership Information

Vertical/Trigen OPCO, LLC
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005

Owns 100% of Vertical Laboratories, LLC

Corporate Officers

Harold A. Deas, President, Secretary, Treasurer
1880 McFarland Parkway, Suite 110-A
Alpharetta, GA 30005
[redacted]
Ownership: 0%

VERTICAL
PHARMACEUTICALS, LLC

Third Party Logistics Provider(s)

R&S Solutions, LLC 96 American Drive, Suite 100A Jackson, TN 38301	Direct Customer Solutions, LLC 4277 Highway 412 South Bells, TN 38006
Cardinal Health dba Specialty Pharmaceutical Services "SPS" 501 Mason Road, Suite 200 LaVergne, TN 37086	

Vertical utilizes R&S, Direct Customer Solutions and Cardinal SPS as Third-Party Logistics providers to manage the storage and distribution of Vertical Pharmaceuticals, LLC. products.

Description of Facility

Vertical Pharmaceuticals, LLC does not handle, store or ship commercial product from its facility in Alpharetta, GA; the facility is used exclusively as office space.

Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

VERTICAL
PHARMACEUTICALS, LLC

Manufacturing and Product Information

Description of Operations

Vertical Pharmaceuticals, LLC is a "virtual manufacturer" of prescription drugs. Vertical's products are manufactured by a contract manufacturer(s). Product will be distributed by Vertical's third-party logistics provider which is licensed to ship pharmaceutical products into your state.

Labeler Code: 68025
Product Information: Please see attached list

Contract Manufacturer(s)

Sovereign Phamaceuticals, LLC 7590 Sand Street Fort Worth, TX 76118 FEIN: 3003229412	Galephar Pharmaceutical Research Inc. Rd 925 Lm 6.1 Bo Junquito Humacao, 00791, Puerto Rico PH: (787) 389-0340 FEIN: 3008206797
VIVA Pharmaceuticals 13880 Viking Place Richmond, BC, V6V 1K8, Canada (604) 718-0816 FEIN: 3002704547	Patheon 2110 E Galbraith Rd Cincinnati, OH 45237 PH: (513) 948-9111 FEIN: 1510437
Nutra-Med Packaging, Inc 118 Algonquin Pkwy Whippany, NY 07981 (973) 625-2274 FEIN: 3002821211	Mikart 1750 Chattahoochee Ave NW Atlanta, GA 30318 PH: (888) 464-5278 FEIN: 1050658
Orion Corporation Orion Pharma Tengströminkatu 8 FI-20360 Turku, Finland FEIN: 3003743938	Probi USA, Inc. 9609 153rd Ave NE Redmond, WA 98052 FEIN: N/A – Dietary Supplement
Aspire Pharmaceuticals, Inc. 37 Veronica Avenue Somerset, NJ 08873 FEIN: 3003159106	

Vertical's CMO partners manufacture Vertical Pharmaceuticals, LLC product and packages finished product. At no time does the CMO own the product, contract with Vertical Pharmaceuticals, LLC's customers, invoice, or sell a Vertical Pharmaceuticals, LLC

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005453 Status: Active

Vertical Pharmaceuticals LLC
1880 McFarland Pkwy Ste 110-A
Alpharetta GA 30005

Expires: 06/30/2023
Issued: 11/16/2022

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005453 Status: Active
Vertical Pharmaceuticals LLC
895 Sawyer Road
Marietta GA 30062

Expires: 06/30/2023
Issued: 11/16/2022
Real-time license verification is available at gadch.mylicense.com/verification

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0519934	04-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-06-2023

R&S SOLUTIONS LLC
96 AMERICAN DR STE 100A
JACKSON, TN 38301

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0519934	04-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-06-2023

R&S SOLUTIONS LLC
96 AMERICAN DR STE 100A
JACKSON, TN 38301

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0519934	04-30-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	03-06-2023

R&S SOLUTIONS LLC
96 AMERICAN DR STE 100A
JACKSON, TN 38301

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

National Drug Code Directory

Verified M.H 4/13/23

Current through March 20, 2023

You have searched Finished drug products

Search Results: *'68025'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Bromfed DM	68025-002-04	2 mg/5mL, 10 mg/5mL, 30 mg/5mL	SYRUP	ORAL	ANDA203375	Vertical Pharmaceuticals, LLC	68025-002	Brompheniramine Maleate, Pseudoephedrine Hydrochloride and Dextromethorphan Hydrobromide	BROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/31/2022
Bromfed DM	68025-002-16	2 mg/5mL, 10 mg/5mL, 30 mg/5mL	SYRUP	ORAL	ANDA203375	Vertical Pharmaceuticals, LLC	68025-002	Brompheniramine Maleate, Pseudoephedrine Hydrochloride and Dextromethorphan Hydrobromide	BROMPHENIRAMINE MALEATE; DEXTROMETHORPHAN HYDROBROMIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	12/31/2022
ConZip	68025-071-30	100 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals, LLC	68025-071	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/20/2011
ConZip	68025-072-30	200 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals, LLC	68025-072	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/20/2011
ConZip	68025-073-30	300 mg/1	CAPSULE, EXTENDED RELEASE	ORAL	NDA022370	Vertical Pharmaceuticals, LLC	68025-073	tramadol hydrochloride	TRAMADOL HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	09/20/2011
DIVIGEL	68025-066-07	.5 mg/.5g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-066	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014
DIVIGEL	68025-066-30	.5 mg/.5g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-066	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+ DIVIGEL	68025-067-07	1 mg/g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-067	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014
+ DIVIGEL	68025-065-07	.25 mg/.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-065	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014
+ DIVIGEL	68025-067-30	1 mg/g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-067	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014
+ DIVIGEL	68025-065-30	.25 mg/.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-065	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	10/27/2014
+ DIVIGEL	68025-083-07	.75 mg/.75g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-083	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	01/18/2019
+ DIVIGEL	68025-083-30	.75 mg/.75g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-083	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	01/18/2019
+ DIVIGEL	68025-086-07	1.25 mg/1.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-086	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	12/17/2019
+ DIVIGEL	68025-086-30	1.25 mg/1.25g	GEL	TOPICAL	NDA022038	Vertical Pharmaceuticals, LLC	68025-086	estradiol	ESTRADIOL	HUMAN PRESCRIPTION DRUG	12/17/2019
+ Lorzone	68025-047-10	750 mg/1	TABLET	ORAL	ANDA040861	Vertical Pharmaceuticals, Inc.	68025-047	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	10/01/2011
+ Lorzone	68025-046-10	375 mg/1	TABLET	ORAL	ANDA040861	Vertical Pharmaceuticals, Inc.	68025-046	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	10/01/2011
+ Lorzone	68025-047-02	750 mg/1	TABLET	ORAL	ANDA040861	Vertical Pharmaceuticals, Inc.	68025-047	chlorzoxazone	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	10/01/2011

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+ Osmolex ER	68025-076-90	193 mg/1	TABLET, EXTENOED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-076	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018
+ Osmolex ER	68025-021-30	161 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-021	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	05/05/2022
+ Osmolex ER	68025-021-90	161 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-021	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	05/05/2022
+ Osmolex ER	68025-075-90	129 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-075	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018
+ Osmolex ER	68025-076-30	193 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-076	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018
+ Osmolex ER	68025-074-62		KIT		NDA209410	Vertical Pharmaceuticals, LLC	68025-074	amantadine		HUMAN PRESCRIPTION DRUG	06/01/2018
+ Osmolex ER	68025-075-30	129 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA209410	Vertical Pharmaceuticals, LLC	68025-075	amantadine	AMANTADINE	HUMAN PRESCRIPTION DRUG	06/01/2018
+ RELEXXII	68025-084-10	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Vertical Pharmaceuticals, LLC	68025-084	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	11/08/2018
+ RELEXXII	68025-088-10	45 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA216117	Vertical Pharmaceuticals, LLC	68025-088	methylphyenidate hydrochloride extended-release	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/23/2022

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+ RELEXXII	68025-088-30	45 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA216117	Vertical Pharmaceuticals, LLC	68025-088	methylphyenidate hydrochloride extended-release	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/23/2022
+ RELEXXII	68025-089-10	63 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA216117	Vertical Pharmaceuticals, LLC	68025-089	methylphyenidate hydrochloride extended-release	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/23/2022
+ RELEXXII	68025-089-30	63 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA216117	Vertical Pharmaceuticals, LLC	68025-089	methylphyenidate hydrochloride extended-release	METHYLPHENIDATE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	06/23/2022
+ RELEXXII	68025-084-30	72 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA205327	Vertical Pharmaceuticals, LLC	68025-084	methylphenidate hydrochloride	METHYLPHENIDATE HYDROCHLDRIDE	HUMAN PRESCRIPTION DRUG	04/01/2019
+ Venlafaxine Hydrochloride	68025-082-30	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-082	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010
+ Venlafaxine Hydrochloride	68025-079-30	37.5 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-079	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010
+ Venlafaxine Hydrochloride	68025-081-90	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-081	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010
+ Venlafaxine Hydrochloride	68025-079-90	37.5 mg/1	TABLET, EXTENDED RELEASE	DRAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-079	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLDRIDE	HUMAN PRESCRIPTION DRUG	04/29/2010
+ Venlafaxine Hydrochloride	68025-080-30	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-080	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010
+ Venlafaxine Hydrochloride	68025-080-90	75 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-080	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010

	Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
+	Venlafaxine Hydrochloride	68025-081-30	150 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-081	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010
+	Venlafaxine Hydrochloride	68025-082-90	225 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA022104	Vertical Pharmaceuticals, LLC	68025-082	venlafaxine hydrochloride	VENLAFAXINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/29/2010

Showing 1 to 39 of 39 entries

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Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

VERTICAL
PHARMACEUTICALS, LLC
An Alora Pharmaceuticals Company

First Name	Last Name
Christopher	Almeida
Ahmad	Al-Sabbagh
Justin	Arrington
Gregory	Ball
Larry	Barton
Shawn	Bauer
Charles	Bedford
Daniel	Bemus
Priscilla	Berdiel
Rafael	Berrios
Sophia	Brommet
Lea	Brown
Tione	Brown
Margaret	Bryant
Kevin	Buckle
James	Burnett
Martin	Byford
Nikki	Cabbiness
Jeffrey	Canitia
Peter	Carbone
Lynlea	Caudill
Darrell	Chase
Aditya	Chaudhary
Audrey	Ciric
Dena	Courneen
Leamon	Cozart
Jeffrey	Currey
Regina	Daou
Bishop	Davis
Harold	Deas, Jr
Dillon	Dees
Nicole	DeSimone
Martin	Diamond
Jennifer	Dodt
David	Dumais
Kelly	Dunlop
Sean	Dyer
Amina	Edris

Alissa	Ellis
Curtis	Epps
Amy	Evanich
Joshua	Fannin
Shannon	Faught
Nathan	Feldman
Robert	Folks
Jason	Gallo
Gabrielle	Garrett
Joseph	Gilhooly
Miguel	Gomez Rodriguez
Brian	Griffith
John	Guarino
Lauren	Gutowski
Michael	Hairston
Emily	Hash
Deidra	Headley
Erin	Heaney
Fernanda	Henriques Wai De Oliveira
Kinsey	Herring
Jacob	Hershman
Steven	Hills
Danny	Hobbs
Ryan	Holbrook
Michael	Howell
Blakeley	Hunt
Desiree	Huskey
William	Hutchings
Karen	Hutto
Alexia	Hynes
Lee	Isom
Jazmin	Jaramillo
Jason	Katz
Lindsay	Kemp
Mary	Kenworthy
Jodi	Konarski
Monica	Lackey
Amanda	Lash
Nate	Lemings
Richard	Limbacher
Jennifer	Lincoln
Kristen	Lindler
Shelli	Liston
Victor	Lockett

Tiffany	Lowe
Jordan	Lyles
Michael	Mackowski
Vincent	Manasia
John	Massoud
Ebony	Mattox
Jerry	Maynor
Edward	McKernan
Elise	Michaelis
William	Mooneyham
Kristen	Moreno
Kimberly	Moyer
Jessica	Mucci
Maurice	Mulcahy
Marchelle	Mullings
Todd	Murdock
Rebecca	Murphy
Patrick	Nardi
Jordan	Nochimson
Brian	Palermo
Ernest	Palmer
Nicole	Parducci
Dwight	Parrish
Kasey	Patterson
Tamela	Patterson
Emily	Pearson
Kristin	Perez
Shaina	Pomerantz
Kimberly	Pope
Alyssa	Potteiger
Ryan	Pulsifer
Lynn	Quaranta
Meenal	Rathi
Patricia	Reed
Gabriela	Rego
Lindsey	Ricks
Kristi	Roos
Taylor	Rossmoore
Lena	Saavedra
Matthew	Salazar
Brian	Scott
Wesley	Scruggs
Darshanaben	Shah
David	Smith

Roxanne	Smith
Tanya	Smith WIlliams
Mark	Steffen
Scott	Stoots
Michael	Stumbo
Austin	Theis
Clay	Tucker
Fernanda	Vale
Sydney	Varsen
Srihari	Vedartham
Tracy	Voorhees
Spencer	Watts
Cory	Weider
Felicity	Welch
Nina	West
Leny	Widjaja
James	Wilson
Jeff	Wohlhueter
Hanna	Zarrilli
Amy	Zeller

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler information

Name of Pharmacy/Wholesaler: Vertical Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable): Pending

Physical Address: 1880 McFarland Pkwy, Suite 110-A

City: Alpharetta State: GA Zip: 30005

Mailing Address (if different from physical address): 895 Sawyer Road

City: Marietta State: GA Zip: 30062

Telephone: (678) 325-5341 Website: https://www.verticalpharma.com/

Licensing Company Email: verticalstatelicense@osmotica.com

Section 2: Personal Information

First: Alicia Middle: Nacholl Last: Wood

Alias(es, nicknames, name changes, etc.): Alicia Nacholl Dean

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Rolling Rock Trail

City: Cumming State: GA Zip: 30028

Telephone: [redacted] Email: awood@acellapharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Georgia		01/15 - 06/19	
Address	**City**	**State**	**Zip**
82 College Circle	Dahlonega	GA	30597
Diploma/Degree obtained, if any			
Bachelor of Business			
School Name		**From - To (MM/YY – MM/YY)**	
University of North Georgia		01/15 - 06/19	
Address	**City**	**State**	**Zip**
82 College Circle	Dahlonega	GA	30597
Diploma/Degree obtained, if any			
Associates of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Stephens County High School		08/02 - 05/03	
Address	**City**	**State**	**Zip**
323 Indian Trail	Toccoa	GA	30577
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/20 -	[redacted]Rolling Rock Trail	Cumming	GA	30028
06/14 - 11/20	[redacted]Tugalo Drive	Jefferson	GA	30549
07/10 - 06/14	[redacted] Old Hwy 441 N	Baldwin	GA	30511
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Alora Pharmaceuticals (Parent of Acella, Avion, Trigen and Vertical)			02/22 - Present	
Business Address		**City**	**State**	**Zip**
1880 McFarland parkway		Alpharetta	GA	30005
Phone	**Title**		**Number of Employed Hours**	
678-483-6082	Global Supplier Quality Manager		2400	

Description of Duties

Manage review and approval of customer complaints, stability, annual product reviews, and product specifications, ensuring product performance is supported throughout the product shelf-life.

Business Name			From - To (MM/YY – MM/YY)	
Pharma Tech Industries			02/16 - 02/20	
Business Address		**City**	**State**	**Zip**
545 Old Elbert Rd.		Royston	GA	30662
Phone	**Title**		**Number of Employed Hours**	
706-246-3555	Laboratory Supervisor, Quality Control		8320	

Description of Duties

Review and approve release of raw materials, in-process, finished goods, and stability data related to analytical and microbial testing, enuring appropriate actions were taken for results that failed to meet specification requirements.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Alicia Wood, **certify that as the designated representative for**

Vertical Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AW I am at least 21 years of age;
3. AW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alicia Wood

Print Name (First, Last)

Alicia Wood

Original Signature (electronic, copies or stamps not accepted)

5/2/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alicia Wood

Print **Name** (First, Last)

Alicia Wood

Original Signature (electronic, copies or stamps not accepted)

5/2/23

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Forsyth

I, Tracy Voorhees, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tracy Ullah Voorhees

Original Signature

5/2/23

Date

Subscribed and Sworn to before me this 2 day of May 2023

Tracy Ullah Voorhees

Notary Public Signature

TRACY ULLAH VOORHEES
NOTARY PUBLIC
FULTON COUNTY, GEORGIA
MY COMMISSION EXPIRES JUNE 24, 2024
(Seal)

Alicia Wood

Cumming, GA 30028
[redacted]
+1[redacted]

Proficient Quality Compliance Manager with over 14 years' experience in a QA/QC environment. Successful at establishing effective policies and procedures that enable optimal productivity and efficiency while simultaneously reducing errors.

Authorized to work in the US for any employer

Work Experience

Global Supplier Compliance Manager

Alora Pharmaceuticals (Acella, Avion, Trigen, and Vertical Pharmaceuticals) - Alpharetta, GA
August 2022 to Present

• Manage a team of three (3) associates ensuring timely review, investigation (as applicable), and approval of customer complaints, stability data, product specifications, and annual product reviews.
• Oversee and maintain the customer complaint system confirming that each complaint is properly investigated and closed within procedural requirements. Review of complaint trending data to determine if additional investigation is required.
• Review and approval of stability data and associated investigations from all contract suppliers ensuring product shelf life is supported and appropriate actions are taken for out of specification results. Development of a system to maintain data and schedule review of future pull points/studies.
• Review and approval product specifications confirming that the specifications are in alignment with the associated filing and USP requirements.
• Development and management of a program for annual product reviews. Review of all data related to finished products to ensure processes, specifications, and expiry continue to be supported.
• Review and approval of all Nonconformance and CAPA investigations associated to customer complaints, stability data, product specifications, and annual product reviews.
• Participate in external audits as needed.

QMS Manager

Acella Pharmaceuticals - Alpharetta, GA
February 2022 to Present

• Managed an interim team of five (5) to address FDA remediation activities including: investigation and closure of 800+ Product Complaints/AEs, review/approval of 60+ Annual Product Reviews provided by CMOs/CPOs, and development and execution of improved Quality Agreements for all CMOs.
• Provided data and updates on progress of remediation activities for periodic reporting to the FDA.
• Initiation and management of ongoing Quality Council meetings.
• Review and approval of internal and external Nonconformance investigations.
• Review and approval of internal and external Change Controls related to MBRs, Product Specifications, and Methodology.
• Collection of stability data from CMOs to support and extend expiry of products.
• Schedule, resource, and manage the Internal Audit program.

Director of Quality
Chemence - Alpharetta, GA
July 2020 to January 2022

• Manage a team of ten (10) ensuring that the QA and QC departments meet departmental goals and continually improve processes to maintain high quality while improving efficiency.
• Implementation and management of electronic Non-conformances, Customer Complaints, Scars, and CAPAs.
• Implementation and management of the Change Control program.
• Work with cross-functional teams to develop Quality, Safety, and Environmental objectives.
• Implementation of Quality meetings to provide insight on performance against quality standards and objectives.
• Improved Internal Audit procedures and practices to ensure stronger company performance in External Audits.
• Schedule, resource, and manage the Internal Audit program.
• Manage External Audits, providing timely response to observations and corrective actions.
• Work with the PMO, R&D, and Scale-up teams to implement procedures, methods, and specifications for new products.
• Work with Supply Chain and Operations to qualify and maintain qualification of component and raw material vendors.
• Work with the Training Coordinator to build out career paths and departmental training.
• Perform performance evaluations and provide mentoring/training as needed.

Quality Manager
Chemence - Alpharetta, GA
February 2020 to July 2020

• Manage a staff of four (4), ensuring timely release of raw materials, intermediates, and finished goods.
• Maintain the QMS by working with cross-functional teams to revise and upload departmental procedures.
• Perform Nonconformance, Out of Specification, and Customers Complaint investigations.
• Manage Internal Audits and serve as the management representative for External Audits.
• Manage sitewide calibration program.
• Collaborate with customers to improve Supplier Quality.

Laboratory Supervisor, Quality Control
Pharma Tech Industries - Royston, GA
February 2016 to February 2020

• Supervise the daily activities of the analytical and microbiology teams ensuring compliance and delivery of timely and accurate data and reports.
• Perform performance evaluations and provide mentoring to further develop the team.
• Provide and maintain training on new and existing procedures and methodology.
• Evaluate potential new customer projects and participate in workload planning to support projects and daily testing requirements.
• Work with project management and customers to establish timelines and budgets for the execution of analytical method validation/verification and microbial test method suitability for new products, ensuring timelines are met and technical and quality issues are professionally addressed.
• Write analytical method validation/verification protocols and reports.
• Initiate and conduct laboratory investigations including Out of Specification, Out of Trend, and Deviations.

• Initiate, review, and approve department Change Controls.
• Write, revise, and maintain standard operating procedures and test methods.
• Ensure CAPAs are implemented as identified and evaluate their effectiveness.
• Write stability protocols, initiate and coordinate studies, evaluate data, and write final stability reports.
• Manage and coordinate the laboratory equipment calibration program.
• Participate in internal and external audits, ensuring observations/findings are quickly addressed.
• Developed new systems to evaluate and track raw materials for reduced testing, reducing testing requirements by 40% for more than 20 materials.
• Track and report samples in the analytical and microbiological laboratories, increasing efficiencies by 20%.

Senior Chemist, Quality Control

Pharma Tech Industries - Royston, GA
April 2015 to February 2016

• Validated new HPLC, GC, and wet chemistry methods.
• Performed routine and non-routine testing of raw materials and finished products using a wide variety of USP/NF and EP testing.
• Performed daily tests to ensure laboratory instruments were functioning properly.
• Performed IQ, OQ, and PQ on new laboratory equipment.
• Trained new chemists and technicians.
• Assisted in planning special projects with management and customers to meet production needs.
• Reviewed raw material specifications prior to implementation for new or reformulated products.
• Reviewed and approved of Material Analysis Reports and lab testing data for release of conforming raw materials.
• Authored and revised standard operating procedures and test methods as needed.
• Performed instrument calibration and maintenance internally reducing the need for outside services by 50%.

Raw Material Technician / Lab Analyst I & II, Quality Control

Pharma Tech Industries - Royston, GA
December 2007 to April 2015

• Sampled and inspected raw materials and packaging components.
• Reviewed batch records for product release.
• Accurately performed routine and non-routine tests of raw materials, in-process and finished products utilizing USP/NF, EP, and customer methodology.
• Performed routine microbiological testing.
• Created preprinted notebooks for documentation of testing to increase efficiency in sample release.
• Evaluated raw materials for reduced testing per established methods decreasing testing requirements by 30%.

Education

B.A in Business Management

University of North Georgia - Gainesville, GA
January 2015 to June 2019

Associates of Science in Chemistry
University of North Georgia - Gainesville, GA
2014 to 2018

Skills

- Leadership
- Nonconformance/Customer Complaint/CAPA
- USP/NF
- Microsoft Office/MiniTab
- ChemStation
- Document Control
- Instrument Qualification and Maintenance
- Change Control
- GDP/GMP/GLP
- ISO 9001
- FDA
- HPLC
- GC
- FTIR
- NIR
- Karl Fischer
- UV
- Method Validation
- Verification
- Suitability
- Calibration
- Internal Audits
- Laboratory Management
- Microbiology
- Project Planning
- Quality Assurance
- Quality Management
- Microsoft Word
- Microsoft Excel
- Microsoft Office
- ISO 14001/45001
- Laboratory Experience
- Technical Writing
- QA/QC

- Quality Control
- Visio
- Quality Audits
- Chromatography
- Quality Systems

Certifications and Licenses

ISO 9001 Lead Auditor, Quality Certification

CQA

December 2021 to December 2025

ASQ Certified Quality Auditor

The Hanover Insurance Group

The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 808 North Highlander Way, Howell, MI 48843
Massachusetts Bay Insurance Company | 440 Lincoln Street, Worcester, MA 01653

Bond Rider

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To be attached to and form part of **Bond Number** BLAA460846

issued to Vertical Pharmaceuticals, LLC

in favor of Nevada State Board of Pharmacy

described as Prescription Drug Wholesaler Eff 1/1/2012 or later

Effective date of Rider 11/1/2022

The Principal and Surety hereby consent to changing the referenced bond as described below:

__ Address changed to
__ Name changed to
__ Bond term changed to
__ Bond penalty changed to
_X_ Other change

The Following Addresses Shall be Added:
2631 Causeway Center Drive, Tampa, FL 33619
2500 Main Street Extension, Suite #6, Sayreville, NJ 08872
1880 McFarland Pkwy, Ste 110-B, Alpharetta, GA 3005

Said bond shall be subject to all its terms, conditions and limitations, except as herein modified.

In witness whereof, The Hanover Insurance Company has caused this instrument to be signed by its duly authorized Attorney-in-Fact this 14th day of March, 2023.

By: Christy L M. Owens
Christopher Owens, Attorney-in-Fact

Distribution copy to:

Epic Edgewood Partners Ins. Ctr.
2405 Satellite Blvd, Ste 200
Duluth, GA 30096-9022

Trigen Laboratories, LLC
2631 Causeway Center Drive
Tampa, FL 33619

THE HANOVER INSURANCE COMPANY 1972

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

WHOLESALER AND REVERSE DISTRIBUTOR

Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

INFORMATION

Inspection Type New Facility Approval Pending

Business Type: Virtual manufacture

Last GDNA inspection date N/A Today's date 11/14/2022

Facility Name: Vertical Pharmaceuticals, LLC County: Forsyth

Permit #: New Exp: N/A DEA #: N/A Exp: N/A Schedules: None

Current address: 1880 McFarland Pkwy., Suite 110-A

City: Alpharetta State: Georgia ZIP Code: 30005

Phone: 678-325-5189 Fax: None Website: www.verticalpharma.com

Hours of Operation: m-f: 8:30am - 5:30pm sat/sun: cls

Manager's Name: Rebecca Clasper License & Expiration Date: (if applicable) N/A

List all persons responsible for storage, handling, records, & distribution of prescription medications:

Becky Clasper, Alice Wood, Nicholas Allen, Jessica Montoya, Nhu Tran, Kristin Garner, Sharon Leyva, Mansi Patel, Eric Hayward

Generally describe the business model for this location: See comment section below

	SATISFACTORY
General (480-7-.03(2)(g))	
1. Commercially zoned	1. Yes
2. Business license	2. Yes
Facility (480-7-.03(7)(a))	
3. Sufficient size & construction	3. Yes
4. Clean & orderly	4. Yes
5. Free from infestation	5. Yes
Storage Areas (480-7-.03(7)(a))	
6. Adequate lighting & ventilation	6. Yes
7. Sanitation	7. Yes
Quarantine Areas for the following: (480-7-.03(7)(a))	
8. Returned prescription drugs	8. Yes
9. Damaged prescription drugs	9. Yes
10. Outdated prescription drugs	10. Yes
11. Deteriorated prescription drugs	11. Yes
12. Misbranded/adulterated Rx drugs	12. Yes
13. Open Containers	13. Yes
Security (480-7-.03(7)(b))	
14. Controlled outside access	14. Yes
15. Outside perimeter lighting	15. Yes

	SATISFACTORY
Security (480-7-.03(7)(b)) continued	
16. Limited access to drugs	16. Yes
17. After hours alarm system	17. Yes
18. Prevention of drug diversion and theft	18. Yes
19. Prevention of computer and electronic tampering	19. Yes
20. Prevention of record theft	20. Yes
Storage Conditions (480-7-.03(7)(c))	
21. Temperature monitored & recorded	21. Yes
22. Humidity monitored & recorded	22. Yes
Examination of Materials (480-7-.03(7)(c))	
23. Upon receipt, examination of shipping containers for contamination	23. N/A
24. Inspection of outgoing shipments	24. N/A
Required Policies and Procedures (480-7-.03(8))	
25. Use of oldest product first	25. Yes
26. FDA/Board recalls and withdrawals	26. Yes
27. Manufacturer drug removal	27. Yes
28. Emergency situations	28. Yes
29. Outdated drug segregation	29. Yes
30. Other drug disposal	30. Yes

Revised 02/11/2010

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

WHOLESALER AND REVERSE DISTRIBUTOR

Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

	SATISFACTORY
Record Keeping	
31. Records kept of all transactions regarding the receipt, distribution or disposition of prescription drugs. (480-7-.03(7)(f))	31. N/A
32. Inventories and records kept for two (2) years. (480-7-.03(7)(i))	32. N/A
33. Records kept on site or immediately retrievable within two (2) working days. (480-7-.03(7)(j))	33. Yes
34. DEA Biennial Inventory (date: N/A) (480-7-.03(10)(b))	34. N/A
35. All prescription medication is shipped, sold or delivered to properly licensed persons or firms. (480-7-.03(7)(g)(1))	35. N/A
36. Copies of permits/licenses where prescription medication is shipped, sold, or delivered. (480-7-.03(7)(g))	36. N/A

List prescription drug suppliers: This facility will utilize the services of a 3PL operating as a "virtual manufacture"

ADDITIONAL INFORMATION

- Licenses shall become null and void upon the sale, transfer or change of mode of operation or location of the business. (480-7-.03(3)(c))
- No drug wholesale distributor, located inside the State of Georgia, may ship to, sell to, or otherwise deliver a dangerous drug or controlled substance to a person or firm unless that person or firm holds a license or permit which authorizes them to purchase, buy, receive or otherwise possess drugs. (480-7-.03(7)(g)(1))
- Licenses are renewed for two years and expire on June 30th of each odd numbered year. (480-7-.03(3)(d))
- Georgia State Board of Pharmacy Website: WWW.GBP.Georgia.GOV;
- Georgia Drugs & Narcotics Agency Website: WWW.GDNA.Georgia.GOV

COMMENTS OR RECOMMENDATIONS

This facility is under the ownership of Alora Pharmaceuticals. This facility will serve as a "virtual manufacture".

Drugs (see attached list) will be manufactured by a variety of facilities registered by FDA (see attached). These manufactured drugs would then be sent to R&S Solutions LLC, (3PL located in TN; license number 4892) who will then ship drugs to Vertical Pharmaceutical customers. Drugs would be sent to this location from end users for complaint samples. These samples will be utilized for complaint investigations (inspections). Once samples complete investigative inspections, they would be disposed of through a reverse distributor. Samples may be shipped to the manufacture from this facility for chemical analysis if needed. Additionally a second 3PL (Direct Customer Solutions LLC) under common ownership with R&S will be utilized (TN license number 7658). Applicant to update application with corrected zip code (30005).

SIGNATURE

This inspection report has been read and explained to the person whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Printed Name: Heather S. Jones

Heather S. Jones

Signature: Facility Representative

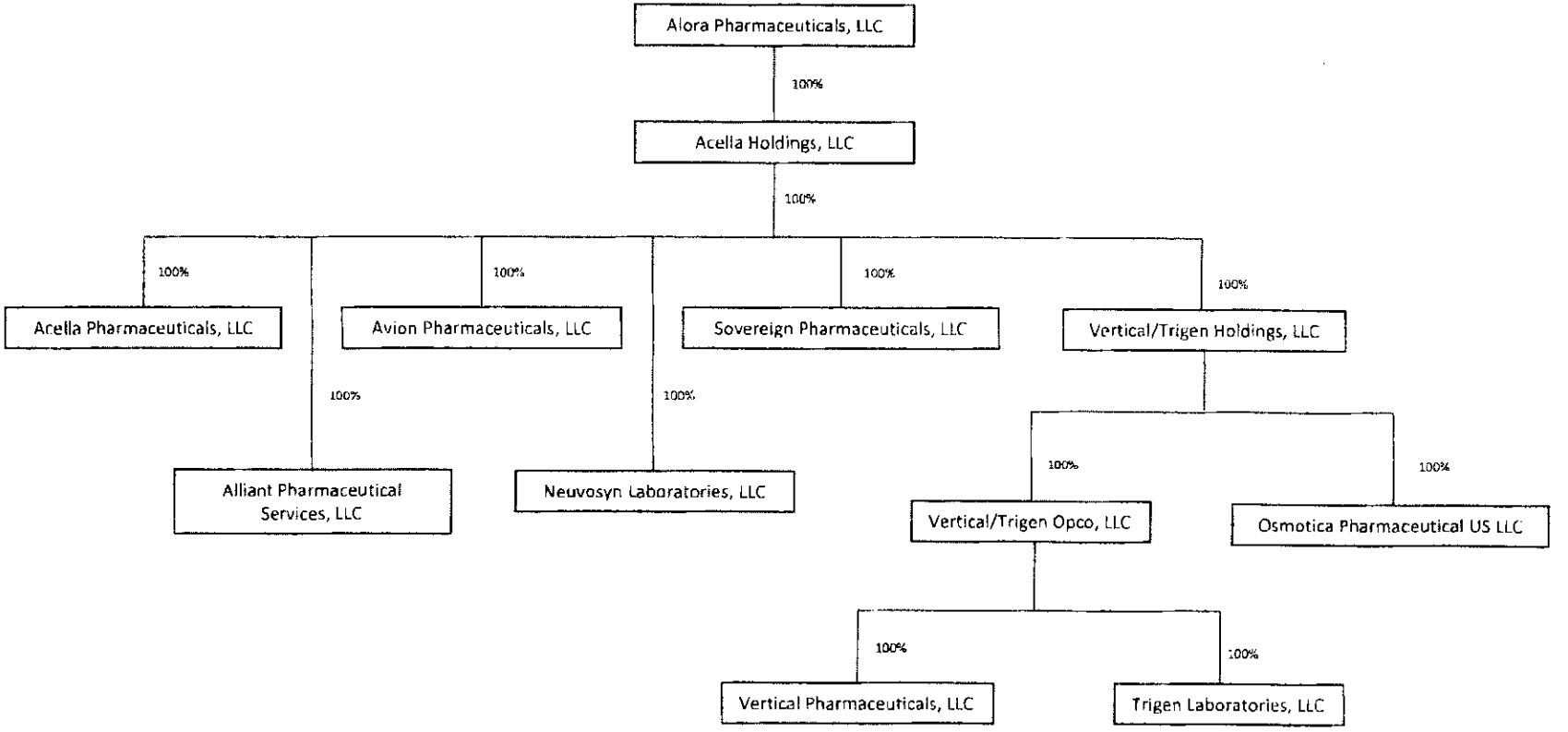
Printed Name: Michael Poblet

Special Agent, Georgia Drugs and Narcotics Agency

Today's Date 11/14/2022

Revised 03/11/2019

Alora Pharmaceuticals, LLC
Corp Org Chart



COPY

Vertical Product and CMO Information

Product Name	Product Type	Strength	Commercial Container Size	NDC Code	NDA /ANDA#	Manufacturer (Name, Address, FDA Reg #, Phone)
ConZip	Drug - NDA	100mg	30 ct	68025-071-30	NDA 022370	Galephar Pharmaceutical Research Inc. Rd 925 Lm 6.1 Bo Junquito Humacao, 00791, Puerto Rico PH: (787) 389-0340 FEIN: 3008206797
ConZip	Drug - NDA	200mg	30 ct	68025-072-30		
ConZip	Drug - NDA	300mg	30 ct	68025-073-30		
*Corvite 150 w/ Quatrefolic	Dietary Supplement	N/A	30ct	68025-052-30	N/A	Viva Pharmaceuticals 13880 Viking Place Richmond, BC V6V 1K8, Canada PH: (604) 718-0816 FEIN: 3002704547
*Corvite FE w/ Quatrefolic	Dietary Supplement	N/A	30 ct	68025-060-30		
Divigel (estradiol gel) 0.1%	Drug - NDA	0.25mg	30 ct	68025-065-30	NDA 022038	Orion Corporation Orion Pharma Tengströminkatu 8 FI-20360 Turku Finland EMAIL: tero.narvanen@orion.fi FEIN: 3003743938
Divigel (estradiol gel) 0.1%	Drug - NDA	0.25mg	7 ct	68025-065-07		
Divigel (estradiol gel) 0.1%	Drug - NDA	0.5mg	30 ct	68025-066-30		
Divigel (estradiol gel) 0.1%	Drug - NDA	0.5mg	7 ct	68025-066-07		
Divigel (estradiol gel) 0.1%	Drug - NDA	1mg	30 ct	68025-067-30		
Divigel (estradiol gel) 0.1%	Drug - NDA	1mg	7 ct	68025-067-07		
Divigel (estradiol gel) 0.1%	Drug - NDA	0.75mg	30 ct	68025-083-30		
Divigel (estradiol gel) 0.1%	Drug - NDA	0.75mg	7 ct	68025-083-07		
Divigel (estradiol gel) 0.1%	Drug - NDA	1.25mg	30 ct	68025-086-30		
Divigel (estradiol gel) 0.1%	Drug - NDA	1.25mg	7 ct	68025-086-07		
Lorzone (chlorzoxazone)	Drug - ANDA	375mg	100 ct	68025-046-10	ANDA 040861	Mikart 1750 Chattahoochee Ave NW Atlanta, GA 30318 PH: (888) 464-5278 FEIN: 1050658
Lorzone (chlorzoxazone)	Drug - ANDA	750mg	100 ct	68025-047-10		
*OB Complete DHA	Dietary Supplement	N/A	60 ct	68025-049-60	N/A	Viva Pharmaceuticals 13880 Viking Place Richmond, BC V6V 1K8, Canada PH: (604) 718-0816 FEIN: 3002704547
*OB Complete One	Dietary Supplement	N/A	30 ct	68025-044-30		
*OB Complete One	Dietary Supplement	N/A	3 ct	68025-044-03		
*OB Complete Petite	Dietary Supplement	N/A	30 ct	68025-059-30	N/A	Aspire Pharmaceuticals, Inc. 37 Veronica Ave, Somerset, New Jersey (NJ) 08873 PH: 732-447-1444 FEIN: 3003159106
*OB Complete Petite	Dietary Supplement	N/A	2 ct	68025-059-07		
*OB Complete Premier	Dietary Supplement	N/A	30 ct	68025-043-30	N/A	Viva Pharmaceuticals 13880 Viking Place Richmond, BC V6V 1K8, Canada

Vertical Product and CMO Information

Product Name	Product Type	Strength	Commercial Container Size	NDC Code	NDA /ANDA#	Manufacturer (Name, Address, FDA Reg #, Phone)
*OB Complete Prenatal	Dietary Supplement	N/A	100 ct	68025-010-10	N/A	Richmond, BC V6V 1K8, Canada PH: (604) 718-0816 FEIN: 3002704547
*Provella Probiotic	Dietary Supplement	N/A	30 ct	68025-070-30	N/A	Probi USA, Inc. 9609 153rd Ave NE, Redmond, WA 98052 PH: + 1 425 883 9518 E-mail: info-us@probi.com FEIN: N/A - Dietary Supplement
Relexxil 45mg (Pending Product Launch in Q1 2023)	Drug - NDA	45mg	30ct	68025-088-30	NDA216117	Osmotica 895 Sawyer Road Marietta, GA 30062 PH: (770) 509-4500 FEIN: 3009078927
Relexxil 45mg (Pending Product Launch in Q1 2023)	Drug - NDA	63mg	30ct	68025-089-30		
Relexxil 72mg	Drug - ANDA	72mg	30 ct	68025-084-30	ANDA205327	
Relexxil 72mg	Drug - ANDA	72mg	100 ct	68025-084-10		
Venlafaxine Extended Release	Drug - NDA	37.5mg	30ct	68025-079-30	NDA 022104	Patheon 2110 E Galbraith Rd Cincinnati, OH 45237 PH: (513) 948-9111 FEIN: 1510437
Venlafaxine Extended Release	Drug - NDA	75mg	30ct	68025-080-30		
Venlafaxine Extended Release	Drug - NDA	150mg	30ct	68025-081-30		
Venlafaxine Extended Release	Drug - NDA	225mg	30ct	68025-082-30		

* Indicates that the product / manufacturer / packager is a Dietary Supplement.

Avion PHARMACEUTICALS | Acella PHARMACEUTICALS | TRIGEN LABORATORIES | VERTICAL PHARMACEUTICALS, LLC

Description of Virtual Manufacturer Operations

Virtual manufacturer means a person/business who engages in the manufacture of drugs, devices or cosmetics for which such person/business: (A) Owns the new drug application or abbreviated new drug application number, if a prescription drug; (B) owns the unique device identification number, as available, for a prescription device; (C) contracts with a contract manufacturing organization (CMO) for the physical manufacture of the drugs, devices or cosmetics; (D) is not involved in the physical manufacture of the drugs, devices or cosmetics; and (E) at no time takes physical possession of or stores the drugs, devices or cosmetics.

Acella Pharmaceuticals, LLC and Avion Pharmaceuticals, LLC are currently virtual manufacturers at the 1880 McFarland Parkway, Alpharetta, GA 30005 location. Trigen Laboratories, LLC and Vertical Pharmaceuticals, LLC, after granting of Georgia Board of Pharmacy licensure, are intended to operate as Virtual Manufacturers out of the 1880 McFarland Parkway, Alpharetta, GA 30005 location. *The Georgia requirement for Virtual Manufacturers, based on our understanding from the GDNA during previous audits/communications, is to have separate and distinct storage closets for each business entity*, in the case of solicited and unsolicited returned goods to the physical business address. The suite numbers for each of the listed business entities is as follows:

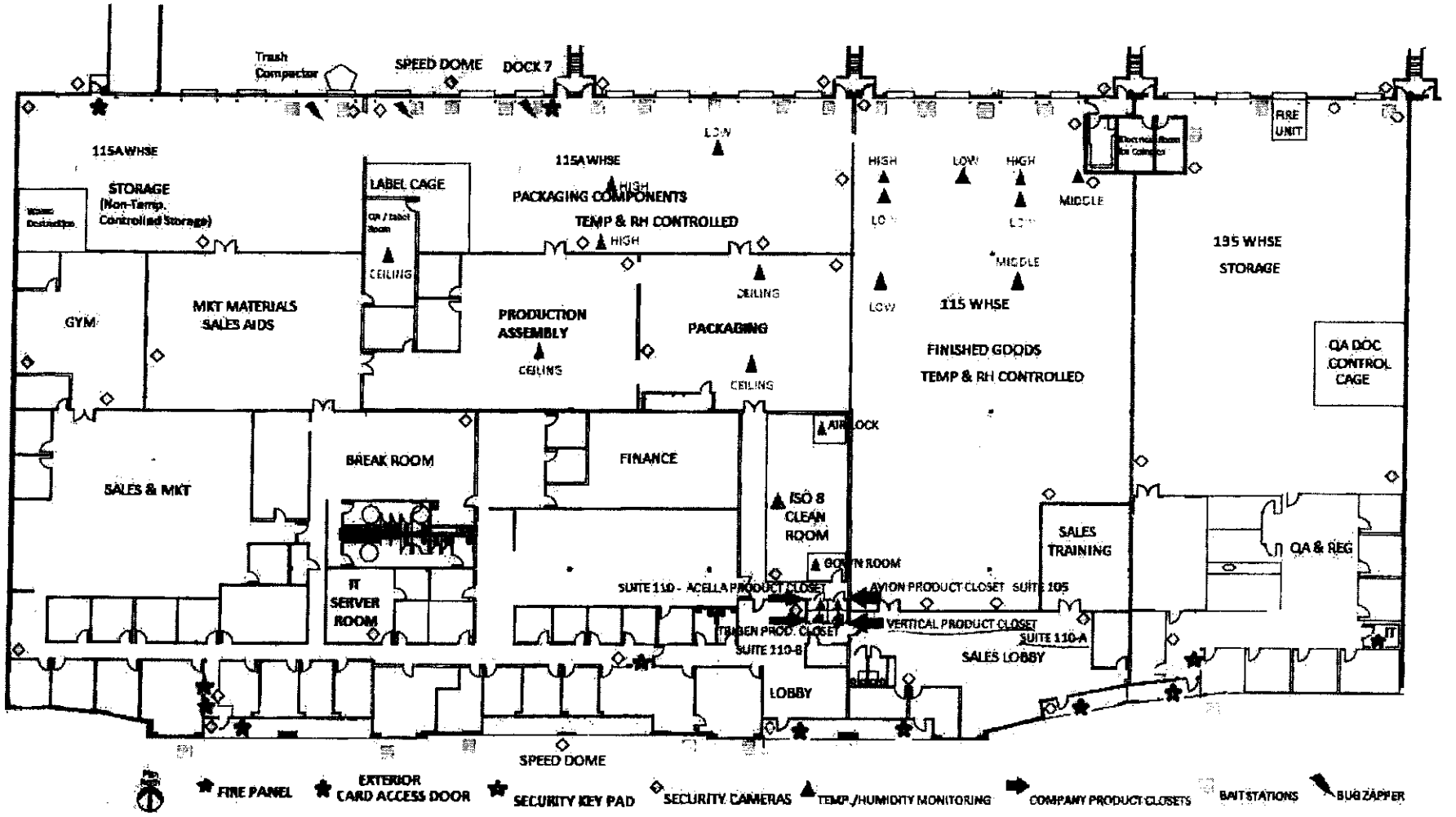
- Acella Pharmaceuticals, LLC – Suite 110
- Avion Pharmaceuticals, LLC – Suite 105
- Trigen Laboratories, LLC – Suite 110-B
- Vertical Pharmaceuticals, LLC – Suite 110-A

Reason for Georgia Licensure

Per Clint Joyner, Legal Services at Georgia Board of Pharmacy, on Friday, September 2, 2022, under GA law , if a company is not handling the product, then they need to be registered as a Wholesaler. Under statute OCGA 26-4-5, the definition of Wholesaler also includes "Manufacturers."

In addition, Virtual Manufacturers are required to be licensed by multiple states – a listing of required states as of 10/1/2022 is found in the table below. A business is required to provide their in-state Board of Pharmacy licensure (or equivalent), and in some cases, audit reports, in order to obtain licensure in a state that the business is not domiciled. Therefore, the above business entities need to be licensed in the state of Georgia to become licensed, as required, by other states as a Virtual manufacturer.

Alabama	Georgia	Minnesota	New York	Oregon	Vermont
Alaska	Idaho	Mississippi	North Carolina	Pennsylvania	Washington
Arizona	Iowa	Montana	North Dakota	South Dakota	West Virginia
Arkansas	Kansas	Nevada	Ohio	Tennessee	
Connecticut	Louisiana	New Hampshire	Oklahoma	Texas	
DC	Maryland	New Mexico		Utah	
Florida	Michigan				


Trash Compactor
SPEED DOME
DOCK 7
115A WHSE
STORAGE
(Non-Temp. Controlled Storage)
LABEL CAGE
115A WHSE
PACKAGING COMPONENTS
TEMP & RH CONTROLLED
HIGH
LOW
HIGH
MIDDLE
FIRE UNIT
GYM
MKT MATERIALS
SALES AIDS
CEILING
PRODUCTION
ASSEMBLY
PACKAGING
115 WHSE
FINISHED GOODS
TEMP & RH CONTROLLED
195 WHSE
STORAGE
QA DOC CONTROL CAGE
SALES & MKT
BREAK ROOM
FINANCE
AIR LOCK
ISO 8
CLEAN
ROOM
SALES
TRAINING
QA & REG
IT
SERVER
ROOM
SUITE 110 - ACELLA PRODUCT CLOSET
AVION PRODUCT CLOSET SUITE 105
VERTICAL PRODUCT CLOSET
SUITE 110-A
TRIBEN PROD. CLOSET
SUITE 110-B
SALES LOBBY
LOBBY
SPEED DOME
FIRE PANEL
EXTERIOR
CARD ACCESS DOOR
SECURITY KEY PAD
SECURITY CAMERAS
TEMP./HUMIDITY MONITORING
COMPANY PRODUCT CLOSETS
BAIT STATIONS
BUG ZAPPER

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Baxter Healthcare Corporation

Physical Address: 7511 114th Avenue North

City: Largo State: FL Zip: 33773

Mailing Address (if different from physical address): 7000 Cardinal Pl, Attn: QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: (727) 541-6411 Website: www.baxter.com

Name of Designated Representative (DR): David Wheeler

Licensing Company Email: licensure@cardinalhealth.com DR Email: david_wheeler@baxter.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☑ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☑ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:** see attached

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

4/3/2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Baxter International, Inc.

Corporation Name: Baxter Healthcare Corporation

Mailing Address: One Baxter Parkway

City: Deerfield State: IL Zip: 60015

Telephone: (224) 948-2000 Email: licensure@cardinalhealth.com

Contact Person Name: LaToyia Martin

Date of SEC Registration: 10/19/1931 | SEC Registration Number: 0000010456 | Stock Exchange Symbol: BAX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	N/A ✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Baxter Healthcare Corporation

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/11/2023

Date

Board Use Only	Date Received: 4-12-23	Amount: 1,000 00 CK- 10858810

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept. of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP

Baxter Healthcare Corporation Disclosures

The corporate owner of the applicant facility is Baxter Healthcare Corporation. Accordingly, as part of this application we have provided disclosures pertaining to state disciplinary actions and charges against Baxter Healthcare Corporation. We cannot answer application questions with respect to all owners and shareholders, given that Baxter Healthcare Corporation is a subsidiary of Baxter International Inc., a publicly traded company listed on the New York Stock Exchange. We also cannot answer with respect to all Baxter Healthcare Corporation employees given the scope of Baxter's US operations.

FDA-related information regarding specific Baxter Healthcare Corporation facilities (e.g., inspection history and enforcement actions) can be found on the FDA website.

State Pharmacy License Disciplinary Actions

Utah, Pharmacy Class C License # 9451291-1710, 2022

On May 31, 2022, The Utah Department of Commerce issued a Citation and Order due to a failure to file a timely notification of the change in the designated representative at the Baxter - Hayward (W. Winton) location. Baxter resolved the matter and paid a reduced fine.

Idaho, Out of State Mail Service Pharmacy License # 36855MS, 2022

On March 3, 2022, The Idaho Board of Pharmacy issued an Order and Stipulation for violations stemming from an expired non-resident PIC registration. The registration has since been approved by the Board. Baxter has signed the Stipulation and paid the required fine.

Alabama, Permit #194460, 2022

On May 3, 2022, The Alabama Board of Pharmacy issued a citation for failure to notify the Board of the change in designated representative at the Baxter – Hayward (W. Winton location). Baxter resolved the matter and paid the required fine.

Georgia, Wholesaler Pharmacy License # PHWH001754, 2017

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-

corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice. This issue is unrelated to Baxter's pharmacy or wholesale activities.

Baxter disclosed this issue on a renewal application for a Georgia wholesale license for its Marion, NC facility, and in October 2017, the state of Georgia issued a disciplinary order against that license (PHWH001754) based on the disclosure.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities.

Iowa, Nonresident Pharmacy License # 4127, 2014

The Iowa Board of Pharmacy (the "Iowa Board") issued a Stipulation for Baxter's Omaha, Nebraska pharmacy due to improperly delegating final verification of prescriptions for peritoneal dialysis solutions to a pharmacy technician. The Omaha facility is licensed in Nebraska under a Delegated Dispensing Permit, and utilized multiple quality checks, including retrospective pharmacist review, to ensure proper dispensing of peritoneal dialysis products to patients. Upon request by the Iowa Board, Baxter promptly modified its operations to ensure pharmacist verification of all orders. Baxter has signed the Stipulation and paid the required fine.

Montana, License #2152, 2010

The Montana Board of Pharmacy (the "Montana Board") issued a Stipulation for violations stemming from the failure of Baxter to notify the Montana Board in the requisite time frame of a change in the designated Person-in-Charge for the Waukegan, IL facility. Baxter has signed the Stipulation and paid the required fine.

Alabama, License #191639, 2009

The Alabama Board of Pharmacy found the Buford, GA facility was in violation of Code of Alabama (1975) Section 34-23-32. The facility continued distribution operations during the time between the valid license expired and when the expired license was renewed. Baxter Healthcare renewed the license, signed a Consent Order and paid the applicable fine.

Florida, Non-Resident Drug Manufacturer Permit No.: 26:4672, 2009

The Florida Department of Health (the "Florida Department") alleged that Baxter (Memphis, TN) sold prescription drugs to an unpermitted facility in Florida in violation of Section 499.005(15), F.S. Specifically, the Florida Department alleged that Baxter sold prescription drugs to Invivo at an unpermitted location. Baxter entered into a settlement agreement, whereby it neither admitted nor denied the allegations, and paid a fine.

Louisiana, License #3691, 2008

Louisiana Board of Wholesale Drug Distributors conducted a routine inspection of the facility operated by Baxter's third party logistics provider. Inspectors concluded Baxter (Round Lake, IL) violated Louisiana Administrative Code 46:XCI.311.D, which requires a licensee to maintain copies of current licenses for its customers who are authorized to

obtain and possess legend drugs and devices. Baxter obtained customer licenses, signed a Consent Order, and paid the applicable fine.

Missouri, License #2005002668, 2005

The Missouri Board of Pharmacy (the "Missouri Board") issued a restricted drug distributor license to the facility located in Memphis, TN. The Missouri Board determined the facility violated Section 338.333.1 and 338.337.1 RSMo because the facility shipped legend drugs and/or medical devices into the state without being properly licensed. The proper license was obtained. The probationary period was successfully completed on October 21, 2007 and the restriction on the license was removed.

Pending Disciplinary Action

Utah, License # 12435996-1710

On February 17, 2023, The Utah Board of Pharmacy issued a citation for failure to timely notify the Board of the change in designated representative at the Baxter Byhalia, MS location. Pending matter, waiting on the order and to pay the fine.

State Non-Disciplinary Settlements for Memphis Facility

Florida, License #s 26:506 (Memphis, TN) and 26:384 (Marion, NC), 2015

In June 2015, the Florida Department of Business and Professional Regulation (the "Department") sent Notices of Violation to Baxter alleging the shipment of prescription drugs to a Baptist Health South Florida, Inc. ("Baptist"), prior to Baptist receiving its permit to operate as a restricted prescription drug distributor – health care entity. Baxter had shipped products to the Baptist address under the valid medical license of the Medical Director, in reliance on a document evidencing the Medical Director's intent that he serve as the purchaser of the product. In August 2015, Baxter and the Department resolved this matter via a non-disciplinary settlement.

Other Actions: Dismissed Charge of Drug Law Violation

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred

prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities, or the facility that is the subject of this application.

Section# 3.

Benchmark
56 S. Rockford Dr.
Temple, AZ 85288
1.833.236.2400

Baxter Healthcare SA
2 Woodlands Industrial Park D, Street 2
Singapore, 737778
65.3636855555

Leoch Battery
Unit C, 33/F, TML Tower, No. 3 Hoi
Shing Road, Tsuen Wan, N.T., H.K.
852.2117.0016

Elk Grove Graphics
2451 Lively Blvd.
Elk Grove Village, IL, 60007-6726
651.228.2200

CardinalHealth

7511 114th Avenue North
Largo, Florida 33773

Officer Name	Title	Company	Business Address	Percentage of Ownership
Michael A. Cascella, Jr.	Vice President, Tax	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
Karen L. Leets	Vice President and Treasurer	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
James K. Saccaro	Vice President and Chief Financial Officer	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%
Heather Lynne Knight	President, Medication Delivery, Acute Therapies, Clinical Nutrition, Latin America and Canada	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield IL 60015	0%
Ellen K. Bradford	SVP and Corporate Secretary	Baxter Healthcare Corporation	One Baxter Parkway, Deerfield, IL 60015	0%

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

BAXTER HEALTHCARE CORPORATION
7200 CARDINAL PLACE W.
ATTN: KEEGAN CHAMBERLAIN, QRA
DUBLIN OH 43017

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

20204 ISSUED: 07/20/2021

PRESCRIPTION DRUG MANUFACTURER
BAXTER HEALTHCARE CORPORATION

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date: JUL 31, 2023 L2107200000073

DETACH HERE

RON DESANTIS, GOVERNOR JULIE I. BROWN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
20204

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: JUL 31, 2023

BAXTER HEALTHCARE CORPORATION
7511 114TH AVE NORTH
LARGO FL 33773

ISSUED: 07/20/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2107200000073

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAXTER HEALTHCARE CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

647024 8300

SR# 20222953432

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203882561

Date: 07-11-22

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
BAXTER HEALTHCARE CORPORATION
Business Trade Name:
Medical Products

7511 114TH AVENUE NORTH
LARGO, FL 33773
Registration Number: 1036337
FEI Number*: 1036337
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2023

Owner/Operator:
BAXTER HEALTHCARE CORPORATION[6]
One Baxter Parkway
Deerfield, IL US 60015
Owner/Operator Number: 1417572[7]

Official Correspondent:
Milena Vicente
One Baxter Parkway
Deerfield, IL 60015
Phone: 224-9483892

Verified M.H 4/19/23

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 04/03/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

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U.S. Department of **Health & Human Services**

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): 800-363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Baxter International Inc and All Affiliates, Divisions, and Subsidiaries thereof including Baxter Healthcare Corp and Hillrom Holdings, Inc. One Baxter Parkway Deerfield IL 60015-4633 USA	INSURER A: Old Republic Insurance Company	24147
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570094973851 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MWZY5782022	09/01/2022	09/01/2023	EACH OCCURRENCE	$2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$25,000
	[X] POLICY [ ] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$2,000,000
	OTHER:						GENERAL AGGREGATE	$4,000,000
							PRODUCTS - COMP/OP AGG	Excluded
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	DED [ ] RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A						E.L. EACH ACCIDENT	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see attached regarding products liability.

CERTIFICATE HOLDER

Cardinal Health, Inc. And Its Subsidiaries
Attn: Suazanne Cochran
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central, Inc.

Holder Identifier : A

Certificate No : 570094973851

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Employee List

7511 114th Avenue North
Largo, Florida 33773

Officer Name	Title	Company
Michael A. Cascella, Jr.	Vice President, Tax	Baxter Healthcare Corporation
Karen L. Leets	Vice President and Treasurer	Baxter Healthcare Corporation
James K. Saccaro	Vice President and Chief Financial Officer	Baxter Healthcare Corporation
Heather Lynne Knight	President, Medication Delivery, Acute Therapies, Clinical Nutrition, Latin America and Canada	Baxter Healthcare Corporation
Ellen K. Bradford	SVP and Corporate Secretary	Baxter Healthcare Corporation
Daniela Stoican	Quality Management Representative	Baxter Healthcare Corporation
David Wheeler	Sr. Manager, Plant Lead	Baxter Healthcare Corporation

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Baxter Healthcare Corporation MDEG License # (if applicable): MP00799

Physical Address: 7511 114th Avenue North

City: Largo State: FL Zip: 33773

Mailing Address (if different from physical address): 7000 Cardinal Pl. Attn, QRA - Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 614-553-3420 Website: www.baxter.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: David Middle: Kenneth Last: Wheeler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] 114th Avenue North

City: Largo State: FL Zip: 33773

Telephone: [redacted] Email: licensure@cardinalhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Elmira College		1982 to 1984	
Address	**City**	**State**	**Zip**
One Park Place	Elmira	N.Y.	14901
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Corning Community College		1980 to 1982	
Address	**City**	**State**	**Zip**
1 Academic Drive	Corning	NY	14830
Diploma/Degree obtained, if any			
Associate of Science Degree			

School Name		From - To (MM/YY – MM/YY)	
Corning-Painted Post East High School		1972 to 1976	
Address	**City**	**State**	**Zip**
201 Cantigny St.	Corning	N.Y.	14830
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2013 to Present	[redacted] 173rd Ave E	N.Redington Bch	FL	33708
2005 to 2013	[redacted] Clipper Way	Columbia	SC	29229

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Baxter Healhcare Corporation			10/2017 to Present	
Business Address		**City**	**State**	**Zip**
7511 114th Ave		Largo	FL	33773
Phone	**Title**		**Number of Employed Hours**	
727-548-2123	Associate Director, Technical Services		10,400	
Description of Duties				
Lead executive at the Largo facility responsible for the servicing of Baxter Medcial Devices.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.	✔	

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*: See attached

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

03/02/2023
Date

I, David Kenneth Wheeler, **certify that as the MDEG Administrator for**

Baxter Healthcare Largo Facility,

that I (initial that you have read and meet the following requirements):

1. DKW Have a high school diploma or its equivalent;
2. DKW Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DKW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DKW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Wheeler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/02/2023

Date

Board Use Only	Date Received: 3-7-23 (orig) Scanned & Rec'd - MP00799

Baxter Healthcare Corporation Disclosures

The corporate owner of the applicant facility is Baxter Healthcare Corporation. Accordingly, as part of this application we have provided disclosures pertaining to state disciplinary actions and charges against Baxter Healthcare Corporation. We cannot answer application questions with respect to all owners and shareholders, given that Baxter Healthcare Corporation is a subsidiary of Baxter International Inc., a publicly traded company listed on the New York Stock Exchange. We also cannot answer with respect to all Baxter Healthcare Corporation employees given the scope of Baxter's US operations.

FDA-related information regarding specific Baxter Healthcare Corporation facilities (e.g., inspection history and enforcement actions) can be found on the FDA website.

State Pharmacy License Disciplinary Actions

Utah, Pharmacy Class C License # 9451291-1710, 2022

On May 31, 2022, The Utah Department of Commerce issued a Citation and Order due to a failure to file a timely notification of the change in the designated representative at the Baxter - Hayward (W. Winton) location. Baxter resolved the matter and paid a reduced fine.

Idaho, Out of State Mail Service Pharmacy License # 36855MS, 2022

On March 3, 2022, The Idaho Board of Pharmacy issued an Order and Stipulation for violations stemming from an expired non-resident PIC registration. The registration has since been approved by the Board. Baxter has signed the Stipulation and paid the required fine.

Alabama, Permit #194460, 2022

On May 3, 2022, The Alabama Board of Pharmacy issued a citation for failure to notify the Board of the change in designated representative at the Baxter – Hayward (W. Winton location). Baxter resolved the matter and paid the required fine.

Georgia, Wholesaler Pharmacy License # PHWH001754, 2017

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-

corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice. This issue is unrelated to Baxter's pharmacy or wholesale activities.

Baxter disclosed this issue on a renewal application for a Georgia wholesale license for its Marion, NC facility, and in October 2017, the state of Georgia issued a disciplinary order against that license (PHWH001754) based on the disclosure.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities.

Iowa, Nonresident Pharmacy License # 4127, 2014

The Iowa Board of Pharmacy (the "Iowa Board") issued a Stipulation for Baxter's Omaha, Nebraska pharmacy due to improperly delegating final verification of prescriptions for peritoneal dialysis solutions to a pharmacy technician. The Omaha facility is licensed in Nebraska under a Delegated Dispensing Permit, and utilized multiple quality checks, including retrospective pharmacist review, to ensure proper dispensing of peritoneal dialysis products to patients. Upon request by the Iowa Board, Baxter promptly modified its operations to ensure pharmacist verification of all orders. Baxter has signed the Stipulation and paid the required fine.

Montana, License #2152, 2010

The Montana Board of Pharmacy (the "Montana Board") issued a Stipulation for violations stemming from the failure of Baxter to notify the Montana Board in the requisite time frame of a change in the designated Person-in-Charge for the Waukegan, IL facility. Baxter has signed the Stipulation and paid the required fine.

Alabama, License #191639, 2009

The Alabama Board of Pharmacy found the Buford, GA facility was in violation of Code of Alabama (1975) Section 34-23-32. The facility continued distribution operations during the time between the valid license expired and when the expired license was renewed. Baxter Healthcare renewed the license, signed a Consent Order and paid the applicable fine.

Florida, Non-Resident Drug Manufacturer Permit No.: 26:4672, 2009

The Florida Department of Health (the "Florida Department") alleged that Baxter (Memphis, TN) sold prescription drugs to an unpermitted facility in Florida in violation of Section 499.005(15), F.S. Specifically, the Florida Department alleged that Baxter sold prescription drugs to Invivo at an unpermitted location. Baxter entered into a settlement agreement, whereby it neither admitted nor denied the allegations, and paid a fine.

Louisiana, License #3691, 2008

Louisiana Board of Wholesale Drug Distributors conducted a routine inspection of the facility operated by Baxter's third party logistics provider. Inspectors concluded Baxter (Round Lake, IL) violated Louisiana Administrative Code 46:XCI.311.D, which requires a licensee to maintain copies of current licenses for its customers who are authorized to

obtain and possess legend drugs and devices. Baxter obtained customer licenses, signed a Consent Order, and paid the applicable fine.

Missouri, License #2005002668, 2005

The Missouri Board of Pharmacy (the "Missouri Board") issued a restricted drug distributor license to the facility located in Memphis, TN. The Missouri Board determined the facility violated Section 338.333.1 and 338.337.1 RSMo because the facility shipped legend drugs and/or medical devices into the state without being properly licensed. The proper license was obtained. The probationary period was successfully completed on October 21, 2007 and the restriction on the license was removed.

Pending Disciplinary Action

Utah, License # 12435996-1710

On February 17, 2023, The Utah Board of Pharmacy issued a citation for failure to timely notify the Board of the change in designated representative at the Baxter Byhalia, MS location. Pending matter, waiting on the order and to pay the fine.

State Non-Disciplinary Settlements for Memphis Facility

Florida, License #s 26:506 (Memphis, TN) and 26:384 (Marion, NC), 2015

In June 2015, the Florida Department of Business and Professional Regulation (the "Department") sent Notices of Violation to Baxter alleging the shipment of prescription drugs to a Baptist Health South Florida, Inc. ("Baptist"), prior to Baptist receiving its permit to operate as a restricted prescription drug distributor – health care entity. Baxter had shipped products to the Baptist address under the valid medical license of the Medical Director, in reliance on a document evidencing the Medical Director's intent that he serve as the purchaser of the product. In August 2015, Baxter and the Department resolved this matter via a non-disciplinary settlement.

Other Actions: Dismissed Charge of Drug Law Violation

In January 2017, Baxter Healthcare Corporation (Baxter) agreed to resolve claims with the U.S. Department of Justice related to quality and manufacturing practices at Baxter's manufacturing facility in Marion, North Carolina in 2011-2012. Specifically, the government charged that between July 2011 and November 2012, Baxter did not follow cGMP requirements under the Federal Food, Drug, and Cosmetic Act (FDCA) when manufacturing certain large volume intravenous (IV) solutions. Briefly, a Baxter employee reported to plant personnel the presence of mold on HEPA filters installed in the ceiling, and Baxter continued to manufacture IV solutions while those filters remained in place. There was no evidence of any impact on the IV solutions. Copies of the settlement documents, which include a deferred prosecution agreement to resolve a single misdemeanor count of noncompliance with the FDCA, are available on the U.S. Department of Justice's website at https://www.justice.gov/opa/pr/baxter-healthcare-corporation-pay-more-18-million-resolve-criminal-and-civil-liability. The deferred

prosecution agreement expired in July 2019, and the misdemeanor charge was dismissed with prejudice.

Please note that this issue is unrelated to Baxter's pharmacy or wholesale activities, or the facility that is the subject of this application.

3/6/2023

The Designated Representative for Medical Device License# MP00799 has changed to David Wheeler. Please see application enclosed.

MAR - 7 2023

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☑ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2022

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number 1-4448

Baxter

Baxter International Inc.

(Exact Name of Registrant as Specified in its Charter)

Delaware	36-0781620
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
One Baxter Parkway, Deerfield, Illinois	60015
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code 224.948.2000

Securities registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common stock, $1.00 par value	BAX (NYSE)	New York Stock Exchange
		Chicago Stock Exchange
0.4% Global Notes due 2024	BAX 24	New York Stock Exchange
1.3% Global Notes due 2025	BAX 25	New York Stock Exchange
1.3% Global Notes due 2029	BAX 29	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☑

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files) Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☑

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of the voting common equity held by non-affiliates of the registrant as of June 30, 2022 (the last business day of the registrant's most recently completed second fiscal quarter), based on the per share closing sale price of $64.23 on that date and the assumption for the purpose of this computation only that all of the registrant's directors and executive officers are affiliates, was approximately $32 billion. The number of shares of the registrant's common stock, $1.00 par value, outstanding as of January 31, 2023 was 504,672,166.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive 2023 proxy statement for use in connection with its Annual Meeting of Stockholders expected to be held on May 2, 2023 are incorporated by reference into Part III of this report.

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PART I

Item 1. *Business.*

Company Overview

Baxter International Inc., through its subsidiaries, provides a broad portfolio of essential healthcare products, including acute and chronic dialysis therapies; sterile intravenous (IV) solutions; infusion systems and devices; parenteral nutrition therapies; inhaled anesthetics; generic injectable pharmaceuticals; surgical hemostat and sealant products, advanced surgical equipment; smart bed systems; patient monitoring and diagnostic technologies; and respiratory health devices. These products are used by hospitals, kidney dialysis centers, nursing homes, rehabilitation centers, doctors' offices and by patients at home under physician supervision. Our global footprint and the critical nature of our products and services play a key role in expanding access to healthcare in emerging and developed countries. As of December 31, 2022, we manufactured products in over 20 countries and sold them in over 100 countries.

Baxter International Inc. was incorporated under Delaware law in 1931. As used in this report, "Baxter International" means Baxter International Inc. and "we", "our" or "us" means Baxter International and its consolidated subsidiaries, unless the context otherwise requires.

Recently Announced Strategic Actions

In January 2023, we announced the following planned strategic actions that are intended to enhance our operational effectiveness, accelerate innovation and drive additional stockholder value: (a) a proposed spinoff of our Renal Care and Acute Therapies product categories into an independent publicly traded company, (b) our development of a new operating model to simplify our operations and (c) our pursuit of strategic alternatives (including a potential sale) for our BioPharma Solutions (BPS) product category.

This proposed spinoff of our Renal Care and Acute Therapies product categories (the proposed spinoff) is currently expected to be completed during the first half of 2024, approximately 12 to 18 months from the date of the related announcement. In 2022 we generated $4.4 billion of combined net sales from our Renal Care and Acute Therapies product categories, representing approximately 29% of our consolidated net sales. We intend for the proposed spinoff to qualify as tax-free to Baxter and our shareholders for U.S. federal income tax purposes. The proposed spinoff is subject to the satisfaction of customary conditions, including final approval from our Board of Directors, the filing and effectiveness of a registration statement on Form 10, receipt of an Internal Revenue Service (IRS) ruling or related tax opinions from counsel, satisfactory completion of financing arrangements, consultations with works councils and other employee representative bodies and any necessary regulatory approvals.

To strengthen our ability to deliver on our vision to transform healthcare, we are designing a new operating model intended to simplify and streamline our operations. Once the simplified model is implemented, we expect to be a more integrated and nimble organization that can respond more effectively to changes in the macroeconomic environment, while enhancing our ability to drive innovation in our product portfolio. As part of these actions, we are working to create a more resilient supply chain and better align our manufacturing footprint and supply chain to our commercial activities. Under the new model, our business will be managed across four global business units consisting of: (1) Medical Products and Therapies, which will include our Medication Delivery, Advanced Surgery and Clinical Nutrition product categories, (2) Healthcare Systems and Technologies, which will include the Patient Support Systems, Front Line Care and Global Surgical Solutions product categories obtained in the Hillrom acquisition, (3) Pharmaceuticals, which will include our BPS product category, for which we are exploring strategic alternatives, and our Pharmaceuticals product category and (4) Kidney Care, which will include our Renal Care and Acute Therapies product categories that we are proposing to spinoff into an independent publicly traded company.
We expect to have our new organizational designs substantially finalized in the second quarter of 2023. The new operating model will have significant impacts on our systems and processes across our entire company and we expect to have those broader operational changes, including our updated management reporting framework for the new operating model, fully implemented during the second half of 2023. At that time, we expect that our reportable segments will be changed to align with the new operating model.

We are pursuing strategic alternatives (including a potential sale) for our BPS product category, which includes contract manufacturing services provided to pharmaceutical and biopharmaceutical companies. In 2022 we generated $644 million of net sales from that product category, representing approximately 4% of our consolidated net sales. A potential sale of, or other strategic transaction involving, BPS would help us further narrow our strategic focus as a company while providing an opportunity for capital deployment, including debt repayment.

Following these planned strategic actions (including completion of the proposed spinoff), we intend to emerge as a stronger hospital solutions and connected care company. As a more focused business, we expect to be better positioned to make strategic investments to accelerate our vision and to deliver differentiated value to our stakeholders with our unique combination of products, therapies and connected care platforms.

There can be no guarantees that the proposed spinoff, the simplified operating model or the sale of, or other strategic transaction involving, our BPS product category will be completed in the manner or over the timeframes described above, or at all.

Acquisition of Hillrom

On December 13, 2021, we completed our acquisition of all outstanding equity interests of Hill-Rom Holdings, Inc. (Hillrom) for a purchase price of $10.5 billion. Including the assumption of Hillrom's outstanding debt obligations, the enterprise value of the transaction was approximately $12.8 billion. Hillrom was a global medical technology leader and its products and services help enable earlier diagnosis and treatment, optimize surgical efficiency, and accelerate patient recovery while simplifying clinical communication and shifting care closer to home. Hillrom made those outcomes possible through digital and connected care solutions and collaboration tools, including smart bed systems, patient monitoring and diagnostic technologies, respiratory health devices, advanced equipment for the surgical space and more, delivering actionable, real-time insights at the point of care. In 2022 the Patient Support Systems, Front Line Care and Global Surgical Solutions product categories of our Hillrom segment collectively generated net sales of $2.9 billion. During 2022, we also recognized $2.8 billion of goodwill impairments and $332 million of indefinite-lived intangible asset impairments related to goodwill and trade name intangible assets that arose from the Hillrom acquisition. See Notes 2, 4, 5 and 17 in Item 8 of this Annual Report on Form 10-K for additional information about the Hillrom acquisition, goodwill and intangible asset impairments, Hillrom acquisition financing arrangements and Hillrom segment results, respectively.

Business Segments and Products

We currently manage our global operations based on four segments, consisting of the following geographic segments related to our legacy Baxter business: Americas (North and South America), EMEA (Europe, Middle East and Africa) and APAC (Asia-Pacific), and a global segment for our recently acquired Hillrom business. As discussed above under "Recently Announced Strategic Actions," we are designing a new operating model intended to simplify and streamline our operations and we expect that our reportable segments will be changed to align with that new operating model when it is fully implemented.

The Americas, EMEA and APAC segments provide a broad portfolio of essential healthcare products, including acute and chronic dialysis therapies; sterile IV solutions; infusion systems and devices; parenteral nutrition therapies; inhaled anesthetics; generic injectable pharmaceuticals; and surgical hemostat and sealant products. As discussed above under "Recently Announced Strategic Actions," we are pursuing the proposed spinoff of our Renal Care and Acute Therapies product categories and strategic alternatives for our BPS product category. The Hillrom segment provides digital and connected care solutions and collaboration tools, including smart bed systems, patient monitoring and diagnostic technologies, respiratory health devices and advanced equipment for the surgical space.

For financial information about our segments, see Note 17 in Item 8 of this Annual Report on Form 10-K.

Business Strategy

Our business strategy is focused on driving sustainable growth and innovation aligned with our mission to save and sustain lives and our vision to transform healthcare with a customer focus to improve patient outcomes, enhance workflow efficiency, and enable cost-effective care. Our diversified and broad portfolio of medical products that treat life-threatening acute or chronic conditions and our global presence are core components of our strategy as we

work to achieve these objectives. We are focused on four strategic pillars as part of our pursuit of industry leading performance: innovation; market expansion; operational efficiency; and capital allocation.

Innovation

Our innovation strategy is focused on connected care and core therapies offerings. Connected care offerings include devices or software that can connect, communicate and/or analyze data to help transform healthcare and improve patient outcomes. Our acquisition of Hillrom has been a key driver in developing our connected care offerings, as its product portfolio includes digital and connected care solutions and collaboration tools such as smart bed systems, patient monitoring and diagnostic technologies, respiratory health devices, advanced equipment for the surgical space and more, delivering actionable, real-time insights at the point of care. Our core therapies product offerings include medical devices and consumable medical products designed to address essential patient and provider needs across the continuum of care.

As part of this strategy and consistent with our recently announced strategic initiatives, we are shifting our investments to drive innovation in product areas where we have compelling opportunities to serve patients and healthcare professionals while advancing our business. We are accelerating the pace in which we bring these advances to market to support our future growth. We are in the midst of launching several new products, geographic expansions and line extensions including in such areas as chronic and acute renal care, smart pump technology, hospital pharmaceuticals and nutritionals, surgical sealants, smart beds, respiratory vests and more. These comprise a mix of entirely new offerings, improvements on existing technologies and the expansion of current products into new geographies.

Market Expansion

The market expansion component of our strategy includes capturing revenue synergies through the integration of Hillrom, expanding our portfolio geographically, broadening our portfolio through channel expansion and increasing utilization of our products and therapies through market development activities. These initiatives include using Baxter's geographic footprint to introduce the Hillrom product portfolio into new markets, as well as expanding value-added services, increasing adoption of underpenetrated therapies and providing education and advocacy to improve access to our products.

Operational Excellence

As discussed above under "Recently Announced Strategic Actions," we are designing a new operating model intended to simplify and streamline our operations. Once the simplified model is implemented, we expect to be a more integrated and nimble organization that can respond more effectively to changes in the macroeconomic environment, while enhancing our ability to drive innovation in our product portfolio. As part of these actions, we are working to create a more resilient supply chain and better align our manufacturing footprint and supply chain to our commercial activities. We also continue to focus on increasing efficiencies through automation and digitization and we remain committed to deliver on the targeted cost synergies expected to be achieved from our acquisition of Hillrom. We intend to continue to actively manage our cost structure to help ensure that we are committing resources to the highest value uses. Such high value activities include supporting innovation, building out the portfolio, expanding patient access and accelerating growth for our stockholders.

Maintaining Disciplined and Balanced Capital Allocation

Subject to market conditions and our investment grade targets, our capital allocation strategies include the following:

- debt repayments to support our deleveraging commitments;
- active portfolio management through the identification of attractive acquisition and divestiture transactions, including our recent acquisition of Hillrom, the proposed spinoff and our pursuit of strategic alternatives (including a potential sale) for our BPS product category; and
- return capital to stockholders through dividends. We also intend to reinstate share repurchases over the longer term.

We paid down approximately $900 million of debt during 2022 and we continue to be committed to an investment grade rating, including taking actions toward achieving our 2.75x net leverage commitment. We currently expect to apply proceeds from the proposed spinoff and potential BPS divestiture toward reducing indebtedness and addressing near-term debt maturities. During this deleveraging period, we currently intend to maintain our dividend, not make any share repurchases and be highly selective with respect to any potential acquisitions.

Sales and Distribution

We have our own direct sales force and also make sales to and through independent distributors, drug wholesalers acting as sales agents and specialty pharmacy or other alternate site providers. In the United States, third parties, such as Cardinal Health, Inc., warehouse and ship a significant portion of our products through their distribution centers. These centers are generally stocked with adequate inventories to facilitate prompt customer service. Sales and distribution methods include frequent contact by sales and customer service representatives, automated communications via various electronic purchasing systems, circulation of catalogs and merchandising bulletins, direct-mail campaigns, trade publication presence and advertising.

Sales are made and products are distributed on a direct basis or through independent distributors or sales agents in more than 100 countries as of December 31, 2022.

International Operations

The majority of our revenues are generated outside of the United States and geographic expansion remains a component of our strategy (including with respect to the Hillrom business). Our international presence includes operations in Europe, the Middle East, Africa, Asia-Pacific, Latin America and Canada. We are subject to certain risks inherent in conducting business outside the United States. For more information on these risks, see the information under the captions "Risks Related to Baxter's Business —We are subject to risks associated with doing business globally" and "—Changes in foreign currency exchange rates and interest rates could have a material adverse effect on our operating results and liquidity" in Item 1A of this Annual Report on Form 10-K.

For financial information about our foreign and domestic revenues and segment information, see Notes 10 and 17, respectively, in Item 8 of this Annual Report on Form 10-K. For more information regarding foreign currency exchange risk, refer to the discussion under the caption entitled "Financial Instrument Market Risk" in Item 7 of this Annual Report on Form 10-K.

Contractual Arrangements

Our products are sold through contracts with customers, both within and outside the United States. Some of these contracts have terms of more than one year and place limits on our ability to increase prices. In the case of hospitals, governments and other facilities, these contracts may specify minimum quantities of a particular product or categories of products to be purchased by the customer.

In keeping with the increased emphasis on cost-effectiveness in healthcare delivery, many hospitals and other customers of medical products in the United States have joined group purchasing organizations (GPOs), or formed integrated delivery networks (IDNs), to enhance purchasing power. GPOs and IDNs negotiate pricing arrangements with manufacturers and distributors and the negotiated prices are made available to members. We have purchasing agreements with several of the major GPOs in the United States. GPOs may have agreements with more than one supplier for certain products. Accordingly, in these cases, we face competition from other suppliers even where a customer is a member of a GPO under contract with us. Purchasing power is similarly consolidated in many other countries. For example, public contracting authorities often act as the purchasing entities for the hospitals and other customers of medical products in their region and many hospitals and other customers have joined joint procurement entities and buying consortia. The result is that demand for healthcare products is increasingly concentrated across our markets globally. Additionally, our contractual pricing arrangements with GPOs, IDNs and public contracting authorities limit our ability to increase prices in order to offset raw materials or component price increases or otherwise.

Raw Materials and Component Parts

Raw materials and component parts essential to our business are purchased from numerous suppliers worldwide in the ordinary course of business. While many of these materials are generally available, we have experienced and may in the future experience shortages of supply. Additionally, certain of these materials are secured from single

source suppliers or on a spot basis and not pursuant to a contractual arrangement. In recent periods, we have experienced increased costs and shortages of raw materials and component parts (including resins and electromechanical devices), which has had a negative impact on our profit margins, due to the increased costs, and on our sales for certain product categories, due to our inability to fully satisfy demand.

In an effort to manage risk associated with raw materials and component supply, we work closely with our suppliers to help ensure availability and continuity of supply while maintaining high quality and reliability. We also seek to develop new and alternative sources of supply where beneficial to our overall raw materials procurement strategy. Refer to Item 1A. Risk Factors of this Annual Report on Form 10-K for further information regarding risks related to the supply chain, raw materials and component parts.

We are not always able to recover cost increases for raw materials and component parts through customer pricing due to contractual limits, where applicable, and market forces. This circumstance occurred during 2022 and our profit margins were adversely impacted because we were unable to fully offset all such cost increases through customer pricing adjustments or other pricing actions. We seek to utilize long-term supply contracts with some suppliers to help maintain continuity of supply and manage the risk of price increases. Our ability to do so in the face of limited supply of certain raw materials and component parts and inflationary environment may be limited.

Competition and Healthcare Cost Containment

Our businesses benefit from a number of competitive advantages, including the breadth and depth of our product offerings and our strong relationships with customers, including hospitals and clinics, GPOs, IDNs, physicians and patients, many of whom self-administer home-based therapies that we supply. We also benefit from efficiencies and cost advantages resulting from shared manufacturing facilities and the technological advantages of our products.

Although no single company competes with us in all of our businesses, we face substantial competition in each of our segments from international and domestic healthcare, medical products and pharmaceutical companies and providers of all sizes, and these competitors often differ across our businesses. In addition, global and regional competitors continue to expand their manufacturing capacity and sales and marketing channels. We believe customer purchasing decisions are primarily focused on cost-effectiveness, price, service, product performance and technological innovation. There has been increasing consolidation in our customer base and by our competitors, which continues to result in pricing and market pressures.

Global efforts toward healthcare cost containment continue to exert pressure on product pricing. Governments around the world use various mechanisms to control healthcare expenditures, such as price controls, the formation of public contracting authorities, product formularies (lists of recommended or approved products), and competitive tenders which require the submission of a bid to sell products. Sales of our products are dependent, in part, on the availability of reimbursement by government agencies and healthcare programs, as well as insurance companies and other private payers. In the United States, the federal and many state governments have adopted or proposed initiatives relating to Medicaid and other health programs that may limit reimbursement or increase rebates that we and other providers are required to pay to the state. In addition to government regulation, managed care organizations in the United States, which include medical insurance companies, medical plan administrators, health-maintenance organizations, hospital and physician alliances and pharmacy benefit managers, continue to put pressure on the price and usage of healthcare products. Managed care organizations seek to contain healthcare expenditures, and their purchasing strength has been increasing due to their consolidation into fewer, larger organizations and a growing number of enrolled patients. We face similar issues outside of the United States. In Europe and Latin America, for example, the government provides healthcare at low cost to patients, and controls its expenditures by purchasing products through public tenders, collective purchasing, regulating prices, setting reference prices in public tenders or limiting reimbursement or patient access to certain products. For further discussion, refer to Item 1A of this Annual Report on Form 10-K.

Intellectual Property

Patents and other proprietary rights are essential to our business. We rely on patents, trademarks, copyrights, trade secrets, know-how and confidentiality agreements to develop, maintain and strengthen our competitive position. We own a number of patents and trademarks throughout the world and have entered into license arrangements relating to various third-party patents and technologies. Products manufactured by us are sold primarily under our own trademarks and trade names. Some products distributed by us are sold under our trade names, while others are sold under trade names owned by our suppliers or partners. Trade secret protection of unpatented confidential and proprietary information is also important to us. We maintain certain details about our processes, products and

technology as trade secrets and generally require employees, consultants, and business partners to enter into confidentiality agreements. These agreements may be breached and we may not have adequate remedies for any breach. In addition, our trade secrets may otherwise become known or be independently discovered by competitors. To the extent that our employees, consultants, and business partners use intellectual property owned by others in their work for us, disputes may arise as to the rights in related or resulting know-how and inventions.

Our policy is to protect our products and technology through patents and trademarks on a worldwide basis. This protection is sought in a manner that balances the cost of such protection against obtaining the greatest value for us. We also recognize the need to promote the enforcement of our patents and trademarks and take commercially reasonable steps to enforce our patents and trademarks around the world against potential infringers, including judicial or administrative action where appropriate.

We operate in an industry susceptible to significant patent litigation. At any given time, we are involved as either a plaintiff or defendant in a number of patent infringement and other intellectual property-related actions. Such litigation can result in significant royalty or other payments or result in injunctions that can prevent the sale of products. For more information on patent and other litigation, see Note 7 in Item 8 of this Annual Report on Form 10-K.

Research and Development

Our investment in research and development (R&D), consistent with our portfolio optimization and capital allocation strategies, helps fuel our future growth and our ability to remain competitive in each of our product categories. Accordingly, we continue to focus our investment on select R&D programs to enhance future growth through clinical differentiation. Expenditures for our R&D activities were $605 million in 2022, $534 million in 2021, and $521 million in 2020. These expenditures include costs associated with R&D activities performed at our R&D centers located around the world, which include facilities in Belgium, Sweden, India, Italy, Germany, China, Japan and the United States, as well as in-licensing, milestone and reimbursement payments made to partners for R&D work performed at non-Baxter locations. As discussed above in under "Recently Announced Strategic Actions," we are designing a new operating model intended to simplify and streamline our operations. We are also working to create a more resilient supply chain and better align our manufacturing footprint and supply chain to our commercial activities. These activities may result in the consolidation of one or more R&D facilities.

For more information on our R&D activities, refer to the discussion under the caption entitled "Strategic Objectives" in Item 7 of this Annual Report on Form 10-K.

Quality Management

Our continued success depends upon the quality of our products. Quality management plays an essential role in determining and meeting customer requirements, helping to prevent defects, facilitating continuing improvement of our processes, products and services, and helping to assure the safety and efficacy of our products. Our quality system enables the design, development, manufacturing, packaging, sterilization, handling, distribution and labeling of our products to ensure that they conform to customer requirements. In order to consistently improve the effectiveness and efficiency of our quality system, various measurement, monitoring and analysis methods, such as management reviews and internal, external and vendor audits, are employed at local and central levels.

Each product that we market is required to meet specific quality standards, both in packaging and in product integrity and quality. If any of those is determined to be compromised at any time, we endeavor to take corrective and preventive actions designed to ensure compliance with regulatory requirements and to meet customer expectations. For more information on corrective actions taken by us, refer to the discussion under the caption entitled "Certain Regulatory Matters" in Item 7 of this Annual Report on Form 10-K.

Corporate Responsibility

Driven by our mission to save and sustain lives, Baxter's corporate responsibility strategy focuses on addressing the environmental, social and governance (ESG) issues that affect our patients, customers, employees, communities and other stakeholders worldwide. Our corporate responsibility approach supports our business priorities to achieve top quartile results relative to industry peers and other comparators across four dimensions: patient safety and quality, growth through innovation, best place to work and industry-leading performance. Advancing our corporate responsibility goals contributes to business, social and economic value, including attraction and retention, enhanced operational efficiency and implementation of enterprise risk management strategies, among others.

In 2021, we launched our 2030 Corporate Responsibility Commitment featuring ten strategic goals for focused action. Our Commitment is anchored by three pillars - Empower Our Patients, Protect Our Planet and Champion Our People and Communities - and bolstered by our approach to the foundational principles of Ethics and Compliance, Human Rights, Diversity, Equity and Inclusion and Privacy and Data Protection. The 2030 Corporate Responsibility Commitment and Goals highlight Baxter's corporate responsibility focus and help to further advance our ESG performance. Our progress against these goals is published annually in our Corporate Responsibility Report which is available on our website under "Our Story-Corporate Responsibility." The Corporate Responsibility Report is not incorporated by reference into this Annual Report on Form 10-K or any other document filed with the SEC.

Government Regulation

Our operations and many of the products manufactured or sold by us are subject to extensive regulation by numerous government agencies, both within and outside the United States. The Food and Drug Administration (FDA) in the United States, the European Medicines Agency (EMA) in Europe, the China Food and Drug Administration (CFDA) in China and other government agencies, inside and outside of the United States, administer requirements covering the testing, safety, effectiveness, manufacturing, labeling, promotion and advertising, distribution and post-market surveillance of our products. We must obtain specific approval from FDA and non-U.S. regulatory authorities before we can market and sell most of our products in a particular country. Even after we obtain regulatory approval to market a product, the product and our manufacturing processes and quality systems are subject to continued review by FDA and other regulatory authorities globally, including additional 510(k) and other regulatory submissions, and approvals or the time needed to secure approvals are not certain. State agencies in the United States also regulate our facilities, operations, employees, products and services within their respective states. We, along with our facilities, are subject to periodic inspections and possible administrative and legal actions by FDA and other regulatory agencies inside and outside the United States. Such actions may include warning letters, product recalls or seizures, monetary sanctions, injunctions to halt the manufacture and distribution of products, civil or criminal sanctions, refusal of a government to grant approvals or licenses, restrictions on operations or withdrawal of existing approvals and licenses. As situations require, we take steps to ensure safety and efficacy of our products, such as removing products found not to meet applicable requirements from the market and improving the effectiveness of quality systems. For more information on compliance actions taken by us, refer to the discussion under the caption entitled "Certain Regulatory Matters" in Item 7 of this Annual Report on Form 10-K.

We are also subject to various laws inside and outside the United States concerning our relationships with healthcare professionals and government officials, price reporting and regulation, the promotion, sales and marketing of our products and services, the importation and exportation of products, the operation of our facilities and distribution of products. In the United States, we are subject to the oversight of FDA, Office of the Inspector General within the Department of Health and Human Services (OIG), the Center for Medicare/Medicaid Services (CMS), the Department of Justice (DOJ), Environmental Protection Agency, Department of Defense and Customs and Border Protection in addition to others. We supply products and services to healthcare providers that are reimbursed by federally funded programs such as Medicare. As a result, our activities are subject to regulation by CMS and enforcement by OIG and DOJ. In each jurisdiction outside the United States, our activities are subject to regulation by government agencies including the EMA in Europe, CFDA in China and other agencies in other jurisdictions. Many of the agencies enforcing these laws have increased their enforcement activities with respect to healthcare companies in recent years. These actions appear to be part of a general trend toward increased enforcement activity globally.

Our operations involve the use of substances regulated under environmental laws, primarily in manufacturing and sterilization processes. Our environmental policies require compliance with all applicable environmental regulations and contemplate, among other things, appropriate capital expenditures for environmental protection. For example, we made $6 million, $33 million and $10 million of capital expenditures in 2022, 2021 and 2020, respectively, related to a new ethylene oxide emissions control system at our Mountain Home, Arkansas facility that was substantially completed in 2022.

Human Capital Management

As of December 31, 2022, we employed approximately 60,000 people globally, with approximately 19,000 employees in the United States and approximately 41,000 employees outside of the United States. Our employees are our most important assets and set the foundation for our ability to achieve our strategic objectives. They contribute to our success and are instrumental in driving operational execution and our ability to deliver strong

financial performance, advancing innovation and maintaining a strong quality and compliance program across our organization.

The success and growth of our business depends in large part on our ability to attract, retain and develop a diverse population of talented and high-performing employees at all levels of our organization, including the individuals who comprise our global workforce as well as executive officers and other key personnel. To succeed in a competitive labor market, we have developed recruitment and retention strategies, objectives and measures that we focus on as part of the overall management of our business. These strategies, objectives and measures form our human capital management framework and are advanced through the following programs, policies and initiatives:

- Competitive Pay and Benefits. Our compensation programs are designed to align the compensation of our employees with our performance and to provide the proper incentives to attract, retain and motivate employees to achieve superior results. The structure of our compensation programs balances incentive earnings for both short-term and long-term performance.
- Activating Change Today. Building on the success of our nine business resource groups (BRGs), one such BRG, Baxter's Black Alliance, joined forces with colleagues across the company to introduce Activating Change Today (ACT), a multidimensional program to advance inclusion and racial justice. ACT began as an initiative in 2020 that was initially U.S. focused following the events surrounding the death of George Floyd, but has since garnered relevance internationally as well. ACT is focused on driving results across four key areas – Workforce, Workplace, Community and Marketplace – encompassing employees, external stakeholders and the markets and communities we serve.
- Health and Safety. Health and safety are firmly rooted across our global footprint. Most of our employees outside of our manufacturing facilities worked remotely during the initial stages of the COVID-19 pandemic (beginning in March 2020). We subsequently implemented our flexible work policy, which we refer to as BaxFlex, which establishes the expectation that employees are in the office two to three days a week. Our production and field service employees have been working at our facilities throughout the pandemic in the interest of providing vital services to our customers.
- Recruitment, Training and Development. We use recruitment vehicles to attract diverse talent to our organization and we prioritize learning opportunities that foster a growth mindset. Our formal offerings include a tuition reimbursement program, an e-learning platform known as BaxU and virtual workshops that support our culture, strategy and the development of crucial skills. To assess the impact of the investments we make in our people, and to help us consistently improve our human resources programs, we regularly conduct anonymous surveys of our global workforce to seek feedback on a variety of topics including confidence in our leadership, competitiveness of our compensation and benefits packages, career growth opportunities and improvements on how we can make our company an employer of choice. Administered and analyzed by an independent third-party, the survey results are reviewed by our senior leaders, which include our executive officers. The results of this engagement survey are also shared with individual managers, who are then tasked with taking action based on their employees' anonymous feedback. By paying close attention to the results both at an aggregate enterprise level as well as at a department/business/work group level, we have been able to enhance our culture of speed, simplicity, courage and collaboration, help educate employees more effectively about our benefits offerings as well as our learning and development opportunities and further improve our communications content, mechanisms and frequency.

Available Information

We make available free of charge on our website at www.baxter.com our Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Securities Exchange Act of 1934, as amended (Exchange Act), as soon as reasonably practicable after electronically filing or furnishing such material with the Securities and Exchange Commission. These reports are also available free of charge via EDGAR through the Securities and Exchange Commission website (www.sec.gov). In addition, our Corporate Governance Guidelines, Code of Conduct, and the charters for the committees of our Board of Directors are available on our website at www.baxter.com under "Our Story — Our Governance." All the foregoing materials will be made available to stockholders in print upon request by writing to: Corporate Secretary, Baxter International Inc., One Baxter Parkway, Deerfield, Illinois 60015. Information contained on our website shall not be deemed incorporated into, or to be a part of, this Annual Report on Form 10-K.

Item 1A. Risk *Factors.*

In addition to the other information in this Annual Report on Form 10-K, stockholders or prospective investors should carefully consider the following risk factors. If any of the events described below occurs, our business, financial condition, results of operations, future growth prospects and stock price could suffer.

Risk Factors Summary

This summary of risks below is intended to provide an overview of the risks we face and should not be considered a substitute for the more detailed risk factors discussed immediately following this summary.

Strategic Risks

- The proposed spinoff of our Renal Care and Acute Therapies product categories may not be completed on the terms or timeline currently contemplated, if at all.
- We will be exposed to new risks as a result of the proposed spinoff and other strategic actions we are undertaking.
- We may fail to realize the anticipated benefits of the Hillrom acquisition.
- If our business strategy and development activities are unsuccessful, our business, financial condition and results of operations could be adversely affected.

Risks Related to Our Financial Performance and Our Common Stock

- Global economic conditions, including inflation and supply chain disruptions, have adversely affected, and could continue to adversely affect, our operations.
- Our operating results and financial condition may fluctuate.
- We may not achieve our financial goals.
- We have incurred a substantial amount of debt in connection with the Hillrom acquisition.
- Changes in foreign currency exchange rates and interest rates could have a material adverse effect on our operating results and liquidity.
- Our common stock price has fluctuated significantly and may continue to do so.
- Future material impairments in the value of our long-lived assets, including goodwill, could negatively affect our operating results.

Other Risks Relating to Our Business

- The effects of the COVID-19 pandemic have had, and we expect will continue to have, a material adverse effect on our business.
- If we are unable to successfully introduce new products or fail to keep pace with changing consumer preferences and needs and advances in technology, our business, financial condition and results of operations could be adversely affected.
- Issues with product supply or quality could, among other things, have an adverse effect on our business or cause a loss of customer confidence in us or our products.
- There is substantial competition in the product markets in which we operate and the risk of declining demand and pricing pressures could adversely affect our operating results.
- If we fail to attract and retain key employees our business may suffer.

Risks Related to Our Business Operations

- Segments of our business are significantly dependent on major contracts with GPOs, IDNs, and certain other distributors and purchasers.
- We may not be successful in achieving expected operating efficiencies and sustaining or improving operating expense reductions, and might experience business disruptions and adverse tax consequences associated with restructuring, realignment and cost reduction activities.

- If we are unable to obtain sufficient components or raw materials on a timely basis or for a cost-effective price or if we experience other manufacturing, sterilization, supply or distribution difficulties, our business and results of operations may be adversely affected.
- Climate change, or legal, regulatory or market measures to address climate change, could adversely affect our business, results of operations and financial condition.
- Breaches and breakdowns affecting our information technology systems or protected information could have a material adverse effect on us.
- We are subject to risks associated with doing business globally.
- A portion of our workforce is unionized, and we could face labor disruptions that would interfere with our operations.

Risks Related to Legal and Regulatory Matters

- We are subject to a number of laws and regulations, and we are susceptible to a changing regulatory environment.
- Increasing regulatory focus on privacy and security issues and expanding laws could impact our business and expose us to increased liability.
- If reimbursement or other payment for our current or future products is reduced or modified in the United States or in foreign countries or changes to policies with respect to pricing, taxation or rebates, our business could suffer.
- We could be subject to fines or damages and possible exclusion from participation in federal or state healthcare programs if we fail to comply with the laws and regulations applicable to our business.
- If we are unable to protect our patents or other proprietary rights, or if we infringe the patents or other proprietary rights of others, our competitiveness and business prospects may be materially damaged.
- Changes in tax laws or exposure to additional income tax liabilities may have a negative impact on our operating results.
- We are party to a number of pending lawsuits and other disputes which may have an adverse impact on our business, operations or financial condition.

Strategic Risks

The proposed spinoff of our Renal Care and Acute Therapies product categories may not be completed on the terms or timeline currently contemplated, if at all.

We recently announced a series of strategic actions, including the proposed spinoff of our Renal Care and Acute Therapies product categories, a review of strategic alternatives for our BPS product category and plans to implement a simplified operating model and manufacturing footprint. We may encounter challenges to executing the proposed spinoff of our Renal Care and Acute Therapies product categories on the terms and within the timeframe we announced, or at all. The spinoff will be subject to the satisfaction of a number of customary conditions, including final approval from the Baxter Board of Directors, the filing and effectiveness of a registration statement on Form 10, receipt of a favorable Internal Revenue Service ruling or tax opinion from counsel with respect to the tax-free nature of the spin, satisfactory completion of financing arrangements and receipt of any necessary regulatory approvals. The failure to satisfy any of the required conditions could delay the completion of the proposed spinoff for a significant period of time or prevent it from occurring at all. Additionally, it is complex in nature, and unanticipated developments or changes, including disruptions in general market conditions, changes in law or challenges in executing the separation of the two businesses, may affect our ability to complete the spinoff on the terms or on the timeline we announced, or at all. The terms and conditions of the required regulatory authorizations and consents that are granted, if any, may also impose requirements, limitations or costs, or place restrictions on the conduct of the independent companies or impact our ability to complete the spinoff on the terms or timeline we announced, or at all.

Although we intend for the proposed spinoff to be tax-free to the company's stockholders for U.S. federal income tax purposes, we expect to incur non-U.S. cash taxes on the preparatory restructuring and may also incur non-cash tax expense including potential impairments of deferred tax assets. Moreover, there can be no assurance that the proposed spinoff will qualify as tax-free for U.S. federal income tax purposes. The IRS ruling or opinion from counsel

mentioned above will be based upon various factual representations and assumptions, as well as certain undertakings made by the Company and the new independent company. If any of these factual representations or assumptions are, or become, untrue or incomplete in any material respect, an undertaking is not complied with, or the facts upon which the opinion or ruling are based are materially different from the actual facts relating to the spinoff, reliance on the opinion or ruling may be jeopardized. If the spinoff were ultimately determined to be taxable for U.S. federal income tax purposes, we would incur a significant tax liability, while the distributions to the company's stockholders would become taxable and the new independent company could incur income tax liabilities as well.

We will be exposed to new risks as a result of the proposed spinoff and other strategic actions we are undertaking. Our strategic actions may not achieve their anticipated benefits, or our costs may exceed our estimates.

Our businesses will face material challenges in connection with the proposed spinoff and the other strategic actions we are undertaking (including a review of strategic alternatives for our BPS product category and plans to implement a simplified operating model and manufacturing footprint). These challenges include, without limitation, the diversion of management's attention from ongoing business concerns; appropriately allocating assets and liabilities among the companies to be separated in the proposed spinoff, particularly given the complex nature of the spinoff; attracting, retaining and motivating key management and other employees; retaining existing, or attracting new, business and operational relationships, including with customers, suppliers, employees and other counterparties; maintaining our relationships with regulators; assigning customer contracts and intellectual property to each of the businesses; and potential negative reactions from the financial markets. In particular, in the last few years, the company has undertaken other strategic and business transformation actions (including the acquisition of Hillrom and cost reduction initiatives) that have entailed changes across our organizational structure, senior leadership, culture, functional alignment, outsourcing and other areas. This poses risks in the form of personnel capacity constraints and institutional knowledge loss that has led to and could in the future lead to missed performance or financial targets and harm to our reputation, and these risks are heightened with the additional interdependent actions that will be needed to complete the proposed spinoff and other strategic actions we are pursuing.

We have begun and will continue to incur significant expenses in connection with the proposed spinoff and other strategic actions we have announced. These expenses may be higher than currently anticipated or may not yield a discernible benefit if the actions are not completed on schedule or at all. In addition, the anticipated benefits of these actions are based on a number of assumptions, some of which may prove incorrect, and we cannot predict with certainty when the expected benefits will occur, or the extent to which they will be achieved. As a result, even if the proposed spinoff or other strategic actions are completed, they may not achieve some or all of the anticipated strategic, financial, operational or other benefits in the expected timeframe, or at all, which could adversely impact our business, results of operations or financial condition.

Further, even if the proposed spinoff is completed, we cannot assure you that each separate company will be successful. Completion of the spinoff will result in independent public companies that are smaller, less diversified companies, with more limited businesses concentrated in their respective industries than Baxter is today. As a result, each company will be more vulnerable to changing market conditions, which could have a material adverse effect on its business, financial condition and results of operations. In addition, the diversification of revenues, costs and cash flows will diminish, such that each company's results of operations, cash flows, working capital, effective tax rate and financing requirements may be subject to increased volatility, and each company's ability to fund capital expenditures and investments, pay dividends and meet debt obligations and other liabilities may be diminished. Each company will also incur one-time and ongoing costs, including costs of operating as independent companies, that the separated businesses will no longer be able to share. In addition, until the market has fully analyzed the values of the separate companies, the price of our common stock and common stock of the new company may experience volatility. Our common stock or the common stock of the new company may not match some holders' investment strategies or meet minimum criteria for inclusion in stock market indices or portfolios, which could cause certain investors to sell their shares, which could in turn lead to declines in the trading price of such stock. As a result of any of the foregoing or other risks, the combined value of the common stock of the two publicly traded companies may be less than what the value of our common stock would have been absent the spinoff.

We may fail to realize the anticipated benefits of the Hillrom acquisition.

During 2021, we completed the acquisition of Hillrom. The success of this acquisition depends on, among other things, our ability to integrate Hillrom in a manner that facilitates growth opportunities, realizes anticipated cost and revenue synergies (some of which are still being identified) and achieves certain previously communicated net

leverage targets without adversely affecting current revenues and investments in future growth. If we are not able to successfully achieve these objectives, the anticipated benefits of the Hillrom acquisition may not be realized fully or at all or may take longer to realize than expected.

There is a significant degree of difficulty and management distraction inherent in the process of integrating an acquisition. These difficulties include challenges consolidating certain operations and functions (including regulatory and other corporate functions), integrating technologies (including differing IT systems and processes), organizations, procedures, policies and operations, addressing differences in the business cultures of the two companies and retaining key personnel. The integration is complex and time consuming and aspects of it may be delayed, or additional and unforeseen expenses may result, in light of our recently announced strategic initiatives. The integration process and other disruptions resulting from the Hillrom acquisition may also disrupt our ongoing businesses or cause inconsistencies in standards, controls, procedures and policies that adversely affect our relationships with market participants, employees, regulators and others with whom we have business or other dealings. Any failure to successfully or cost-effectively integrate Hillrom could have a material adverse effect on our business and cause reputational harm. Challenges associated with our integration efforts are heightened due to the other strategic actions we are pursuing.

If our business strategy and development activities are unsuccessful, our business, financial condition and results of operations could be adversely affected.

While we remain committed to deleveraging, we expect to engage in significant business development activities over the longer term (once we have satisfied our net leverage targets), including evaluating acquisitions, joint development opportunities, technology licensing arrangements and other opportunities. These activities may result in substantial investment of our resources (including resources currently focused on the recently announced strategic initiatives discussed above). Our success developing products or expanding into new markets from such activities will depend on a number of factors, including our ability to find suitable opportunities for acquisition, investment or alliance; competition from other companies in the industries in which we operate that are seeking similar opportunities; whether we are able to complete an acquisition, investment or alliance on terms that are satisfactory to us; the strength of the other company's underlying technology, products and ability to execute its business strategies; any intellectual property and litigation related to the other company's products or technology; and our ability to successfully integrate the acquired company, business, product, technology or research into our existing operations, including the ability to adequately fund acquired in-process R&D projects and to maintain adequate controls over the combined operations. Certain of these activities are subject to antitrust and competition laws, which laws could impact our ability to pursue strategic transactions and could result in mandated divestitures in the context of proposed acquisitions. If we are unsuccessful in our business development activities, we may not realize the intended benefits of such activities, including that acquisition and integration costs may be greater than expected or the possibility that expected return on investment, synergies and accretion will not be realized or will not be realized within the expected timeframes. For more information, see Note 2 in Item 8 of this Annual Report.

Risks Related to Our Financial Performance and Our Common Stock

Global economic conditions, including inflation and supply chain disruptions, have adversely affected, and could continue to adversely affect, our operations.

General global economic downturns and macroeconomic trends, including heightened inflation, capital markets volatility, interest rate and currency rate fluctuations, and economic slowdown or recession, have resulted and may continue to result in unfavorable conditions that negatively affect demand for our products and exacerbate some of the other risks that affect our business, financial condition and results of operations. Both domestic and international markets experienced significant inflationary pressures in fiscal year 2022 and inflation rates in the U.S., as well as in other countries in which we operate, are currently expected to continue at elevated levels for the near-term. In addition, the Federal Reserve in the U.S. and other central banks in various countries have raised, and may again raise, interest rates in response to concerns about inflation, which, coupled with reduced government spending and volatility in financial markets, has had and may continue to have the effect of further increasing economic uncertainty and heightening these risks. Interest rate increases or other government actions taken to reduce inflation have resulted in recessionary pressures in many parts of the world. Furthermore, currency exchange rates have been especially volatile in the recent past, and these currency fluctuations have affected, and may continue to affect, the reported value of our assets and liabilities, as well as our cash flows.

We have experienced significant challenges to our global supply chain in recent periods, including production delays and interruptions, increased costs and shortages of raw materials and component parts (including resins and electromechanical devices) and higher transportation and labor costs, resulting from COVID-19 and other

exogenous factors including significant weather events, elevated inflation levels, disruptions to certain ports of call around the world, the war in Ukraine and other geopolitical events. Due to the nature of our products, which include dense consumable medical products such as IV fluids, and the geographic locations of our manufacturing facilities, which often require us to transport our products long distances, we may be more susceptible to increases in freight costs and other supply chain challenges than certain of our industry peers. We expect to experience some of these and other challenges related to our supply chain in future periods. These challenges, including the unavailability of certain raw materials and component parts, have also had a negative impact on our sales for certain product categories due to our inability to fully satisfy demand and may continue to have a negative impact on our sales in the future. They have also made it increasingly difficult to model accurately our short-term and long-term financial objectives and may continue to do so in the future

Our ability to generate cash flows from operations has been affected, and could continue to be affected, if there is a material decline in the demand for our products or, in the solvency or planned capital expenditures of our customers or suppliers, or if there is deterioration in our key financial ratios or credit ratings. Current or worsening economic conditions may impact the ability of our customers (including governments) to pay for our products and services and the amount spent on healthcare generally, which could result in decreased demand for our products and services, declining cash flows, longer sales cycles, increased inventory levels, slower adoption of new technologies and increased price competition. These conditions may also adversely affect certain of our suppliers, which could disrupt our ability to produce products. We continue to do business with foreign governments in certain countries, including Greece and Italy, which have experienced deterioration in credit and economic conditions. While global economic conditions have not significantly impacted our ability to collect receivables, liquidity issues in certain countries have resulted, and may continue to result, in delays in the collection of receivables and credit losses, and may also impact the stability of the U.S. dollar, Euro or Yuan.

Our operating results and financial condition may fluctuate.

Our operating results and financial condition may fluctuate from quarter to quarter and year to year for a number of reasons. Events, such as changes to our expectations, strategy or forecasts (including as a result of evolving global macroeconomic conditions and updated expectations regarding the timing of new regulatory approvals) or even a relatively small revenue shortfall or increase in supply chain or other costs which we are unable to offset may cause financial results for a period to be below our expectations or projections. As a result, we believe that period-to-period comparisons of our results of operations are not necessarily meaningful, nor should they be relied upon as an indication of future performance. Our operating results and financial condition are also subject to fluctuation from all of the risks described throughout this section. These fluctuations may adversely affect our results of operations and financial condition and our stock price.

We may not achieve our financial goals.

We continue to evaluate and refine both our short-term and long-term financial objectives, including our stated commitment to achieve certain net leverage targets. Our ability to achieve these targets depends, in part, on our ability to realize the anticipated benefits of the acquisition (and related cost and revenue synergy targets) while working to execute on our stated portfolio management and other recently announced strategic initiatives. We may fail to achieve our targeted financial results if we are unsuccessful in implementing our strategies, our estimates or assumptions change or for any other reason. Our failure to achieve our financial goals could have a material adverse effect on our business, financial condition and results of operations.

We have incurred a substantial amount of debt in connection with the Hillrom acquisition, which could adversely affect our business, financial condition or results of operations.

We incurred acquisition-related debt financing of approximately $11.8 billion to fund the cash consideration for the Hillrom acquisition, refinance certain indebtedness of Hillrom and pay related fees and expenses. Our substantially increased indebtedness and higher debt-to-equity ratio following the acquisition has the effect, among other things, of reducing our flexibility to respond to changing business and economic conditions and has increased our borrowing costs (including as a result of the downgrade in our senior debt credit ratings in 2021). The increased levels of indebtedness and our recent projected financial performance could also reduce funds available (under our credit facilities or otherwise) for investments in product development, capital expenditures, dividend payments, acquisitions, share repurchases and other activities and may create competitive disadvantages for us relative to other companies with lower debt levels. In addition, until we achieve our commitment to reduce our indebtedness following the Hillrom acquisition, our capital allocation activities and operational flexibility is limited. There can be no assurance that we will be successful in doing so on a timely basis or at all.

Changes in foreign currency exchange rates and interest rates could have a material adverse effect on our operating results and liquidity.

We generate the majority of our revenue and profit outside the United States. As a result, our financial results have been and may in the future be adversely affected by fluctuations in foreign currency exchange rates. We cannot predict with any certainty changes in foreign currency exchange rates or our ability to mitigate these risks. We have experienced, and may continue to experience, additional volatility as a result of inflation and other macroeconomic factors, including in emerging market countries. We are also exposed to changes in interest rates, and our ability to access the money markets and capital markets on terms that are favorable to us, or at all, could be impeded if market conditions are not favorable. For more information see "Financial Instrument Market Risk" in Item 7 of this Annual Report.

Our common stock price has fluctuated significantly and may continue to do so in the future.

The price of our common stock has fluctuated significantly and may continue to do so in the future for a number of reasons, including, but not limited to:

- market perceptions of any strategic actions or other developments related to our business we announce, including, for example, our announcement regarding the proposed spinoff of our Renal Care and Acute Therapies product categories;
- variations in our net sales, earnings or other financial results from investors' expectations or our previously issued guidance;
- departure of key personnel;
- fluctuations in the results of our operations and general conditions in the economy, our market, and the markets served by our customers; and
- the operating and stock performance of comparable companies or related industries.

In addition, prices in the stock market have generally been volatile over the past few years. In certain cases, the fluctuations have been unrelated to the operating performance of the affected companies. As a result, the price of our common stock could also fluctuate in the future without regard to our operating performance.

Future material impairments in the value of our long-lived assets, including goodwill, could negatively affect our operating results.

We regularly review our long-lived assets, including identifiable intangible assets, goodwill (which results from our acquisition activity) and property, plant and equipment, for impairment. Goodwill and acquired indefinite life intangible assets are subject to impairment review on an annual basis and whenever potential impairment indicators are present. Other long-lived assets are reviewed when there is an indication that impairment may have occurred. Changes in market conditions or other changes in the future outlook of value may lead to impairment charges in the future. In addition, we may from time to time sell assets that we determine are not critical to our strategy, including in connection with strategic exits. Future events or decisions may lead to asset impairments and/or related charges. Certain non-cash impairments may result from a change in our strategic goals, business direction or other factors relating to the overall business environment. Material impairment charges could negatively affect our results of operations.

For example, in the third quarter of 2022, we recorded a $2.8 billion goodwill impairment relating to our three Hillrom reporting units due to macroeconomic conditions, including the rising interest rate environment and broad declines in equity valuations, and reduced earnings forecasts for these units, driven primarily by shortages of certain component parts used in our products, raw materials inflation and increased supply chain costs. Further adverse changes to macroeconomic conditions or our earnings forecasts could lead to additional goodwill or intangible asset impairment charges in future periods and such charges could be material to our results of operations. For more information on the valuation of goodwill and intangible assets, see "Critical Accounting Policies" in Item 7 of this Annual Report.

Other Risks Relating to Our Business

The effects of the COVID-19 pandemic have had, and we expect will continue to have, a material adverse effect on our business. The nature and extent of future impacts are uncertain and unpredictable.

Our global operations expose us to risks associated with public health crises, including epidemics and pandemics, such as the COVID-19 pandemic. COVID-19 has had, and we expect will continue to have, an adverse impact on

our operations, supply chains and distribution systems and has increased and will continue to increase our expenses, including due to preventive and precautionary measures that we, other businesses and governments have taken and may continue to take.

COVID-19 has adversely affected and many continue to adversely affect our business in many ways, including, but not limited to, the following:

- We have experienced, and expect to continue to experience, significant and unpredictable reductions or increases in demand for certain of our products as healthcare customers re-prioritize the treatment of patients. Some of our products are particularly sensitive to reductions in elective medical procedures. For example, due to the spread of the Omicron variant in 2022, many elective procedures were suspended or postponed in our principal markets as hospital systems prioritized treatment of COVID-19 patients again or otherwise comply with changing government guidelines. Further delays or cancellations may occur in the future. While we have started to see a resurgence in the scheduling of elective procedures in at least some of the markets in which we operate, if patients and hospital systems de-prioritize, delay or cancel elective procedures in the future, our business, financial condition and results of operations may be negatively affected. Additionally, through the pandemic, certain portions of our patient populations (including End Stage Renal Disease patients) have experienced heightened mortality levels. Demand for related products and services may not rebound to pre-pandemic levels in light of these increased mortality rates.
- A significant number of our suppliers, manufacturers, distributors and vendors have been adversely affected by the COVID-19 pandemic, including obstacles relating to their ability to maintain the continuity of their on-site operations. These impacts have caused interruptions and delays in our supply chain, and may continue to do so, resulting in more expensive alternative sources of labor and materials and heightened supply chain costs. Any delay or shortage in the supply of components or materials or other operational or logistical challenges impacts our ability to satisfy consumer demand for our products in a timely manner or at all, which could harm our reputation, future sales and profitability. For example, we have experienced supply constraints for amino acid raw materials used in our parenteral nutrition products, as such materials are being used to produce COVID-19 vaccines. These constraints have resulted in certain product backorders and may do so in the future.
- We could experience a loss of sales and profitability due to delayed payments, reduced demand or capital constraints of healthcare professionals, hospitals and other customers (including potential insolvency) and suppliers and vendors facing liquidity or other financial issues. These liquidity or other financial issues could be exacerbated if prolonged high levels of unemployment or loss of insurance coverage impact patients' ability to access treatments that use our products and services.
- COVID-19 has adversely impacted the continued service and availability of skilled personnel necessary to run our operations. For example, we have faced increased absenteeism in connection with the rise of various COVID-19 variants. Although we have sought to mitigate these staffing challenges through overtime and enlisting contingent labor, staffing shortages have strained our operations and increased our expenses.
- We face increased operational challenges as we continue to take measures to support and protect employee health and safety, including through work from home policies. While many of our employees have returned to work, remote or hybrid working arrangements heighten our risks associated with information technology systems and networks, including cyber-attacks, computer viruses, malicious software, security breaches, and telecommunication failures, both for systems and networks we control directly and for those that employees and third-party developers rely on to work remotely. Any failure to prevent or mitigate security breaches or cyber risks or detect, or respond adequately to, a security breach or cyber risk, or any other disruptions to our information technology systems and networks (as a result of remote working arrangements or otherwise), can have adverse effects on our business and cause reputational and financial harm.

Any of these and other impacts of the pandemic could have a material adverse effect on our business, financial condition and results of operations.

In addition, the scope and duration of any future public health crisis will depend on a number of factors, including the potential emergence of new variants, the pace at which government restrictions are imposed and lifted and the extent of such restrictions, the scope of additional actions taken to mitigate the spread of disease, the availability, effectiveness and acceptance of vaccines and the speed and extent to which global markets and utilization rates for our products fully recover from the disruptions caused by such a public health crisis. The impact of these and other factors on our business, financial condition and results of operations will depend on future developments that are highly uncertain and cannot be predicted with confidence. Finally, to the extent COVID-19 or any future public health

Baxter

BAXTER HEALTHCARE CORPORATION

DELEGATION OF AUTHORITY

As contemplated by the resolutions adopted by the Board of Directors of Baxter Healthcare Corporation, a Delaware corporation ("the Corporation"), effective September 15, 2017 ("Resolutions"), a copy of such Resolutions is attached hereto, the undersigned Matthew Rice, Assistant Secretary, an Authorized Employee of Baxter Healthcare Corporation, hereby delegates to Keegan Chamberlain, Director of Quality Management and LaToyia Martin, Manager, Quality Compliance, employees of Cardinal Health 200 LLC, the authority to sign for all documents, applications, submissions and other related instruments required for the state pharmacy, wholesale distribution, and manufacturing licenses and legally required permits filed on behalf of Baxter Healthcare Corporation.

This delegation of authority shall be effective until December 31, 2023 and is subject to revocation by any officer of Baxter Healthcare Corporation at any time and shall occur automatically when Keegan Chamberlain or LaToyia Martin ceases to be an employee of Cardinal Health 200 LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain and LaToyia Martin prior to this date, solely in connection with the execution of the above-referenced matters.

Effective: November 6, 2022

Baxter Healthcare Corporation

Matthew Rice
Assistant Secretary

BAXTER HEALTHCARE CORPORATION

RESOLUTIONS FOR SIGNING AUTHORITY

September 15, 2017

RESOLVED, that the Corporation's elected officers and employees of the Corporation having the job classifications set forth in Exhibit A (each an "Authorized Signatory") are authorized and directed to sign any documents relating to matters within the Authorized Signatory's respective job responsibilities, commonly necessary and incidental to the Corporation's business and the execution of which is in the best interest of the Corporation;

FURTHER RESOLVED, that each Authorized Signatory shall have the authority to execute such documents that are within the financial limitations as set forth on Exhibit A, which may be updated from time to time without further resolution;

FURTHER RESOLVED, that any Authorized Signatory is authorized to delegate signing authority ("Delegation") to another individual with such limitations as the Authorized Signatory may establish from time to time, provided however, that any such Delegation shall be in writing in the form of Delegation provided by the office of the Secretary of the Corporation and shall be subject to any limits set forth therein by the Authorized Signatory;

FURTHER RESOLVED, that when signing authority is delegated, an original of any such Delegation shall be delivered to the Secretary of the Corporation to be retained as a part of the permanent records of the Corporation;

FURTHER RESOLVED, that the Secretary or an Assistant Secretary of the Corporation is authorized to attest to the signatures of the Authorized Signatories and affix the seal of the Corporation to such documents, however such documents shall be the binding obligation of the Corporation without the necessity of attestation or affixing of the corporate seal; and

FURTHER RESOLVED, that these resolutions supercede and replace resolutions adopted on November 7, 2008, and July 21, 2014 but any documents signed pursuant to the superceded resolutions remain valid until their expiration and any actions taken by an Authorized Signatory that would have been authorized by the foregoing resolutions except that such actions were taken prior to the adoption of the foregoing resolutions are hereby authorized, ratified, confirmed and approved.

EXHIBIT A

BAXTER HEALTHCARE CORPORATION

ORDINARY COURSE OF BUSINESS
SIGNATURE AUTHORITY TABLE
(updated September 2017)

JOB CLASSIFICATION	FINANCIAL LIMITATION
Chief Executive Officer, Executive Vice President or any Senior Vice President	**No limitations**
Global Franchise Unit Head	**Up to $10 Million**
Vice President (including General Manager)	**Up to $5 Million**
Director	**Up to $1 Million**

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Cardinal Health 200, LLC

Physical Address: 24101 S. Bradley St.

City: Channahon State: IL Zip: 60410

Mailing Address (if different from physical address): 7000 Cardinal Place - QRA, Facility Licensing

City: Dublin State: OH Zip: 43017

Telephone: 847-887-1616 Website: www.cardinalhealth.com

Name of Designated Representative (DR): Marcel McCree

Licensing Company Email: licensure@cardinalhealth.com DR Email: marcel.mccree@cardinalhealth.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Distributor, Replenishment Center

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*: See Attached

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

K Chhl

Original Signature (electronic, copies or stamps not accepted)

4/19/23

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: COVIDIEN- KENMEX
Address: 9850 Siempre Viva Rd Ste 4 City: San Diego State: CA Zip: 92154-72

Name: COVIDIEN MFG SOLUTIONS SA
Address: Edificio B20 Calle 2 City: Alajuela State: Zip: 20101

Name: COVIDIEN TIJUANA
Address: 2020 PIPER RANCH RD STE 110 City: SAN DIEGO State: CA Zip: 92154-62

Name: CARDINAL HEALTH
Address: 1450 S WAUKEGAN RD City: WAUKEGAN State: IL Zip: 60085-67

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Allegiance Corporation (Parent Company of Cardinal Health 200, LLC)
Corporation Name: Cardinal Health Inc. (Ultimate Holding Company)
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 614-757-5000 Email: licensure@cardinalhealth.com
Contact Person Name: LaToyia Martin

Date of SEC Registration: 08/04/1983 | SEC Registration Number: 721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/a
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓ N/A	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Cardinal Health 200, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/19/23

Date

Board Use Only	Date Received: 4-24-23	Amount: 1000.00 CK-10860470

CardinalHealth



April 7, 2023

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
Channahon, IL

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to Question 3 on our application for our Out-of-State Wholesale Distributor License. We have a few matters to disclose based on our parent company, Cardinal Health, Inc. Please note that the facility that is the subject of this application does not have any disciplinary history to disclose.

On September 24, 2020, Cardinal Health finalized a settlement agreement with the Colorado Board of Pharmacy and paid a fine of $1,150. This settlement was regarding the failure of our Denver, Colorado distribution center to timely notify the Board of a change in that distribution center's designated representative.

Cardinal Health's pharmaceutical distribution center in Valencia, California entered into a settlement agreement with the California Board of Pharmacy in April 2019. As a condition of that settlement, the California Wholesale license for our Valencia distribution center was on probation from April 3, 2019, through April 2, 2021. This agreement resulted from the Valencia distribution center making sales to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012, administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

In September 2013, Cardinal Health's distribution center located in Ontario, California, received a citation involving prescription device deliveries being made to an unauthorized customer; the facility paid the fine of $5,000.00 and the matter was closed. In July 2014, the State of Michigan Department of Licensing and Regulatory Affairs (LARA) took derivative action against the Ontario, CA, facility based upon the action described above. LARA issued a Consent Order and fined the Ontario facility $500. Cardinal Health paid the fine to LARA on July 9, 2014.

If you have any questions, Cory Kopitzke, Assistant General Counsel, Regulatory at Cory.Kopitzke01@cardinalhealth.com.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

24101 S. Bradley St.
Channahon, Illinois 60410

Officer Name	Title	Business Address	Business Phone Number	Email Address
Stephen Michael Mason	CEO, Medical Segment	7200 Cardinal Place, Dublin, OH 43017	614-757-7300	Steve.Mason@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-553-4640	Keegan.Chamberlain@cardinalhealth.com
Julie Erin Webb	VP, Quality Management	7200 Cardinal Place, Dublin, OH 43017	614-757-6343	julie.webb@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017	614-757-3769	john.martin03@cardinalhealth.com
Brent Mathew Withrow	Assistant Treasurer	7000 Cardinal Place, Dublin, OH 43017	614-757-6977	brent.withrow@cardinalhealth.com

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

DESCRIPTION OF WHY HOME STATE LICENSE AND INSPECTION REPORT ARE NOT AVAILABLE

Per the Illinois Drug Compliance Unit, there is no requirement in the Illinois Wholesale Drug Distributor Act or rules requiring licensure of entities distributing medical devices (legend or non-legend). Based on this, the Department does not license or inspect distributors of medical devices.

Office of the Secretary of State
ilsos.gov

Corporation/LLC Search/Certificate of Good Standing

LLC File Detail Report

File Number	02913518
Entity Name	CARDINAL HEALTH 200, LLC
Status	ACTIVE

Entity Information

Principal Office
3651 BIRCHWOOD DR.
WAUKEGAN, IL 60085

Entity Type
LLC

Type of LLC
Foreign

Organization/Admission Date
Thursday, 21 January 2010

Jurisdiction
DE

Duration
PERPETUAL

Agent Information

Name
C T CORPORATION SYSTEM

Address
208 SO LASALLE ST, SUITE 814
CHICAGO , IL 60604

Change Date
Monday, 23 August 2010

Annual Report

For Year
2023

Filing Date
Friday, 23 December 2022

Managers

Name
Address
ALLEGIANCE CORPORATION
7000 CARDINAL PLACE
DUBLIN, OH 430170000

Series Name

AUTHORIZED TO ESTABLISH SERIES--NO SERIES CREATED

Return to Search

File Annual Report

Adopting Assumed Name

Articles of Amendment Effecting A Name Change

Change of Registered Agent and/or Registered Office

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL HEALTH 200, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2610958 8300

SR# 20230066186

Authentication: 202447919

Date: 01-09-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Stockholder	Stake
The Vanguard Group, Inc.	11.96%
SSgA Funds Management, Inc.	8.00%
T. Rowe Price Associates, Inc.	5.47%
BlackRock Fund Advisors	5.17%

CardinalHealth™

June 30, 2022

To whom it may concern:

This is a declaration and confirmation by Cardinal Health, Inc. and its subsidiaries exclusively that:

Cardinal Health is self-insured for products, completed operations liability and pharmacist professional liability. You will not be named as additional insured for any of the self-insured retention limits of the product liability, completed operations liability and pharmacist professional liability coverages. Cardinal Health's self-insurance is backed by its financial strength documented in financial statements found at www.cardinalhealth.com. The existence of self-insurance within Cardinal Health's insurance program does not change any contractual obligation we may have, and shall not be deemed to exceed the scope of coverage and/or limits required, under our written contract or agreement with you.

As respects the Automobile Liability, Automobile Physical Damage, Comprehensive and Collision coverage is self-insured for all owned vehicles.

Please direct any questions or concerns to GMB-DUB-RiskManagement@cardinalhealth.com.

Denise Johnston
Director, Risk Management

JPK/as

enc.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
Cincinnati OH Office
8044 Montgomery Road
Suite 405
Cincinnati OH 45236-2919 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	XL Insurance America Inc	24554
INSURER B:	XL Specialty Insurance Co	37885
INSURER C:	Greenwich Insurance Company	22322
INSURER D:	Indian Harbor Insurance Company	36940
INSURER E:		
INSURER F:		

INSURED
Cardinal Health, Inc.
(See Additional Page)
7000 Cardinal Place
Dublin OH 43017 USA

COVERAGES **CERTIFICATE NUMBER:** 570094095707 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			RGD943716717 AOS, PR	06/30/2022	06/30/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability Lim	$5,000,000 $1,000,000 $5,000,000 $5,000,000 Excluded Included
C	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY in			RAD943716817	06/30/2022	06/30/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$5,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION			US00092147LI22A SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EACH OCCURRENCE AGGREGATE Products/Completed O	$5,000,000 $5,000,000 Excluded
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		RWD943512517 (AOS) RWR943512617 (WI)	06/30/2022 06/30/2022	06/30/2023 06/30/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	 $5,000,000 $5,000,000 $5,000,000
D	E&O-PL-Primary			RGD943797703 E&O SIR applies per policy terms & conditions	06/30/2022	06/30/2023	Loss Limit	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Cardinal Health, Inc.
7000 Cardinal Place
Dublin OH 43017 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier : Z

Certificate No : 570094095707

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		RWR300142404 (AK)	06/30/2022	06/30/2023		
	OTHER							
B	Excess WC			RWE943514317 Xs Work Comp - OH SIR applies per policy terms & conditions	06/30/2022	06/30/2023	EL Each Accident	$4,500,000
							EL Disease - Ea Empl	$4,500,000

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Evidence of Coverage

As respects the Commercial General Liability Policy:
Additional Insured Managers or Lessors of Premises : as required by written contract
Additional Insured Owners, Lessees or Contractors - Scheduled Persons or Organization : as required by written contract
Coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured and shall not increase the applicable Limits of Insurance

As respects the Automobile Liability Policy:
Coverage symbol 1 (Any Auto) applies to Automobile Liability which includes coverage for Hired / Non-Owned Autos
Lessor - Additional Insured: all leased autos.
The policy will pay as interest may appear, you (Cardinal Health) and the lessor named in this endorsement for "loss" to a "leased auto".
Additional Insured Where Required under Written Contract or Agreement Endorsement

As respects General Liability, Automobile Liability, and Workers Compensation Policies:
Waiver of Subrogation is permitted as required by written contract or agreement executed prior to loss and in accordance with the terms, conditions and exclusions of the applicable policies.

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insured Listing

Named Insured Listing for June 30, 2022 - June 30, 2023 includes but is not limited to the following:
A+ Secure Packaging, LLC
Abilene Nuclear, LLC
Access Closure, Inc.
Acuity GPO, LLC
Aero-Med, LLC
Allegiance (BVI) Holding Co. Ltd.
Allegiance Corporation
Allegiance Healthcare (Labuan) Pte. Ltd.
Allegiance I, LLC
Allegiance Labuan Holdings Pte. Ltd.
API (Suppliers) Limited
AssuraMed Acquisition Corp.
AssuraMed Group, Inc.
AssuraMed Holding, Inc.
AssuraMed Intermediate Holding, Inc.
AssuraMed, Inc.
C. International, Inc.
Cardinal Distribution Holding Corporation - I
Cardinal Distribution Holding Corporation - II
Cardinal Health 100, Inc.
Cardinal Health 104 LP
Cardinal Health 105, LLC
Cardinal Health 107, LLC
Cardinal Health 108, LLC
Cardinal Health 110, LLC
Cardinal Health 112, LLC
Cardinal Health 113, LLC
Cardinal Health 114, Inc.
Cardinal Health 115, LLC
Cardinal Health 116, LLC
Cardinal Health 118, LLC
Cardinal Health 119, LLC
Cardinal Health 121, LLC
Cardinal Health 122, LLC
Cardinal Health 123, LLC
Cardinal Health 124, LLC
Cardinal Health 125, LLC
Cardinal Health 126, LLC
Cardinal Health 127, Inc.
Cardinal Health 128, LLC
Cardinal Health 130, LLC
Cardinal Health 131, LLC
Cardinal Health 132, LLC
Cardinal Health 133, Inc.
Cardinal Health 2, LLC
Cardinal Health 200, LLC
Cardinal Health 201 Canada L.P.
Cardinal Health 201, LLC
Cardinal Health 215, LLC
Cardinal Health 222 (Thailand) Ltd.
Cardinal Health 242, LLC
Cardinal Health 246, Inc.
Cardinal Health 247, Inc.
Cardinal Health 249, LLC
Cardinal Health 250 Dutch C.V.
Cardinal Health 251, LLC
Cardinal Health 252, LLC
Cardinal Health 253, LP

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AGENCY CUSTOMER ID: 570000070825
LOC #:

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health 3, LLC
Cardinal Health 414, LLC
Cardinal Health 418, Inc.
Cardinal Health 5, LLC
Cardinal Health 500, LLC
Cardinal Health 524, LLC
Cardinal Health 529, LLC
Cardinal Health 6, Inc.
Cardinal Health 7, LLC
Cardinal Health 8, LLC
Cardinal Health Australia 503 Pty Ltd.
Cardinal Health Austria 504 GmbH
Cardinal Health Belgium 505 BVBA
Cardinal Health Canada Holdings Cooperatie U.A.
Cardinal Health Canada Inc.
Cardinal Health Capital Corporation
Cardinal Health Cardiology Solutions, LLC
Cardinal Health Chile Limitada
Cardinal Health Colombia S.A.S.
Cardinal Health Commercial Technologies, LLC
Cardinal Health Corporate Solutions, LLC
Cardinal Health D.R. 203 II Ltd.
Cardinal Health Denmark ApS
Cardinal Health do Brasil Ltda.
Cardinal Health Finance
Cardinal Health Finland Oy
Cardinal Health Foundation
Cardinal Health France 506 SAS
Cardinal Health Funding, LLC
Cardinal Health Germany 507 GmbH
Cardinal Health Germany Manufacturing GmbH
Cardinal Health Holding International, Inc.
Cardinal Health International Philippines, Inc.
Cardinal Health IPS, LLC
Cardinal Health Ireland 419 Designated Activity Company
Cardinal Health Ireland 508 Limited
Cardinal Health Ireland Manufacturing Limited
Cardinal Health Ireland Unlimited Company
Cardinal Health Italy 509 S.r.l.
Cardinal Health Japan G.K.
Cardinal Health Korea Limited
Cardinal Health Luxembourg 420 S.a.r.l.
Cardinal Health Luxembourg 522 S.à.r.l.
Cardinal Health Malaysia 211 Sdn. Bhd.
Cardinal Health Malta 212 Limited
Cardinal Health Managed Care Services, LLC
Cardinal Health Medical Products India Private Limited
Cardinal Health Mexico 244 S. de R.L. de C.V.
Cardinal Health Mexico 514 S. de R.L. de C.V.
Cardinal Health Middle East FZ-LLC
Cardinal Health MPB, Inc.
Cardinal Health Napoleon Holding, LLC
Cardinal Health Netherlands 502 B.V.
Cardinal Health Netherlands 525 Coöperatie U.A.
Cardinal Health Netherlands 528 B.V.
Cardinal Health Norway AS

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LOC #:

ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER	
See Certificate Number: 570094095707	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094095707	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Cardinal Health P.R. 120, Inc.
Cardinal Health P.R. 218, Inc.
Cardinal Health P.R. 220, LLC
Cardinal Health P.R. 436, Inc.
Cardinal Health Pharmaceutical Contracting, LLC
Cardinal Health Pharmacy Services, LLC
Cardinal Health Poland Spólka z ograniczona odpowiedzialnoscia
Cardinal Health Portugal 513, Unipessoal Lda.
Cardinal Health Singapore 225 Pte. Ltd.
Cardinal Health Spain 511 S.L.
Cardinal Health Specialty Pharmacy, LLC
Cardinal Health Sweden 512 A.B.
Cardinal Health Switzerland 515 GmbH
Cardinal Health Systems, Inc.
Cardinal Health Technologies Switzerland GmbH
Cardinal Health Technologies, LLC
Cardinal Health U.K. 418 Limited
Cardinal Health U.K. 432 Limited
Cardinal Health U.K. Holding Limited
Cardinal Health U.K. International Holding LLP
Cardinal Health, Inc.
Cardinal Medical Equipment Consulting (Shanghai) Co., Ltd.
Cirpro de Delicias S.A. de C.V.
Clinic Pharmacies III, LLC
Clinic Pharmacies, LLC
Community Pharmacy Enterprises, LLC
Convertors de Mexico S.A. de C.V.
Cordis (Shanghai) Medical Devices Co., Ltd.
Cordis Cashel Unlimited Company
Cordis Corporation
Cornerstone Partners G.P.O., L.P.
Covidien Canada Holdings (C) Cooperatie U.A. (Inactive)
Covidien Ireland Limited (Inactive)
Covidien Manufacturing Solutions, S.A.
Dutch American Manufacturers II (D.A.M. II) B.V.
Ellipticare, LLC
EPIC Insurance Company
Especialidades Medicas Kenmex S.A. de C.V.
Flexible Stenting Solutions, Inc.
Frog Horned Capital, Inc.
Generic Drug Holdings, Inc.
Griffin Capital, LLC
HDG Acquisition, Inc.
imgRx Healdsburg, Inc.
imgRx Salud, Inc.
imgRx SJ Valley, Inc.
imgRx SLO, Inc.
imgRx Sonoma, Inc.
InnerDyne Holdings, Inc.
Innovative Therapies,LLC
Instant Diagnostic Systems, Inc (Inactive - Aug 2018)
InteCardia-Tennessee East Catheterization, LLC
ITI Sales, LLC
Kendall-Gammatron Limited
Killilea Development Company, Ltd
Kinray I, LLC
KPR Australia Pty. Ltd
KPR Switzerland Sales GmbH
KPR U.S., LLC
Leader Drugstores, Inc

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AGENCY CUSTOMER ID: 570000070825
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ADDITIONAL REMARKS SCHEDULE

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AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Cardinal Health, Inc.
POLICY NUMBER: See Certificate Number: 570094095707	
CARRIER: See Certificate Number: 570094095707 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds Continued

Limited Liability Company "Cardinal Health Russia"
Ludlow Technical Products Canada, Ltd.
Marin Apothecaries
Medicap Pharmacies Incorporated
Medicine Shoppe Capital Corporation
Medicine Shoppe International, Inc.
Medicine Shoppe Internet, Inc.
Mediquip Sdn. Bhd.
Mirixa Corporation
MSCRIPTS HOLDING, LLC
MSCRIPTS, LLC
NeuroLogic GPO, LLC
Nippon Covidien Ltd.
One Cloverleaf, LLC
Outcomes Incorporated
Owen Shared Services, Inc.
Pharmacy Operations Of New York, Inc.
Pharmacy Operations, Inc.
Physicians Purchasing, Inc.
Pinnacle Intellectual Property Services, Inc.
Pinnacle Intellectual Property Services-International, Inc.
Quiroproductos de Cuauhtemoc S. de R.L. de C.V.
RainTree Administrative Services, LLC
RainTree Care Management, LLC
RainTree GPO, LLC
Ransdell Surgical, Inc.
Red Oak Sourcing, LLC
Renal Purchasing Group, LLC
RGH Enterprises, LLC
RT Oncology Services Corporation
Rxealtime, Inc.
Sierra Radiopharmacy, L.L.C.
Sonexus Health Access & Patient Support, LLC
Sonexus Health Distribution Services, LLC
Sonexus Health Financial Solutions, LLC
Sonexus Health Pharmacy Services, LLC
Sonexus Health, LLC
TelePharm, LLC
The Harvard Drug Group, L.L.C.
Tianjin ITI Trading Company
Tradex International, Inc.
Uromed, Inc. (Inactive)
Wavemark Lebanon Offshore s.a.l.
Wavemark, Inc.

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Cardinal Health - Medical Distribution,
Quality & Regulatory Affairs
7000 Cardinal Place
Dublin OH 43017
cardinalhealth.com
614.553.3076 tel

licensure@cardinalhealth.com email

CardinalHealth

Cardinal Health 200, LLC
Channahon, IL -Current Employee List

Marcel McCree - Manager, Warehouse Operations
Victor Garza - Senior Specialist, Quality Compliance

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Cardinal Health 200, LLC

Pharmacy/Wholesaler License # (if applicable): New App

Physical Address: 24101 S. Bradley St.

City: Channahon State: IL Zip: 60410

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 847-887-1616 Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Marcel Middle: Joseph Last: McCree

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] N. Wentworth Cir

City: Romeoville State: IL Zip: 60446

Telephone: [redacted] Email: marcel.mccree@cardinalhealth.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kent State University at Salem		08/09 - 05/10	
Address	**City**	**State**	**Zip**
2491 OH-45	Salem	OH	44460
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Poland Seminary High School		08/06 - 06/09	
Address	**City**	**State**	**Zip**
3199 Dobbins Rd	Poland	OH	44514
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 -	[redacted] N Wentworth Cir	Romeoville	IL	60446
11/17 - 12/21	[redacted] Golfview Dr.	Joliet	IL	60435
11/16 - 11/17	[redacted] Springs Ct Unit [redacted]	Plainfield	IL	60585
07/16 - 11/16	[redacted] Westwood Rd	Fairview Park	OH	44126
03/15 - 07/16	[redacted] Clifton Blvd	Lakewood	OH	44107
03/14 - 03/15	[redacted] Laurent Dr. Apt 615	Parma	OH	44129
11/97 - 03/14	[redacted] Olde Charted Trail	Poland	OH	44514

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAICS 456.1005) or wholesalers (NAICS 639.5385) in a position(s) related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment required for the above.

Business Name		From - To (MM/YY – MM/YY)	
Cardinal Health		10/16 -	
Business Address	**City**	**State**	**Zip**
24101 S. Bradley St	Channahon	IL	60410
Phone	**Title**	**Number of Employed Hours**	
847-887-1616	Operations Manager	15,000	
Description of Duties			
Manage day to day inbound/outbound of medical products to customers.			

Business Name		From - To (MM/YY – MM/YY)	
Cardinal Health / Tradex International		03/16 - 10/16	
Business Address	**City**	**State**	**Zip**
5300 Tradex Pkwy	Cleveland	OH	44102
Phone	**Title**	**Number of Employed Hours**	
216-651-4788	Operations Supervisor	1,500	
Description of Duties			
Supervisions of employees distributing medical products to customers.			

Business Name		From - To (MM/YY – MM/YY)	
Cardinal Health / Tradex International		09/15 - 03/16	
Business Address	**City**	**State**	**Zip**
5300 Tradex Pkwy	Cleveland	OH	44102
Phone	**Title**	**Number of Employed Hours**	
216-651-4788	Lead Associate	1098	
Description of Duties			
Shift lead for the distribution of medical products.			

Business Name		From - To (MM/YY – MM/YY)	
Tradex International		03/14 - 09/15	
Business Address	**City**	**State**	**Zip**
5300 Tradex Pkwy	Cleveland	OH	44102
Phone	**Title**	**Number of Employed Hours**	
216-651-4788	Associate II	3032	
Description of Duties			
Container unloader/order picker			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/4/2023
Date

I, Marcel McCree, **certify that as the designated representative for**

_____,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marcel McCree

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/4/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marcel McCree

Print Name (First, Last)

Marcel J. McCree III only with

Original Signature (electronic, copies or stamps not accepted)

4/4/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Will

I, Marcel McCree, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Marcel J. McCree III

Original Signature

4/4/2023

Date

Subscribed and Sworn to before me this 4th day of April 2023.

Wendy S Hoffman

Notary Public Signature

WENDY S HOFFMAN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
November 20, 2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Cardinal Health 200, LLC — MDEG License # (if applicable): New App

Physical Address: 24101 S. Bradley St.

City: Channahon — State: IL — Zip: 60410

Mailing Address (if different from physical address): 7000 Cardinal Place, QRA

City: Dublin — State: OH — Zip: 43017

Telephone: 847-887-1616 — Website: www.cardinalhealth.com

Licensing Company Email: licensure@cardinalhealth.com

Section 2: Personal Information

First: Marcel — Middle: Joseph — Last: McCree

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] N. Wentworth Cir

City: Romeoville — State: IL — Zip: 60446

Telephone: [redacted] — Email: marcel.mccree@cardinalhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

School Name			From - To (MM/YY – MM/YY)	
Kent State University at Salem			08/09 - 05/10	
Address		City	State	Zip
2491 OH-45		Salem	OH	44460
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Poland Seminary High School			08/06 - 06/09	
Address		City	State	Zip
3199 Dobbins Rd		Poland	OH	44514
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 -	[redacted] N Wentworth Cir	Romeoville	IL	60446
11/17 - 12/21	[redacted] Golfview Dr	Joliet	IL	60435
11/16 - 11/17	[redacted] Springs Ct. Unit [redacted]	Plainfield	IL	60585
07/16 - 11/16	[redacted] Westwood Rd	Fairview Park	OH	44126
03/15 - 07/16	[redacted] Clifton Blvd	Lakewood	OH	44107
03/14 - 03/15	[redacted] Laurent Dr. Apt 615	Parma	OH	44129
11/97 - 03/14	[redacted] Olde Charted Trail	Poland	OH	44514
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health			10/16 -
Business Address	**City**	**State**	**Zip**
24101 S. Bradley St	Channahon	IL	60410
Phone	**Title**	**Number of Employed Hours**	
847-887-1616	Operations Manager	15,000	
Description of Duties			
Manage day to day inbound/outbound of medical products to customers.			

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health/Tradex International			03/16 - 10/16
Business Address	**City**	**State**	**Zip**
5300 Tradex Pkwy	Cleveland	OH	44102
Phone	**Title**	**Number of Employed Hours**	
216-651-4788	Operations Supervisor	1,500	
Description of Duties			
Supervision of employees distributing medical products to customers.			

Business Name			From - To (MM/YY – MM/YY)
Cardinal Health/Tradex International			09/15 - 03/16
Business Address	**City**	**State**	**Zip**
5300 Tradex Pkwy	Cleveland	OH	44102
Phone	**Title**	**Number of Employed Hours**	
216-651-4788	Lead Associate	1,098	
Description of Duties			
Shift lead for the distribution of medical products.			

Business Name			From - To (MM/YY – MM/YY)
Tradex International			03/14 - 09/15
Business Address	**City**	**State**	**Zip**
5300 Tradex Pkwy	Cleveland	OH	44102
Phone	**Title**	**Number of Employed Hours**	
216-651-4788	Associate II	3,032	
Description of Duties			
Container unloader/order picker			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/31/2023
Date

I, Marcel McCree, **certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marcel McCree
Print Name (First, Last)

Marcel J. McCree III
Original Signature (electronic, copies or stamps not accepted)

3/31/2023
Date

Board Use Only	Date Received: 4-24-23

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Form 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended June 30, 2022

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number: 1-11373

Cardinal Health, Inc.

(Exact name of registrant as specified in its charter)

Ohio	**31-0958666**
(State or other jurisdiction of incorporation or organization)	***(IRS Employer Identification No.)***
7000 Cardinal Place , Dublin , Ohio	**43017**
(Address of principal executive offices)	***(Zip Code)***

(614) 757-5000

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	*Trading Symbol(s)*	*Name of each exchange on which registered*
Common shares (without par value)	**CAH**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchenge Act.

Large accelerated filer	☑	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report.

☑

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☑

The aggregate market value of voting stock held by non-affiliates on December 31, 2021, was the following: $14,223,756,327.

The number of the registrant's common shares, without par value, outstanding as of July 31, 2022, was the following: 272,512,364.

Documents Incorporated by Reference:

Portions of the registrant's Definitive Proxy Statement to be filed for its 2022 Annual Meeting of Shareholders are incorporated by reference into the sections of this Form 10-K addressing the requirements of Part III of Form 10-K.

Cardinal Health
Fiscal 2022 Form 10-K

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Introduction

References to Cardinal Health and Fiscal Years

As used in this report, "we," "our," "us," "Cardinal Health" and similar pronouns refer to Cardinal Health, Inc. and its majority-owned and consolidated subsidiaries, unless the context requires otherwise. Our fiscal year ends on June 30. References to fiscal 2023, 2022, 2021, 2020, 2019 and 2018 are to the fiscal years ended June 30, 2023, 2022, 2021, 2020, 2019 and 2018, respectively. Except as otherwise specified, information in this report is provided as of June 30, 2022.

Non-GAAP Financial Measures

In this report, including in the "Fiscal 2022 Overview" section of Management's Discussion and Analysis of Financial Condition and Results of Operations ("MD&A"), we use financial measures that are derived from consolidated financial data but are not presented in our financial statements that are prepared in accordance with U.S. generally accepted accounting principles ("GAAP"). These measures are considered "non-GAAP financial measures" under the Securities and Exchange Commission ("SEC") rules. The reasons we use these non-GAAP financial measures and the reconciliations to their most directly comparable GAAP financial measures are included in the "Explanation and Reconciliation of Non-GAAP Financial Measures" section following MD&A in this report.

Management's Discussion and Analysis of Financial Condition and Results of Operations

Our MD&A within this Form 10-K generally discusses fiscal 2022 and fiscal 2021 items and year-to-year comparisons between fiscal 2022 and fiscal 2021. Fiscal 2020 items and discussions of year-to-year comparisons between fiscal 2021 and fiscal 2020 that are not included in this Form 10-K can be found in Management's Discussion and Analysis of Financial Condition and Results of Operations in our Annual Report on Form 10-K for the fiscal year ended June 30, 2021 (the "Fiscal 2021 Form 10-K").

Important Information Regarding Forward-Looking Statements

This report (including information incorporated by reference) includes forward-looking statements addressing expectations, prospects, estimates and other matters that are dependent upon future events or developments. Many forward-looking statements appear in MD&A and Risk Factors, but there are others throughout this report, which may be identified by words such as "expect," "anticipate," "intend," "plan," "believe," "will," "should," "could," "would," "project," "continue," "likely," and similar expressions, and include statements reflecting future results or guidance, statements of outlook and expense accruals. These matters are subject to risks and uncertainties that could cause actual results to differ materially from those projected, anticipated or implied. The most significant of these risks and uncertainties are described in "Risk Factors" in this report and in Exhibit 99.1 to the Form 10-K included in this report. Forward-looking statements in this report speak only as of the date of this document. Except to the extent required by applicable law, we undertake no obligation to update or revise any forward-looking statement.

Available Information

Our Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K, and amendments to those reports are available free of charge on our website (www.cardinalhealth.com), under the "Investor Relations — Financial Reporting — SEC Filings" caption, as soon as reasonably practicable after we electronically file them with, or furnish them to, the SEC. The SEC also maintains a website (www.sec.gov) where you can search for annual, quarterly and current reports, proxy and information statements, and other information regarding us and other public companies.

Management's Discussion and Analysis of Financial Condition and Results of Operations

About Cardinal Health

Cardinal Health, Inc., an Ohio corporation formed in 1979, is a globally integrated healthcare services and products company providing customized solutions for hospitals, healthcare systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices and patients in the home. We provide pharmaceuticals and medical products and cost-effective solutions that enhance supply chain efficiency. We connect patients, providers, payers, pharmacists and manufacturers for integrated care coordination and better patient management. We manage our business and report our financial results in two segments: Pharmaceutical and Medical.

Pharmaceutical Segment

Our Pharmaceutical segment distributes branded and generic pharmaceutical, specialty pharmaceutical and over-the-counter healthcare and consumer products in the United States. This segment also provides services to pharmaceutical manufacturers and healthcare providers for specialty pharmaceutical products; operates nuclear pharmacies and radiopharmaceutical manufacturing facilities; provides pharmacy management services to hospitals, as well as medication therapy management and patient outcomes services to hospitals, other healthcare providers and payers; and repackages generic pharmaceuticals and over-the-counter healthcare products.

Medical Segment

Our Medical segment manufactures, sources and distributes Cardinal Health branded medical, surgical and laboratory products, which are sold in the United States, Canada, Europe, Asia and other markets. In addition to distributing Cardinal Health branded products, this segment also distributes a broad range of medical, surgical and laboratory products known as national brand products and provides supply chain services and solutions to hospitals, ambulatory surgery centers, clinical laboratories and other healthcare providers in the United States and Canada. This segment also distributes medical products to patients' homes in the United States through our Cardinal Health at-Home Solutions division.

Consolidated Results

Fiscal 2022 Overview

Revenue

Revenue for fiscal 2022 was $181.4 billion, a 12 percent increase from the prior year, primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

GAAP and Non-GAAP Operating Earnings/(Loss)

(in millions)	2022	2021	Change
GAAP operating earnings/(loss)	**$ (596)**	**$ 472**	**N.M.**
Surgical gown recall costs/(income)	1	(28)	
State opioid assessment related to prior fiscal years	—	38	
Restructuring and employee severance	101	114	
Amortization and other acquisition-related costs	324	451	
Impairments and (gain)/loss on disposal of assets	2,050	79	
Litigation (recoveries)/charges, net	109	1,129	
Non-GAAP operating earnings	**$ 1,990**	**$ 2,255**	**(12)%**

The sum of the components and certain computations may reflect rounding adjustments.

We had a GAAP operating loss of $596 million during fiscal 2022 due to $2.1 billion pre-tax non-cash goodwill impairment charges related to the Medical segment. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements" for additional detail. During fiscal 2021, we recognized pre-tax charges of $1.17 billion for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications. See further description of opioid lawsuits in the Significant Developments in Fiscal 2022 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements."

Non-GAAP operating earnings during fiscal 2022 decreased 12 percent primarily due to the decrease in Medical segment profit, largely resulting from net inflationary impacts (which primarily related to increased transportation and commodities costs, partially offset by certain price increases) and the adverse impact of global supply chain constraints.

GAAP and Non-GAAP Diluted EPS

($ per share)	2022 [2][3]	2021 [2]	Change
GAAP diluted EPS [1]	**$ (3.35)**	**$ 2.08**	**N.M.**
Surgical gown recall costs/(income)	—	(0.07)	
State opioid assessment related to prior fiscal years	—	0.10	
Restructuring and employee severance	0.27	0.29	
Amortization and other acquisition-related costs	0.87	1.13	
Impairments and (gain)/loss on disposal of assets[4]	6.93	0.21	
Litigation (recoveries)/charges, net [5]	0.31	1.78	
Loss on early extinguishment of debt	0.03	0.04	
(Gain)/loss on sale of equity interest in naviHealth	—	0.01	
Non-GAAP diluted EPS [1]	**$ 5.06**	**$ 5.57**	**(9)%**

The sum of the components and certain computations may reflect rounding adjustments.

(1) Diluted earnings/(loss) per share attributable to Cardinal Health, Inc. ("diluted EPS" or "diluted loss per share").

(2) The reconciling items are presented within this table net of tax. See quantification of tax effect of each reconciling item in our GAAP to Non-GAAP Reconciliations in the section titled "Explanation and Reconciliation of Non-GAAP Financial Measures."

(3) For fiscal 2022, GAAP diluted loss per share attributable to Cardinal Health, Inc. and the EPS impact from the GAAP to non-GAAP per share reconciling items are calculated using a weighted average of 279 million common shares, which excludes potentially dilutive securities from the denominator due to their anti-dilutive effects resulting from our GAAP net loss for the period. Fiscal 2022 non-GAAP diluted EPS is calculated using a weighted average of 280 million common shares, which includes potentially dilutive shares.

(4) Impairments and (gain)/loss on disposals of assets, net includes pre-tax goodwill impairment charges of $2.1 billion related to the Medical segment recorded during fiscal 2022. The net tax benefit related to these charges was $150 million.

(5) Litigation (recoveries)/charges, net, includes a tax benefit recorded during fiscal 2021 related to a net operating loss carryback. Our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and adjusted our taxable income for fiscal 2015, 2016, 2017 and 2018 as permitted under the Coronavirus Aid, Relief and Economic Security ("CARES") Act. The total benefit from the net operating loss carryback was $424 million; however, for purposes of Non-GAAP financial measures, we allocated $389 million of the benefit to litigation (recoveries)/charges, net, which is excluded from non-GAAP measures, based on the relative amount of the self-insurance pre-tax loss related to opioid litigation claims versus separate tax adjustments. The tax benefit allocated to the separate tax adjustments of $35 million is included in non-GAAP measures.

During fiscal 2022, GAAP diluted EPS was adversely impacted by the goodwill impairment charges related to the Medical segment, which had a $(6.94) per share after-tax impact. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A, and Note 4 and Note 8 of the "Notes to Consolidated Financial Statements" for additional detail.

During fiscal 2021, GAAP diluted EPS was positively impacted by $1.44 per share due to a tax benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss, as further described in Note 8 of the "Notes to Consolidated Financial Statements." The charges we recognized in fiscal 2021 for the estimated liability associated with lawsuits and claims brought against us by states and political subdivisions relating to the distribution of prescription opioid pain medications had a $(3.21) per share after-tax impact on GAAP diluted EPS.

During fiscal 2022, non-GAAP diluted EPS decreased 9 percent to $5.06 due to factors impacting non-GAAP operating earnings, partially offset by a lower share count as a result of share repurchases.

Cash and Equivalents

Our cash and equivalents balance was $4.7 billion at June 30, 2022 compared to $3.4 billion at June 30, 2021. The increase in cash during fiscal 2022 was due to net cash provided by operating activities of $3.1 billion. Net cash provided by operating activities includes a refund of $966 million for the tax benefit from the net operating loss carryback related to a self-insurance pre-tax loss, and reflects the impact of $417 million of payments related to the settlement agreement (the "Settlement Agreement") to settle the vast majority of the opioid lawsuits filed by states and local governmental entities, payments under the separate New York, Ohio and Rhode Island settlements, as well as certain payments under the Cherokee Nation settlement. Fiscal 2022 operating cash flow was also impacted by favorable timing of net working capital.

We also received proceeds of $923 million, net of cash transferred, from the divestiture of the Cordis business, and we deployed $1.0 billion for share repurchases, $885 million for debt repayments, $559 million for dividends and $387 million for capital expenditures.

Significant Developments in Fiscal 2022 and Trends

Opioid Lawsuits Developments

National Settlement

Beginning in fiscal year 2017, state attorneys general, counties and municipalities began filing lawsuits related to the distribution of prescription opioid pain medications against pharmaceutical wholesalers, including us, and other participants in the pharmaceutical supply chain. By fiscal year 2022, Cardinal Health was a defendant in approximately 2,775 lawsuits brought by state attorneys general and counties, municipalities and other political subdivisions. In July 2021, we and two other national distributors (collectively, the "Distributors") announced a proposed settlement with a group of state attorneys general intended to resolve the vast majority of these lawsuits (the "National Settlement") as well as a proposed settlement agreement (the "Settlement Agreement") containing, among other things, a sign-on process to allow states and political subdivisions to participate in the National Settlement.

In February 2022, the Distributors announced that each company had determined that a sufficient number of states and political subdivisions had agreed to participate in the National Settlement to proceed to effectiveness of that settlement. The Settlement Agreement became effective on April 2, 2022.

Parties to the National Settlement include 46 out of 49 eligible states as well as the District of Columbia and all eligible territories. As of August 9, 2022, over 99 percent of eligible political subdivisions (as calculated by population under the Settlement Agreement) that had brought opioid-related suits against the companies have joined the settlement or otherwise had their claims addressed by state legislation.

The Settlement Agreement includes a cash component, pursuant to which we will pay up to approximately $6.0 billion, the majority of which is expected to be paid over 18 years. The exact payment amount will depend on several factors, including the extent to which states take action to foreclose opioid lawsuits by political subdivisions (e.g., by passing laws barring or limiting opioid lawsuits by political subdivisions) and the extent to which additional political subdivisions in participating states file opioid lawsuits against us.

The Settlement Agreement also includes injunctive relief terms related to distributors' controlled substance anti-diversion programs, including with respect to: (1) governance; (2) independence and training of the personnel operating controlled substances monitoring programs; (3) due diligence for new and existing customers; (4) ordering limits for certain products; and (5) suspicious order monitoring. A monitor will oversee compliance with these provisions for a period of five years. In addition, the Distributors will engage a third-party vendor to act as a clearinghouse for data aggregation and reporting, which the Distributors will fund for ten years.

During fiscal 2022, we made our first annual payment under the Settlement Agreement. Prior to the effective date of the Settlement Agreement, the Distributors had entered into separate settlement agreements with each of the states of Florida, New York, Ohio and Rhode Island. When the Settlement Agreement became effective, each of these states and their participating subdivisions became a part of the National Settlement; however, the New York, Ohio and Rhode Island agreements required us to make certain payments separately from those required by the Settlement Agreement. Accordingly, during fiscal 2022, we made payments under the separate New York, Ohio and Rhode Island settlements, as well as certain payments under the Cherokee Nation settlement. In total, we paid $417 million in connection with these matters during fiscal 2022. We have $6.36 billion accrued at June 30, 2022, of which $532 million is included in other accrued liabilities, and the remainder is included in deferred income taxes and other liabilities in our consolidated balance sheets. In July 2022, we made our second annual payment of $374 million under the Settlement Agreement.

Other Settlements

West Virginia subdivisions and Native American tribes are not a part of the National Settlement and we had separate negotiations with these groups. A bench trial before a federal judge in West Virginia in a case brought by Cabell County and City of Huntington against the Distributors concluded in July 2021. In July 2022, a judgment in favor of the Distributors was entered. In July 2022, the Distributors reached an agreement to settle the opioid-related claims of the majority of the remaining West Virginia subdivisions. Under this agreement, Cardinal Health agreed to pay eligible West Virginia subdivisions up to approximately $124 million over an eleven-year period. This agreement is subject to certain contingencies related to subdivision participation. In September 2021, we announced that the Distributors had reached an agreement with the Cherokee Nation in connection with ongoing negotiations toward a broader agreement with Native American tribes. In January 2022, the Distributors executed a term sheet with the Native American tribes.

In May 2022, the Distributors reached an agreement with the Washington Attorney General, under which Cardinal Health will pay up to approximately $160 million to the State of Washington and its participating political subdivisions to resolve opioid-related claims. This amount is consistent with the amount that would have been allocated to Washington under the Settlement Agreement plus certain attorneys' fees and costs. The terms of this agreement are consistent with the Settlement Agreement. This agreement is subject to certain contingencies, including the rate of subdivision participation.

In June 2022, the Distributors reached an agreement with the State of Oklahoma to resolve the opioid-related claims of the state and its political subdivisions. Under this agreement, Cardinal Health agreed to pay up to approximately $95 million to the State and its participating

subdivisions. This amount is consistent with the amount that would have been allocated to Oklahoma under the Settlement Agreement. The terms of this agreement are consistent with the terms of the Settlement Agreement. This agreement is subject to certain contingencies, including the rate of subdivision participation. If this agreement and the Washington agreement are finalized, Oklahoma and Washington would be subject to the Settlement Agreement and 48 of 49 eligible states would then be subject to the Settlement Agreement.

In addition to the lawsuits and claims brought by states and governmental entities, described above, we are involved in other opioid-related litigation and investigations, which are described further in Note 7 of the "Notes to Consolidated Financial Statements."

Because loss contingencies are inherently unpredictable and unfavorable developments or resolutions can occur, the assessment is highly subjective and requires judgments about future events. We regularly review these opioid litigation matters to determine whether our accrual is adequate. The amount of ultimate loss may differ materially from this accrual. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Inflationary Impacts and Global Supply Chain Constraints

Medical segment profit was significantly negatively affected by inflationary impacts, primarily related to transportation (including ocean and domestic freight), commodities, labor, and global supply chain constraints in fiscal 2022.

We expect these inflationary impacts and global supply chain constraints to continue to adversely impact Medical segment profit in fiscal 2023 and beyond. In order to partially mitigate this impact, we have implemented initial phases of price increases and we intend to implement additional price increases. We are also evolving our commercial contracting processes to provide us with greater pricing flexibility and investing in additional supply chain capacity. These increased costs and global supply chain constraints are difficult to predict and may be greater than we expect or continue longer than our current expectations. In the event these costs decrease, the benefit to Medical segment profit will be delayed until the higher-cost inventory has moved through our supply chain. Our plans to increase prices and evolve our contracting strategies are subject to contingencies and uncertainties and it is possible that our results of operations will be adversely impacted to a greater extent than we currently anticipate.

To a lesser extent, inflationary impacts, primarily related to increased transportation and labor costs, also adversely impacted Pharmaceutical segment profit during fiscal 2022. We expect these inflationary costs to continue to adversely impact Pharmaceutical segment profit in fiscal 2023.

PPE Demand and Pricing

Personal protective equipment ("PPE") refers to protective clothing, medical and non-medical grade gloves, face shields, face masks and other equipment designed to protect the wearer from injury or the spread of infection or illness. Demand for PPE has fluctuated during fiscal 2022 and 2021, resulting in variability in sales volumes, inventory levels and costs to manufacture and source these products.

PPE adversely impacted Medical segment profit on a year-over-year basis during fiscal 2022 primarily due to declines in volume and the prior-year positive impact of the timing of PPE cost mitigation efforts (primarily pricing). The demand and pricing for PPE is subject to risks and uncertainties, which may impact Medical segment profit and consolidated operating earnings in fiscal 2023.

The year-over-year comparison was also impacted by an inventory reserve of $197 million, primarily related to certain categories of gloves, which adversely impacted Medical segment profit in fiscal 2021. See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A for additional detail.

Medical Goodwill

Due to the adverse impact on our financial results from, the risks and uncertainties related to inflationary impacts, global supply chain constraints and PPE demand and pricing, and increases in the risk-free interest rate, we performed goodwill impairment testing for the Medical reporting unit within the Medical segment during fiscal 2022. This testing resulted in cumulative pre-tax charges of $2.1 billion, which are included in impairments and (gain)/loss on disposal of assets in our consolidated statements of earnings/(loss). See "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements" for additional detail.

Adverse changes in key assumptions or a significant change in industry or economic trends during fiscal 2023 could result in additional goodwill impairment.

Pharmaceutical Segment Generics Program

The performance of our Pharmaceutical segment generics program positively impacted the year-over-year comparison of Pharmaceutical segment profit in fiscal 2022, which includes improvement in volumes compared to the prior-year period. The Pharmaceutical segment generics program includes, among other things, the impact of generic pharmaceutical product launches, customer volumes, pricing changes and the Red Oak Sourcing, LLC venture ("Red Oak Sourcing") with CVS Health Corporation ("CVS Health"). The frequency, timing, magnitude and profit impact of generic pharmaceutical customer volumes, pricing changes, customer contract renewals, and branded and generic pharmaceutical manufacturer pricing changes all impact Pharmaceutical segment profit and are subject to risks and uncertainties. These risks and uncertainties may impact Pharmaceutical segment profit and consolidated operating earnings in fiscal 2023.

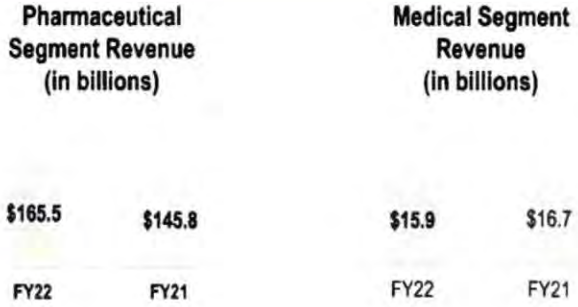
Cordis Divestiture

In August 2021, we sold the Cordis business to Hellman & Friedman for proceeds of $923 million, net of cash transferred, and we retained certain working capital accounts and certain liabilities. Cardinal Health will retain product liability associated with lawsuits and claims related to inferior vena cava ("IVC") filters in the U.S. and Canada, as well as authority for these matters discussed in Note 7 of the "Notes to Consolidated Financial Statements." In connection with the closing, we entered into a Transition Services Agreement ("TSA") with the buyer to provide support functions for a period of up to twenty-four months following the sale. See Note 2 of the "Notes to Consolidated Financial Statements" for additional information.

As anticipated, Medical segment revenue and Medical segment profit were adversely impacted by approximately $700 million and $70 million, respectively, in fiscal 2022 due to the divestiture of the Cordis business. The divestiture also resulted in a decrease in amortization of acquisition-related intangible assets during fiscal 2022. The divestiture of the Cordis business is subject to risks and uncertainties that may further adversely impact Medical segment profit. For example, the TSA period may be extended beyond our current expectations or could have unintended consequences, and the costs associated with the exit or disposal activities and stranded costs could be greater than anticipated.

Results of Operations

Revenue



(in millions)	Revenue 2022	2021	Change
Pharmaceutical	$ 165,491	$ 145,796	14 %
Medical	15,887	16,687	(5)%
Total segment revenue	181,378	162,483	12 %
Corporate	(14)	(16)	N.M.
Total revenue	$ 181,364	$ 162,467	12 %

Fiscal 2022 Compared to Fiscal 2021

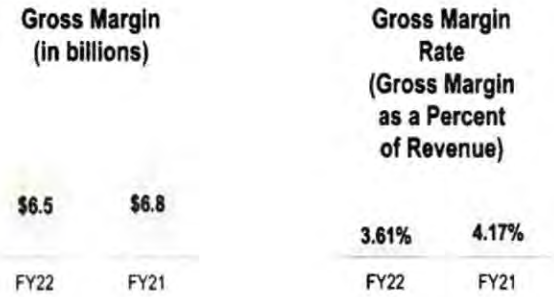
Pharmaceutical Segment
Fiscal 2022 Pharmaceutical segment revenue grew by $19.6 billion primarily due to sales growth from pharmaceutical distribution and specialty pharmaceutical customers, which largely consisted of branded pharmaceutical sales to existing and net new customers.

Medical Segment
Fiscal 2022 Medical segment revenue decreased by $800 million, primarily due to the impact of the divestiture of the Cordis business. Medical segment revenue was also adversely impacted by lower volumes within products and distribution, which was partially offset by sales growth in at-Home Solutions.

Cost of Products Sold

Cost of products sold for fiscal 2022 increased $19.1 billion (12 percent) due to the factors affecting the changes in revenue and gross margin.

Gross Margin



	Consolidated Gross Margin		
(in millions)	2022	2021	Change
Gross margin	$ 6,545	$ 6,778	(3)%

Fiscal 2022 Compared to Fiscal 2021

Fiscal 2022 consolidated gross margin decreased primarily due to the divestiture of the Cordis business and increased costs in the Medical segment due to net inflationary impacts and the adverse impact of global supply chain constraints, partially offset by the performance of our Pharmaceutical segment generics program and an improvement in volumes, primarily in generic and branded pharmaceuticals, compared to the prior-year period. The year-over-year comparison was also favorably impacted by the prior-year inventory reserve recorded in the Medical segment to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value.

Gross margin rate declined 56 basis points during fiscal 2022 mainly due to changes in overall product mix, primarily driven by increased pharmaceutical distribution branded sales, which have a dilutive impact on our overall gross margin rate. The performance of Medical segment products and distribution, which reflects the divestiture of the Cordis business and increased costs due to net inflationary impacts and the adverse impact of global supply chain constraints, also had an adverse impact on gross margin rate. The year-over-year comparison was favorably impacted by the prior-year inventory reserve recorded in the Medical segment to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value.

Distribution, Selling, General and Administrative ("SG&A") Expenses

	SG&A Expenses		
(in millions)	2022	2021	Change
SG&A expenses	$ 4,557	$ 4,533	1 %

Fiscal 2022 Compared to Fiscal 2021

SG&A expenses increased slightly during fiscal 2022 largely due to inflationary impacts, primarily related to increased transportation and labor costs, increased costs related to investments in information technology infrastructure and higher costs to support sales growth, primarily offset by the impact of the divestiture of the Cordis business.

The year-over-year comparison was also favorably impacted by the prior-year $41 million accrual for our estimated portion of the assessment on prescription opioid medications that were sold or distributed in New York state in calendar year 2017 and 2018 which was recognized during fiscal 2021. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information on the New York Opioid Stewardship Act.

Segment Profit

We evaluate segment performance based on segment profit, among other measures. See Note 13 of the "Notes to Consolidated Financial Statements" for additional information on segment profit.



(in millions)	Segment Profit and Operating Earnings 2022	2021	Change
Pharmaceutical	$ 1,770	$ 1,684	5 %
Medical	216	577	(63)%
Total segment profit	1,986	2,261	(12)%
Corporate	(2,582)	(1,789)	N.M.
Total consolidated operating earnings/(loss)	**$ (596)**	**$ 472**	**N.M.**

Fiscal 2022 Compared to Fiscal 2021

Pharmaceutical Segment Profit

Fiscal 2022 Pharmaceutical segment profit increased due to the performance of our generics program, partially offset by increased costs related to investments in information technology infrastructure and inflationary impacts, primarily related to increased transportation and labor costs. Pharmaceutical segment profit was also positively impacted by improvement in volumes, primarily in generic and branded pharmaceuticals, compared to the prior-year period.

Pharmaceutical segment profit includes opioid-related litigation defense and compliance costs, but does not include a one-time contingent attorneys' fee of $18 million recorded in fiscal 2022, which related to the finalization of the Settlement Agreement. Due to the unique nature and significance of the Settlement Agreement, and the one-time, contingent nature of the fee, this fee was included in litigation (recoveries)/charges, net in the consolidated statements of earnings/(loss).

Fiscal 2022 Pharmaceutical segment profit was positively impacted by a $16 million judgment for lost profits related to an ordinary course intellectual property rights claim.

Medical Segment Profit

Fiscal 2022 Medical segment profit decreased largely due to net inflationary impacts (which primarily related to increased transportation and commodities costs, partially offset by price increases), the adverse impact of global supply chain constraints and the divestiture of the Cordis business. The year-over-year comparison of Medical segment profit was also impacted favorably by the prior-year inventory reserve recorded to reduce the carrying value of certain PPE, primarily certain categories of gloves, to net realizable value, and unfavorably by the prior-year net positive impact of PPE sales.

Corporate

The changes in Corporate during fiscal 2022 are due to the factors discussed in the Other Components of Consolidated Operating Earnings/(Loss) section that follows.

Other Components of Consolidated Operating Earnings/(Loss)

In addition to revenue, gross margin, and SG&A expenses discussed previously, consolidated operating earnings/(loss) were impacted by the following:

(in millions)	2022	2021
Restructuring and employee severance	$ 101	$ 114
Amortization and other acquisition-related costs	324	451
Impairments and (gain)/loss on disposal of assets, net	2,050	79
Litigation (recoveries)/charges, net	109	1,129

Restructuring and Employee Severance
In fiscal 2022, restructuring costs were primarily related to the implementation of certain enterprise-wide cost-savings measures, which includes facility exit costs related to decreasing our overall office space, and the divestiture of the Cordis business.

Amortization and Other Acquisition-Related Costs
Amortization of acquisition-related intangible assets was $311 million and $428 million for fiscal 2022 and 2021, respectively. The decrease in amortization of acquisition-related intangible assets was primarily due to the divestiture of the Cordis business.

Impairments and (Gain)/Loss on Disposal of Assets, Net
During fiscal 2022, we recognized $2.1 billion of pre-tax non-cash goodwill impairment charges related to our Medical segment, as discussed further in the "Critical Accounting Policies and Sensitive Accounting Estimates" section of this MD&A and Note 4 of the "Notes to Consolidated Financial Statements."

During fiscal 2021, we recognized a $60 million pre-tax write-down of the assets held for sale from the divestiture of the Cordis business.

Litigation (Recoveries)/Charges, Net
During fiscal 2022 and 2021, we recognized estimated losses and legal defense costs associated with the IVC filter product liability claims of $87 million and $56 million, respectively. See Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2022, we incurred a one-time contingent attorneys' fee of $18 million related to the finalization of the Settlement Agreement resulting in the settlement of the vast majority of opioid lawsuits filed by state and local governmental entities. Due to the unique nature and significance of the Settlement Agreement, and the one-time, contingent nature of the fee, this fee was included in litigation (recoveries)/charges, net.

During fiscal 2022 and 2021, we recognized income of $18 million and $112 million, respectively, for recoveries in class action antitrust lawsuits in which we were a class member.

During fiscal 2021, we recognized pre-tax charges of $1.17 billion associated with certain opioid matters. See Significant Developments in Fiscal 2022 and Trends section in this MD&A and Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

During fiscal 2021, we recognized a $13 million charge in connection with a civil investigation by the United States Attorney's Office for the District of Massachusetts related to discounts and rebates offered or provided to certain Specialty Solutions customers, as described further in Note 7 of the "Notes to Consolidated Financial Statements" for additional information.

Other Components of Earnings/(Loss) Before Income Taxes

In addition to the items discussed above, earnings/(loss) before income taxes was impacted by the following:

(in millions)	2022	2021	Change
Other (income)/expense, net	$ 16	$ (47)	N.M.
Interest expense, net	149	180	(17)%
Loss on early extinguishment of debt	10	14	N.M.
(Gain)/Loss on sale of equity interest in naviHealth	(2)	2	N.M.

Other (Income)/Expense, Net

During fiscal 2022, other (income)/expense, net was unfavorable compared to the prior-year period primarily due to a decrease in the value of our deferred compensation plan investments, which offsets fluctuations included within SG&A expenses and is discussed further in Note 9 of the "Notes to Consolidated Financial Statements." The year-over-year comparison was also adversely impacted from net losses on investments in non-marketable equity securities recognized during fiscal 2022 compared to net gains recognized in fiscal 2021.

Interest Expense, Net
Fiscal 2022 interest expense decreased from fiscal 2021 primarily due to less debt outstanding.

Loss On Early Extinguishment of Debt
During fiscal 2022 and 2021, we recognized losses of $10 million and $14 million, respectively, in connection with the redemption and early debt repurchases as described further in Note 6 of the "Notes to Consolidated Financial Statements."

Provision for Income Taxes

Fluctuations in the effective tax rates are primarily due to the impact of the goodwill impairment charges recognized in the Medical segment in fiscal 2022, the opioid litigation accrual recognized in fiscal 2021, as well as the impact of the carryback claim filed in accordance with the CARES Act provision in fiscal year 2021.
A reconciliation of the provision based on the federal statutory income tax rate to our effective income tax rate from continuing operations is as follows (see Note 8 of the "Notes to Consolidated Financial Statements" for additional information):

	2022 [1]	2021 [1]
Provision at Federal statutory rate	21.0 %	21.0 %
State and local income taxes, net of federal benefit	2.2	3.2
Tax effect of foreign operations	3.5	0.7
Nondeductible/nontaxable items [2]	1.2	1.6
Impact of Divestitures	(4.9)	7.0
Withholding Taxes [2]	(1.1)	9.0
Change in Valuation Allowances	3.5	(1.4)
US Taxes on International Income [2][3]	3.2	(6.7)
Impact of Resolutions with IRS and other related matters [2]	(0.6)	(13.6)
Opioid litigation	(0.5)	17.7
Goodwill Impairment	(49.5)	—
Loss Carryback Claims	—	(129.9)
Other [2]	0.8	1.7
Effective income tax rate	(21.2)%	(89.7)%

(1) The table represents the following fiscal 2022 is pretax loss with tax expense and fiscal 2021 is pretax income with tax benefit.

(2) Certain prior year amounts have been reclassified to conform to current year presentation.

(3) Includes the tax impact of Global Intangible Low-Taxed Income ("GILTI") tax, the Foreign-Derived Intangible Income deduction and other foreign income that is taxable under the U.S. tax code.

Fiscal 2022 Compared to Fiscal 2021

During fiscal 2022 and 2021, the effective tax rate was (21.2) percent and (89.7) percent, respectively. Included in the effective tax rate for fiscal 2022 was $150 million of benefit related to the impairment of goodwill within the Medical segment. Included in the effective tax rate for fiscal 2021 was a $424 million benefit from the net operating loss carryback primarily related to a self-insurance pre-tax loss and net tax benefits related to the treatment of the tax impacts of the fiscal 2021 opioid litigation charges.

Tax Effects of Goodwill Impairment Charge
During fiscal 2022, we recognized year-to-date cumulative pre-tax charges of $2.1 billion for goodwill impairment related to the Medical Unit. The net tax benefit related to these charges was $150 million for fiscal 2022.

Tax Effects of Self-Insurance Pre-tax Loss

During fiscal 2021, our wholly-owned insurance subsidiary recorded a self-insurance pre-tax loss in its fiscal 2020 statutory financial statements primarily related to opioid litigation. This self-insurance pre-tax loss, which did not impact our pre-tax consolidated results, was deducted on our fiscal 2020 consolidated federal income tax return and contributed to a significant net operating loss for tax purposes. The net operating loss was carried back and applied to adjust our taxable income for fiscal 2015, 2016, 2017, and 2018 as permitted under the CARES Act enacted by the United States Congress in March 2020.

Accordingly, our provision for income taxes during fiscal 2021 included a $424 million benefit from the net operating loss carryback primarily to reflect the difference between the federal statutory income tax rate during the fiscal years from 2015 to 2018 (35 percent for fiscal 2015, 2016, and 2017 and 28 percent for fiscal 2018) and the current federal statutory income tax rate of 21 percent.

During fiscal 2022, we received a U.S. federal income tax refund of $966 million in connection with this matter. We also increased our non-current deferred tax liability by approximately $700 million during fiscal 2021 related to this matter.

Tax Effect of Opioid Litigation Charges

The net tax benefits associated with the opioid litigation charges were $228 million for fiscal 2021. Our tax benefits are estimates, which reflect our current assessment of the estimated future deductibility of the amount that may be paid under the accrual taken in connection with the opioid litigation and are net of unrecognized tax benefits of $219 million. The fiscal 2021 net tax benefit and unrecognized tax benefits were primarily due to our assessment of the specific terms of the Settlement Agreement. Our assumptions and estimates around this benefit and uncertain tax position require significant judgment and the actual amount of tax benefit may differ materially from these estimates.

Ongoing Audits

We file income tax returns in the U.S. federal jurisdiction, various U.S. state jurisdictions and various foreign jurisdictions. With few exceptions, we are subject to audit by taxing authorities for fiscal years 2015 through the current fiscal year. Tax laws are complex and subject to varying interpretations. New challenges related to future audits may adversely affect our effective tax rate or tax payments.

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Conmed Corporation and its Affiliates

Physical Address: 11311 Concept Blvd.

City: Largo State: FL Zip: 33773

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (727) 392-6464 Website: Conmed.com

Name of Designated Representative (DR): Kathy Reddig

Licensing Company Email: legal@conmed.com DR Email: kathyreddig@conmed.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): _____

Corporation Name: Conmed Corporation

Mailing Address: 11311 Concept Blvd.

City: Largo State: FL Zip: 33773

Telephone: (727) 392-6464 Email: danielsjonas@conmed.com

Contact Person Name: Daniel S. Jonas

Date of SEC Registration: 08/05/1987 | SEC Registration Number: 816956 | Stock Exchange Symbol: CNMD

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓ N/A	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓ email	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CONMED Corporation

Facility Name

Daniel S. Jonas

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1-3-2023

Date

Board Use Only	Date Received: 2-7-23	Amount: 1000.00 CC

From: Catherine Suttmeier <CatherineSuttmeier@conmed.com>
Sent: Thursday, April 13, 2023 9:24 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>; Peter Keegan <p.keegan@pharmacy.nv.gov>; m.sedar@pharmacy.nv.gov
Cc: Tari Button <TariButton@conmed.com>
Subject: RE: Nevada Out-of-State Wholesaler Application-Conmed Corporation and its Affiliates

Maria

Thanks so much for the response. None of the states where CONMED has facilities require a license for medical device distribution or manufacture.

I did include a good standing for Delaware dated March 2022, but we will request one today and provide so that you have a more up to date certificate.

Cathy Suttmeier

CONMED CORPORATION

LIST OF OFFICERS AND DIRECTORS

CONMED CORPORATION OFFICERS AND DIRECTORS 2022

CURT R. HARTMAN

Chair of the Board, President, and Chief Executive Officer
PATRICK J. BEYER

President International and Global Orthopedics
TERENCE M. BERGÉ

Vice President, Corporate Controller
HEATHER L. COHEN

Executive Vice President, Chief Human Resources and Legal Officer
SHANNA COTTI-OSMANSKI

EVP, Information Technology & CIO
TODD W. GARNER

Executive Vice President and Chief Financial Officer
DANIEL S. JONAS, ESQ.

Senior Counsel & Corporate Secretary
SARAH M. OLIKER , ESQ.

Vice President, Assistant General Counsel, Assistant Secretary
JOHONNA PELLETIER

Treasurer and Vice President, Tax
STANLEY W. (BILL) PETERS

President Advanced Surgical and Advanced Endoscopic Technologies
JACLYN (JACKIE) PETERSON

Vice President, Manufacturing and Advanced Engineering
PETER K. SHAGORY

Executive Vice President, Strategy and Corporate Development
VICTORIA WOMACK STYLES

Vice President & General Manager, Advanced Endoscopic Technologies
BRENT LALOMIA

Vice President, Quality Assurance & Regulatory Affairs

Board of Directors

DAVID BRONSON

BRIAN CONCANNON

LAVERNE COUNCIL

CHARLES M. FARKAS

MARTHA GOLDBERG ARONSON, LEAD INDEPENDENT DIRECTOR

CURT R. HARTMAN, CHAIR

JEROME J. LANDE

BARBARA J. SCHWARZENTRAUB

JOHN L. WORKMAN

CONMED CORPORATION

LIST OF TOP FOUR CORPORATION SHAREHOLDERS AND THEIR PERCENT OWNERSHIP

CONMED CORPORATION

TOP FOUR SHAREHOLDERS	PERCENTAGE OWNERSHIP
BlackRock Fund Advisors	15.8
The Vanguard Group, Inc.	10.8
Capital Research Global Investors (U.S.)	5.8
EARNEST Partners, LLC	5.6

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONMED CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

7688368 8300

SR# 20231429371

Authentication: 203134900

Date: 04-13-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Last Name	First Name
Baker	Lawanda
Brown	David
Cycyk	Christopher
Gonzalez	Mayra
Hamblin	David
Harrison	Jacqueline
Henry	DhQueyvus
Jackson	Raven
Jones	Shannon
Jones	Chantelle
Jumrukovski	Goran
Logan	Shanika
Moore	Kanen
Nesbitt	Douglas
Perez	Fernando
Perez	Juan
Pollard	Christopher
Reid	Denise
Santos	Tina
Schutte	Connie
Turner	Geron
White	Connie
Acay	Jose
Armstrong	Robert
Barnes	Bryce
Eskeles	Brian
Guillette	Tanner
Hiner	William
Keosourinha	Katay
MILLEN	KEVIN
Netemegesic	Amanda
Pena	Anthony
Pérez Valentín	James Eloy
Robertson	Darrell
Rodriguez	Yvaniz
Slater	Yu Yin
Subida	Marlon
Vaquero	Christian
Velazquez	Ernesto
Xiong	Kou
Zamminer	Tympan
Miller	Erica
Smith	Richard
Velazquez	Javier
Santiago	Milka
Porter	Hugh
Salazar	Rosmery

CONMED CORPORATION

CERTIFICATE OF INSURANCE

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/02/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
CONMED Corporation 11311 Concept Boulevard Largo FL 33773 USA	INSURER A: Lloyd's Syndicate No. 2987	AA1128987
	INSURER B: Crum & Forster Specialty Insurance Co.	44520
	INSURER C: The Charter Oak Fire Insurance Company	25615
	INSURER D: The Travelers Indemnity Co.	25658
	INSURER E: Great Northern Insurance Co.	20303
	INSURER F: Federal Insurance Company	20281

COVERAGES **CERTIFICATE NUMBER:** 570094766340 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
E	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			73251722	08/01/2022	08/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/DP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 Excluded
F	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			7326-69-19 Excl. Product Liab	08/01/2022	08/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
F	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			79763378	08/01/2022	08/01/2023	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		UB3T1805722251K WC AOS UB3T3465402251R MA, WI	08/01/2022 08/01/2022	08/01/2023 08/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
G	Products Liab			G71823556003 Claims Made SIR applies per policy terms & conditions	08/01/2022	08/01/2023	Aggregate Limit Each Occurance	$15,000,000 $15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of insurance

CERTIFICATE HOLDER

CONMED Corporation
11311 Concept Boulevard
Largo FL 33773 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570094766340

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AGENCY CUSTOMER ID: 570000078117
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	CONMED Corporation
POLICY NUMBER: See Certificate Number: 570094766340	
CARRIER: See Certificate Number: 570094766340 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G: Illinois Union Insurance Company	27960
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	Cyber Liability			ACS1034422 $ 5M - Claims Made	06/30/2022	06/30/2023	Aggregate Limit	$5,000,000
B	Cyber Liab-XS			CYB104390 $5M x $5M - Claims Made	06/30/2022	06/30/2023	Aggregate Limit	$5,000,000

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AGENCY CUSTOMER ID: 570000078117
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	CONMED Corporation
POLICY NUMBER	
See Certificate Number: 570094766340	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570094766340	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Companies Affording coverage

LINE OF BUSINESS DESCRIPTION	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COMPANY	NAIC	PRIMARY (Y/N) FLAG	PERCENTAGE OF RISK
General Liability Coverage	73251722	8/1/2022	8/1/2023	Great Northern Insurance Co.	20303	Y	100
Business Auto Coverage	7326-69-19	8/1/2022	8/1/2023	Federal Insurance Company	20281	Y	100
Umbrella Liability	79763378	8/1/2022	8/1/2023	Federal Insurance Company	20281	Y	100
Cyber Liability	ACS1034422	6/30/2022	6/30/2023	Lloyd's Syndicate No. 2987	AA11289	Y	60
Cyber Liability	ACS1034422	6/30/2022	6/30/2023	United Specialty Insurance Company	12537	N	25
Cyber Liability	ACS1034422	6/30/2022	6/30/2023	Lloyd's Syndicate No. 1618	1086FI	N	15
Cyber Liability - Excess	CYB104390	6/30/2022	6/30/2023	Crum & Forster Specialty Insurance Co.	44520	Y	100
Products Liability	G71823556003	8/1/2022	8/1/2023	Illinois Union Insurance Company	27960	Y	100
Workers Compensation	UB3T1805722251K	8/1/2022	8/1/2023	The Charter Oak Fire Insurance Company	25615	Y	100
Workers Compensation	UB3T3465402251R	8/1/2022	8/1/2023	The Travelers Indemnity Co.	25658	Y	100

The Subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any co-subscribing insurer who for any reason does not satisfy all or part of its obligations.

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CONMED CORPORATION

MDEG ADMINISTRATOR FORM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG CONMED Corporation MDEG License # (if applicable) _____

Physical Address 11311 Concept Blvd

City Largo State FL Zip 33773

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 727-392-6464 Website www.conmed.com

Licensing Company Email _____

Section 2: Personal Information

First Kathryn Middle _____ Last Reddig

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]Gulf Shore Blvd N

City Naples State FL Zip 34103

Telephone 603-566-9584 Email kathyreddig@conmed.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
Northeastern University			09/2008 - 05/2010
Address	**City**	**State**	**Zip**
360 Huntington Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Master Science Regulatory Affairs			

School Name			From - To (MM/YY – MM/YY)
Rivier University			01/1990 - 05/1994
Address	City	State	Zip
420 S. Main Street	Nashua	NH	03060
Diploma/Degree obtained, if any			
BS Biology/Pre-Medical			

School Name			From - To (MM/YY – MM/YY)
Alvirne High School			09/1985 - 05/1989
Address	City	State	Zip
200 Derry Road	Hudson	NH	03051
Diploma/Degree obtained, if any			
Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/22 - Current	[redacted] Gulf Shore Blvd N	Naples	FL	34103
07/21 - 07/22	[redacted] 8th Street South Unit [redacted]	Naples	FL	34102
9/2010 - 6/2021	[redacted] Grande Vista Way S	South Pasadena	FL	33707
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
CONMED Corporation			06/2012 - Current	
Business Address		**City**	**State**	**Zip**
11311 Concept Blvd		Largo	FL	33773
Phone	**Title**		**Number of Employed Hours**	
603-566-9584	Vice President Global Regulatory and Clinical Affairs		20,800	
Description of Duties				
Responsible for the regulatory and clinical operations for the organization				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Kathryn Reddig, **certify that as the MDEG Administrator for**

CONMED Corporation,

that I (initial that you have read and meet the following requirements):

1. KR Have a high school diploma or its equivalent;
2. KR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kathryn Reddig
Print Name (First, Last)

Kathryn Reddig
Original Signature (electronic, copies or stamps not accepted)

01/05/2023
Date

Board Use Only	Date Received: 2-7-23

CONMED CORPORATION

COPY FIRST 15 PAGES OF LATEST 10k

United States
Securities and Exchange Commission
Washington, D.C. 20549

Form 10-K

☒ **Annual Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

or

☐ **Transition Report Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

For the fiscal year ended: December 31, 2021 Commission file number: 001-39218

CONMED CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	**16-0977505**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
11311 Concept Boulevard	
Largo, Florida	**33773**
(Address of principal executive offices)	(Zip Code)

(727) 392-6464
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, $0.01 par value	CNMD	NYSE

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer", "accelerated filer", "smaller reporting company", and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).
Yes ☐ No ☒

As of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the shares of voting common stock held by non-affiliates of the registrant was approximately $2.9 billion based upon the closing price of the Company's common stock on the NYSE Stock Market.

The number of shares of the registrant's $0.01 par value common stock outstanding as of February 16, 2022 was 29,411,246.

DOCUMENTS INCORPORATED BY REFERENCE:

Portions of the Definitive Proxy Statement and any other informational filings for the 2022 Annual Meeting of Shareholders are incorporated by reference into Part III of this report.

CONMED CORPORATION
ANNUAL REPORT ON FORM 10-K
FOR YEAR ENDED DECEMBER 31, 2021
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CONMED CORPORATION

n 1. Business

Forward Looking Statements

This Annual Report on Form 10-K for the Fiscal Year Ended December 31, 2021 ("Form 10-K") contains certain forward-looking statements (as such term is defined in the Private Securities Litigation Reform Act of 1995) and information relating to CONMED Corporation ("CONMED", the "Company", "we" or "us" — references to "CONMED", the "Company", "we" or "us" shall be deemed to include our direct and indirect subsidiaries unless the context otherwise requires) which are based on the beliefs of our management, as well as assumptions made by and information currently available to our management.

When used in this Form 10-K, the words "estimate", "project", "believe", "anticipate", "intend", "expect" and similar expressions are intended to identify forward-looking statements. These statements involve known and unknown risks, uncertainties and other factors, including those identified under the caption "Item 1A-Risk Factors" and elsewhere in this Form 10-K which may cause our actual results, performance or achievements, or industry results, to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. Such factors include, among others, the following:

- *general economic and business conditions;*
- *compliance with and changes in regulatory requirements;*
- *the COVID-19 global pandemic poses significant risks to our business, financial condition and results of operations which may be heightened as the pandemic, government and hospital responses to it, continue;*
- *the possibility that United States or foreign regulatory and/or administrative agencies may initiate enforcement actions against us or our distributors;*
- *the introduction and acceptance of new products;*
- *the risk of an information security breach, including a cybersecurity breach;*
- *competition;*
- *changes in customer preferences;*
- *changes in technology;*
- *the availability and cost of materials, including inflation and ongoing supply chain challenges;*
- *cyclical customer purchasing patterns due to budgetary, staff shortages and other constraints;*
- *environmental compliance risks, including lack of availability of sterilization with Ethylene Oxide ("EtO") or other compliance costs associated with the use of EtO;*
- *the quality of our management and business abilities and the judgment of our personnel, as well as our ability to attract, motivate, and retain employees at all levels of the Company;*
- *the availability, terms and deployment of capital;*
- *future levels of indebtedness and capital spending;*
- *changes in foreign exchange and interest rates;*
- *the ability to evaluate, finance and integrate acquired businesses, products and companies;*
- *changes in business strategy;*
- *the risk of a lack of allograft tissues due to reduced donations of such tissues or due to tissues not meeting the appropriate high standards for screening and/or processing of such tissues;*
- *the ability to defend and enforce intellectual property, including the risks related to theft or compromise of intellectual property in connection with our international operations;*
- *the risk of patent, product and other litigation as well as the cost associated with such litigation;*
- *trade protection measures, tariffs and other border taxes, and import or export licensing requirements;*
- *weather related events which may disrupt our operations; and*
- *various other factors referenced in this Form 10-K.*

See "Item 7-Management's Discussion and Analysis of Financial Condition and Results of Operations", "Item 1-Business" and "Item 1A-Risk Factors" for a further discussion of these factors. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of the date hereof. We do not undertake any obligation to publicly release any revisions to these forward-looking statements to reflect events or circumstances after the date of this Form 10-K or to reflect the occurrence of unanticipated events.

General

CONMED Corporation was incorporated under the laws of the State of New York in 1970 and became a Delaware corporation in May 2020. CONMED is a medical technology company that provides devices and equipment for surgical procedures. The Company's products are used by surgeons and other healthcare professionals in a variety of specialties including orthopedics, general surgery, gynecology, thoracic surgery and gastroenterology. The Company's 3,800 employees distribute its products worldwide from three primary manufacturing locations. In January 2021, we changed the designation of our headquarters from Utica, New York to Largo, Florida.

We have historically used strategic business acquisitions, internal product development and distribution relationships to diversify our product offerings, increase our market share in certain product lines, realize economies of scale and take advantage of growth opportunities in the healthcare field.

We are committed to offering products with the highest standards of quality, technological excellence and customer service. Substantially all of our facilities have attained certification under the ISO international quality standards and other domestic and international quality accreditations.

Our annual report on Form 10-K, quarterly reports on Form 10-Q, current reports on Form 8-K and amendments to those reports are accessible free of charge through the Investor Relations section of our website (http://www.conmed.com) as soon as practicable after such materials have been electronically filed with, or furnished to, the United States Securities and Exchange Commission (the "SEC"). In addition, the SEC maintains an Internet site (http:/www.sec.gov) containing reports, proxy and information statements and other information regarding issuers that file with the SEC.

COVID-19

Our business continues to be impacted by the COVID-19 pandemic as variants of the virus emerge, with hospitals and surgery centers reducing the number of, or postponing, non-urgent surgical procedures in order to minimize the risk of infection and allow for proper staffing. We continue to restrict access to our facilities while maintaining production and distribution. While revenues increased in 2021 compared to 2020, we believe we will continue to experience market variability as a result of the pandemic that could influence sales, suppliers, patients and customers. There remains significant uncertainty related to the COVID-19 pandemic, including the duration and severity of future impacts to the business. See additional discussion under Item 1A Risk Factors and Item 7 – Management's Discussion and Analysis of Financial Condition and Results of Operations, Liquidity and Capital Resources.

Business Strategy

CONMED's vision is to empower healthcare providers worldwide to deliver exceptional outcomes for patients through the following initiatives:

- **Introduction of New Products and Product Enhancements.** We pursue organic growth through developing new products and enhancing existing products. We seek to develop new technologies which improve the durability, performance and usability of existing products. In addition to our internal research and development efforts, we receive new ideas for products and technologies, particularly in procedure-specific areas, from surgeons, inventors and other healthcare professionals.

- **Pursue Strategic Acquisitions.** We pursue strategic acquisitions, distribution and similar arrangements in existing and new growth markets to achieve increased operating efficiencies, geographic diversification and market penetration. Targeted companies have historically included those with proven technologies and established brand names which provide potential sales, marketing and manufacturing synergies. This includes the February 11, 2019 acquisition of Buffalo Filter.

- **Realize Manufacturing and Operating Efficiencies.** We continually review our production systems for opportunities to reduce operating costs, consolidate product lines or process flows, reduce inventory and optimize existing processes.

•**Geographic Diversification.** We believe that significant growth opportunities exist for our surgical products outside the United States. Principal international markets for our products include Europe, Latin America, Canada and the Asia/Pacific Rim.

•**Active Participation in the Medical Community.** We believe that excellent working relationships with physicians and others in the medical industry enable us to gain an understanding of trends and emerging opportunities. Active participation allows us to quickly respond to the changing needs of physicians and patients. In addition, we are an active sponsor of medical education both in the United States and internationally, offering training on new and innovative surgical techniques as well as other medical education programs on the use of our products.

Products

The following table sets forth the percentage of net sales for each of our product lines during each of the three years ended December 31:

	Year Ended Decem	
	2021	**2020**
Orthopedic surgery	43 %	4
General surgery	57	5
Consolidated net sales	100 %	10
Net sales (in thousands)	$ 1,010,635	$ 862,45

Orthopedic Surgery

We provide products that support sports medicine, the repair of soft tissue in the knee, hip, shoulder and increasingly in the upper and lower extremities. In these procedures, we offer products such as TruShot® with Y-Knot® All-In-One Soft Tissue Fixation System, Y-knot® All-Suture Anchors, and PopLok® Knotless Suture Anchors which provide unique clinical solutions to orthopedic surgeons for the repair of soft tissue injuries. In addition to the implants, we offer the supporting products that enable surgeons to perform minimally invasive sports medicine surgeries. These products include powered resection instruments as well as fluid management and visualization systems and the related disposables which are marketed under a number of brands, including CONMED Linvatec®, Concept® and Shutt®. In sports medicine, we compete with Smith & Nephew, plc; Arthrex, Inc.; Stryker Corporation; Johnson & Johnson: DePuy Mitek, Inc. and Zimmer Biomet, Inc.

We also provide our customers with a comprehensive line of battery-powered, autoclavable, large and small bone power tool systems for use in orthopedic, arthroscopic, oral/maxillofacial, podiatric, spinal and cardiothoracic surgeries. These products are marketed under the Hall® surgical brand name, a pioneer in power surgical tools in the United States. In powered instruments, our competition includes Stryker Corporation; Medtronic plc; Johnson & Johnson: DePuy Synthes, Inc.; and Zimmer Biomet, Inc.

In 2021, approximately 71% of orthopedic surgery revenue came from single-use products that are expected to be recurring.

General Surgery

Our general surgery product line offers a large range of products in the areas of advanced surgical and advanced endoscopic technologies.

Our advanced surgical product offering includes the leading clinical insufflation system (AirSeal®). AirSeal® includes the proprietary valveless access ports that deliver significant benefits to traditional minimally invasive surgery and robotic surgical procedures. The Buffalo Filter acquisition complemented the CONMED portfolio of smoke removal devices, which provides the Company with the broadest portfolio of disposable and capital smoke evacuation products available in the medical device market today. In addition to AirSeal® and the Buffalo Filter® products, the Company manufactures and sells an extensive energy line and a broad offering of endomechanical products. The electrosurgical offering consists of monopolar and bipolar generators, argon beam coagulation generators, handpieces, smoke management systems and other accessories. Our endomechanical products offer a full line of instruments, including the Anchor[1] line of tissue retrieval bags, trocars, suction irrigation devices, graspers, scissors and dissectors, used in minimally invasive surgery. Our competition includes Medtronic

[1]Anchor is a trademark of the Anchor Products Company, Addison, Illinois.

plc; Johnson & Johnson: Ethicon Endo-Surgery, Inc.; Stryker Endoscopy, Olympus, ERBE Elektromedizin GmbH; and Applied Medical Resources Corporation.

Our advanced endoscopic technologies offering includes a comprehensive line of therapeutic and diagnostic products used in gastroenterology procedures which utilize flexible endoscopes, as well as patient monitoring products. In addition to these offerings, we offer a unique energy platform specifically designed for gastroenterology and pulmonology procedures. Devices include products for dilatation, hemostasis, biliary structure management, infection prevention and patient monitoring. Patient monitoring includes ECG electrodes, EEG electrodes and cardiac defibrillation pads. Our competition includes Boston Scientific Corporation - Endoscopy; Cook Medical, Inc.; Merit Medical Endotek; Olympus, Inc.; STERIS Corporation - U.S. Endoscopy and Cantel Medical- Medivators, Inc., Cardinal and 3M Company.

In 2021, approximately 89% of general surgery revenue came from single-use products that are expected to be recurring.

International

Expanding our international presence is an important component of our long-term growth plan. Our products are sold in over 100 foreign countries. International sales efforts are coordinated through local country dealers (including sub-distributors or sales agents) or through direct in-country sales. We distribute our products through sales subsidiaries and branches with offices located in Australia, Austria, Belgium, Brazil, Canada, China, Denmark, Finland, France, Germany, Italy, Japan, Korea, the Netherlands, Poland, Spain, Sweden and the United Kingdom. In these countries, our sales are denominated in the local currency and amounted to approximately 34% of our total net sales in 2021. In the remaining countries where our products are sold through independent distributors, sales are denominated in United States dollars.

Competition

We compete in orthopedic and general surgery medical device markets across the world. Our competitors range from large manufacturers with multiple business units to smaller manufacturers with limited product offerings. We believe we have appropriate product offerings and adequate market share to compete effectively in these markets. The global markets are constantly changing due to technological advances. We seek to closely align our research and development with our key business objectives, namely developing and improving products and processes, applying innovative technology to the manufacture of products for new global markets and reducing the cost of producing core products.

The breadth of our product lines in our key product areas enables us to meet a wide range of customer requirements and preferences. This has enhanced our ability to market our products to surgeons, hospitals, surgery centers, group purchasing organizations ("GPOs"), integrated delivery networks ("IDNs") and other customers, particularly as institutions seek to reduce costs and minimize the number of suppliers.

Marketing

A significant portion of our products are distributed domestically directly to more than 6,000 hospitals, surgery centers and other healthcare institutions as well as through medical specialty distributors. We are not dependent on any single customer and no single customer accounted for more than 10% of our net sales in 2021, 2020 and 2019.

A significant portion of our U.S. sales are to customers affiliated with GPOs, IDNs and other large national or regional accounts, as well as to the Veterans Administration and other hospitals operated by the Federal government. For hospital inventory management purposes, some of our customers prefer to purchase our products through independent third-party medical product distributors.

Our employee sales representatives are extensively trained in our various product offerings. Each employee sales representative is assigned a defined geographic area and compensated on a commission basis or through a combination of salary and commission. The sales force is supervised and supported by either area directors or district managers. In certain geographies, sales agent groups are used in the United States to sell our orthopedic products. These sales agent groups are paid a commission for sales made to customers while home office sales and marketing management provide the overall direction and training for marketing and positioning of our products. Our sales professionals provide surgeons and other healthcare professionals with information relating to the technical features and benefits of our products.

Our healthcare systems organization is responsible for interacting with large regional and national accounts (e.g. GPOs, IDNs, etc.). We have contracts with many such organizations and believe that the loss of any individual group purchasing contract would not materially impact our business.

We sell to a diversified base of customers around the world and, therefore, believe there is no material concentration of credit risk.

Manufacturing

Raw material costs constitute a substantial portion of our cost of production. Substantially all of our raw materials and select components used in the manufacturing process are procured from external suppliers. Where possible, we work closely with multiple suppliers to ensure continuity of supply while maintaining high quality and reliability. As a consequence of supply chain best practices, new product development and acquisitions, we often form strategic partnerships with key suppliers. As a result, components and raw materials may be sole sourced. We continuously seek to manage our supply chain to mitigate supply disruptions that may pose an overall material adverse effect on our financial and operational performance. We seek to schedule production and maintain adequate levels of safety stock based on a number of factors, including experience, knowledge of customer ordering patterns, demand, manufacturing lead times and optimal quantities required to maintain the highest possible service levels. Customer orders are generally processed for immediate shipment and backlog of firm orders is therefore not generally material to an understanding of our business.

Research and Development

New and improved products play a critical role in our continued sales growth. Internal research and development efforts focus on the development of new products and technological and design improvements. We maintain close working relationships with surgeons, inventors and other healthcare professionals who often suggest to us new product and technology ideas, principally in procedure-specific areas. In certain cases, we seek to obtain rights to these ideas through negotiated agreements. Such agreements typically compensate the originator through payments based upon a percentage of licensed product net sales. Annual royalty expense approximated $2.0 million, $1.5 million and $2.0 million in 2021, 2020 and 2019, respectively.

Amounts expended for Company research and development were approximately $43.6 million, $40.5 million and $45.5 million during 2021, 2020 and 2019, respectively.

Intellectual Property

Patents and other proprietary rights, in general, are important to our business. We have rights to intellectual property, including United States patents and foreign equivalent patents which cover a wide range of our products with expiration dates from 2022 to 2040. We own a majority of these patents and have exclusive and non-exclusive licensing rights to the remainder. We believe that the development of new products and technological and design improvements to existing products will continue to be important to our competitive position.

Government Regulation and Quality Systems

The development, manufacture, sale and distribution of our products are subject to regulation by numerous agencies and legislative bodies, including the U.S. Food and Drug Administration ("FDA") and comparable foreign counterparts. In the United States, these regulations were enacted under the Medical Device Amendments of 1976 to the Federal Food, Drug and Cosmetic Act and its subsequent amendments, and the regulations issued or proposed thereunder.

The FDA's Quality System Regulations set forth requirements for our product design and manufacturing processes, require the maintenance of certain records, provide for on-site inspection of our facilities and continuing review by the FDA. Many of our products are also subject to industry-defined standards. Authorization to commercially market our products in the U.S. is granted by the FDA under a procedure referred to as a 510(k) pre-market notification and clearance or Premarket Approval ("PMA"). We believe that our products and processes presently meet applicable standards in all material respects.

Medical device regulations continue to evolve world-wide. Products marketed in the European Union and other countries require preparation of technical files and design dossiers which demonstrate compliance with applicable international regulations. As government regulations continue to change, there is a risk that the distribution of some of our products may be interrupted or discontinued if they do not meet the country specific requirements.

We market our products in numerous foreign countries and therefore are subject to regulations affecting, among other things, product standards, sterilization, packaging requirements, labeling requirements, import laws and on-site inspection by independent bodies with the authority to issue or not issue certifications we may require to be able to sell products in certain countries. Many of the regulations applicable to our devices and products in these countries are similar to those of the FDA. The member countries of the European Union ("EU") follow the requirements under the EU Medical Device Regulation ("EU MDR") which replaced a single set of regulations in May 2017 for all member countries. EU MDR imposes stricter requirements for the marketing and sale of medical devices, including in the areas of clinical evaluation requirements, quality systems, labeling and post-market surveillance with an effective date of May 2021. During the transition period, medical devices with notified body

certificates issued under the EU MDD prior to May 2021 may continue to be placed on the market for the earlier of the remaining validity of the certificate or May 2024. These regulations require companies that wish to manufacture and distribute medical devices in the European Union to maintain quality system certifications through European Union recognized Notified Bodies. These Notified Bodies authorize the use of the CE Mark allowing free movement of our products throughout the member countries. Requirements pertaining to our products vary widely from country to country, ranging from simple product registrations to detailed submissions such as those required by the FDA. We believe that our products and quality procedures currently meet applicable standards for the countries in which they are marketed.

As noted above, our facilities are subject to periodic inspection by the United States Food and Drug Administration ("FDA") and foreign regulatory agencies or notified bodies for, among other things, conformance to Quality System Regulation and Current Good Manufacturing Practice ("CGMP") requirements and foreign or international standards. Refer to Note 13 for further discussion.

We are also subject to various environmental health and safety laws and regulations both in the United States and internationally, as are our suppliers and sterilization service providers. Our operations involve the use of substances regulated under environmental laws, primarily in manufacturing and sterilization processes. We believe our policies, practices and procedures are properly designed to comply, in all material respects, with applicable environmental laws and regulations. We do not expect internal compliance with these requirements to have a material effect on purchases of property, plant and equipment, cash flows, net income or our competitive position. Refer to Item 1A, Risk Factors, for further discussion of the use of outside EtO sterilization service providers.

CONMED Workforce Overview

One of CONMED's core values is our belief in the power of engaged talent. As of December 31, 2021, we had approximately 3,800 full-time employees, including approximately 2,400 in operations and the remaining in sales, marketing, research and development and administration.

We know that our people are our most important assets and crucial to our ability to deliver on our mission. Accordingly, the success and growth of our business depends in large part on our ability to attract, engage and develop a diverse population of talented employees at all levels of our organization.

Talent Management and Succession Planning

All levels of Company management are engaged in talent management practices. The Board reviews the Company's people strategy in support of its business strategy at least annually and frequently discusses talent opportunities, including a detailed discussion of the Company's global leadership talent and succession plans with a focus on key positions at the senior executive level. High-potential leaders are given exposure and visibility to Board members through formal presentations and informal events. More broadly, the Board is regularly updated on key talent indicators for the overall workforce, including diversity, recruitment and development programs.

Competitive Pay and Benefits

Our compensation programs are designed to align the compensation of our employees with CONMED's performance and to provide the proper incentives to attract, retain and motivate employees to achieve positive results. The structure of our compensation programs balances incentive earnings for both short-term and long-term performance. Our compensation programs are evaluated regularly not only for market competitiveness but as importantly for equality and fairness.

Diversity and Inclusion

A demonstrated commitment to diversity and inclusion is vital to CONMED's success as we seek out individuals who bring their unique capabilities to our Company. We believe that diverse teams stimulate innovation, enhance our understanding of the needs of our global customer base and ultimately deliver better results for our stakeholders. We value individual strengths and are committed to hiring and retaining employees of all different backgrounds and experiences. Tracking representation of diversity in our workforce helps us to understand where our opportunities exist. These metrics are reviewed on a regular basis at the senior executive level. We also recognize that representation of diversity in the workforce is not enough to have the impact desired, so we encourage inclusion and belonging in addition to representation.

Development

Development at CONMED comes in many forms to serve the diverse interests and needs of our global workforce and to support our culture and strategy by ensuring the development of key skills. Development offerings include company-wide and job-specific in person and e-learning training, as well management and leadership training and coaching. Additionally, we offer tuition reimbursement programs to support ongoing education at all levels. Employees are encouraged to partner with their manager and HR representative to create an individual plan to guide their own learning and development path that incorporates CONMED development and training resources and opportunities.

Employee Engagement

Measuring our team members' engagement helps us understand what is working well and where we have opportunities to improve. CONMED utilizes an annual anonymous employee engagement survey both to measure engagement across the organization, and to provide a basis for the individual team action planning session. Survey results are reviewed both at the individual manager level and corporate wide at the senior executive level to continuously drive and support employee engagement. Managers at all levels are provided with training and coaching resources to act on insights gained through surveys and feedback sessions in partnership with their team members.

Item 1A. Risk Factors

An investment in our securities, including our common stock, involves a high degree of risk. Investors should carefully consider the specific factors set forth below as well as the other information included or incorporated by reference in this Form 10-K. See "Forward Looking Statements".

(i) Risks Related to Our Business and the Medical Device Industry

Our financial performance is dependent on conditions in the healthcare industry and the broader economy.

The results of our business are directly tied to the economic conditions in the healthcare industry and the broader economy as a whole. We will continue to monitor and manage the impact of the overall economic environment on the Company.

In this regard, approximately 19% of our revenues are derived from the sale of capital products. The sales of such products may be negatively impacted if hospitals and other healthcare providers are unable to secure the financing necessary to purchase these products or otherwise defer purchases.

The COVID-19 global pandemic may pose significant risks to our business if the pandemic, and various responses to it, continue for an extended period of time.

The actions undertaken to reduce or respond to the spread of the virus, including its variants, have created and may continue to create significant disruptions with respect to the demand for non-urgent surgeries in hospitals and surgery centers and hospital and ambulatory surgery center operating volumes.

As of the date of this report:

1.In some geographies or territories, our field-based sales representatives are limited in their ability to travel to service or call on customers, with in-person visits in many cases dependent on requests by physicians to cover surgeries, the policies of individual hospitals, surgery centers or other institutions, and the availability of appropriate personal protective equipment, testing or vaccines;

2.Our office-based employees continue to work remotely,

3.Our manufacturing facilities and warehouses continue to operate with precautions, including increased hygiene and cleaning within facilities, social distancing and personal protective equipment.

4.Some hospitals have delayed certain procedures to reserve space for COVID patients, or have experienced slowdowns due to staffing shortages.

As such, the COVID-19 pandemic has directly and indirectly adversely impacted the Company's business, financial condition and operating results. The extent to which this will continue will depend on numerous evolving factors that are highly uncertain, rapidly changing and cannot be predicted with precision or certainty at this time, including:

•the duration and scope of the COVID-19 pandemic, including any resurgence of new strains, as well as the effectiveness of vaccines, and the extent to which they are administered;

•governmental, business and individual actions that have been, continue to be, or may in the future be taken in response to the COVID-19 pandemic including, for example, business and travel restrictions, quarantines, and slowdowns or delays of commercial activity;

•the effect of the COVID-19 pandemic on our partners and customers, including their conduct of surgeries, continued purchase of our products, or their decision to do so consistently at normal procedure volumes;

•the effect of the COVID-19 pandemic and the various responses thereto on the budgets and staffing of our partners and customers;

•our ability during the COVID-19 pandemic to continue operations in an efficient manner, as a result of periodic variations in demand and/or availability of raw materials from our suppliers;

•periodic reductions in demand for certain surgeries or for certain of our products;

•the effect of the COVID-19 pandemic on our supply chain's reliability and costs;

•costs incurred as a result of actions intended to protect the health and safety of our employees and continued operations, including enhanced cleaning processes and protocols designed to implement appropriate social distancing practices;

•our ability to comply with the financial covenants in our debt agreements if a material economic downturn as a result of the COVID-19 pandemic results in substantially increased indebtedness and/or lower earnings; and

•the exacerbation of negative impacts resulting from the COVID-19 pandemic.

We continue to monitor our spending and expenses in light of the uncertainty concerning forecasting demand, and consequently revenues. While the results of operations support continued recovery, there remains uncertainty in the financial markets related to the COVID-19 pandemic which may have an impact on the demand for post-pandemic surgery levels that are difficult to predict. If the downturn is more severe and prolonged than we currently expect, we may need to take further steps to reduce our costs, or to refinance our debt.

Limitations on the availability of Ethylene Oxide ("EtO") sterilization services may limit our ability to sell certain sterile products.

Approximately 32% of our products when measured in terms of revenues, are sterilized by third-party sterilizers using ethylene oxide, a chemical which, when present or used in high levels or concentrations, has raised some environmental concerns in some areas within the United States, with the result that some EtO sterilization facilities have closed, or are threatened with closure, either temporarily or permanently, in connection with government enforcement actions or enhanced regulations prompted by environmental concerns. We have been able to secure EtO sterilization services to date, and do not currently expect sterilization availability to have a material impact on our business. If, however, there are further restrictions on capacity or further government actions adverse to EtO sterilization, it is possible that we could be impacted materially in the future.

As a manufacturer of medical devices that interacts with physicians and health care providers domestically and internationally, we face risks under domestic and foreign regulations, including the Foreign Corrupt Practices Act.

Manufacturers of medical devices have been the subject of various investigations or enforcement actions relating to interactions with health care providers domestically or internationally. The interactions with domestic health care providers are subject to regulations, known as the Anti-Kickback Statute, the Stark Act and the False Claims Act, that generally govern incentives for health care providers, or methods of reimbursement funded in whole or in part by the government. Similarly, the Foreign Corrupt Practices Act ("FCPA"), and similar foreign laws, prohibit certain conduct by manufacturers, generally described as bribery, with respect to interactions, either directly through foreign subsidiaries or indirectly through distributors, with health care providers who may be considered government officials because they are affiliated with public hospitals. The FCPA also imposes obligations on manufacturers listed on U.S. stock exchanges to maintain accurate books and records, and maintain internal accounting controls sufficient to provide assurance that transactions are accurately recorded, lawful and in accordance with management's authorization. The FCPA can pose unique challenges for manufacturers who operate in foreign cultures where conduct prohibited by the FCPA may not be viewed as illegal in local jurisdictions, and because, in some cases, a United States manufacturer may face risks under the FCPA based on the conduct of third parties over whom the manufacturer may not have complete control.

In this regard, from time to time, the Company may receive an information request or subpoena from a government agency, such as the Securities and Exchange Commission, Department of Justice, Equal Employment Opportunity Commission, the Occupational Safety and Health Administration, the United States Food and Drug Administration, the Department of Labor, the Treasury Department or other federal and state agencies or foreign governments or government agencies. Alternatively, employees or private parties may provide us with reports of alleged misconduct. These information requests or subpoenas may or may not be routine inquiries, or may begin as informal or routine inquiries and over time develop into investigations or enforcement actions of various types under the FCPA or otherwise. Similarly, the employee and third party reports may prompt us to conduct internal investigations into the alleged misconduct. As a medical device company, CONMED's operations and interactions with government

hospitals, healthcare professionals and purchasers may be subject to various federal and state regulations, including the federal False Claims Act, which provides, in part, that the federal government may bring a lawsuit against any person or entity that it believes has knowingly presented, or caused to be presented, a false or fraudulent request for payment to the government, or has made or used, or caused to be made or used, a false statement or false record material to a false claim. In addition, in certain circumstances, private parties may bring so-called Qui Tam claims as plaintiffs purportedly on behalf of the government asserting claims arising under the False Claims Act. A violation of the False Claims Act may result in fines up to $11,000 for each false claim, plus up to three times the amount of damages sustained by the government, and may also provide the basis for the imposition of administrative penalties and exclusion from participation in federal healthcare programs. Many states have enacted false claims acts that are similar to the federal False Claims Act. No inquiry or claim that the Company currently faces or has faced to date, and no report of misconduct that the Company has received to date, has had a material adverse effect on our financial condition, results of operations or cash flows. There can be no assurance, however, that any pending inquiries will not become investigations or enforcement actions, or the costs associated with responding to such inquiries, investigations, enforcement actions or investigations relating to reports of misconduct will not have a material adverse effect on our financial condition, results of operations or cash flows.

Failure to comply with regulatory requirements may result in recalls, loss of revenues, fines or materially adverse implications.

Substantially all of our products are classified as class II medical devices subject to regulation by numerous agencies and legislative bodies, including the U.S. Food and Drug Administration ("FDA") and comparable international counterparts. As a manufacturer of medical devices, our manufacturing processes and facilities are subject to on-site inspection and continuing review by the FDA for compliance with the Quality System Regulations. We may have future inspections at our sites and there can be no assurance that the costs of responding to such inspections will not be material.

Manufacturing and sales of our products outside the United States are also subject to international regulatory requirements which vary from country to country. Moreover, we are generally required to obtain regulatory clearance or approval prior to marketing a new product. The time required to obtain approvals from foreign countries may be longer or shorter than that required for FDA clearance, and requirements for such approvals may differ from FDA requirements. Failure to comply with applicable domestic and/or foreign regulatory requirements may result in:

- fines or other enforcement actions;
- recall or seizure of products;
- total or partial suspension of production;
- loss of certification;

- withdrawal of existing product approvals or clearances;
- refusal to approve or clear new applications or notices;
- increased quality control costs; or
- criminal prosecution.

In addition to the Quality System Regulations, many of our products are also subject to industry-defined standards. We may not be able to comply with these regulations and standards due to deficiencies in component parts or our manufacturing processes. If we are not able to comply with the Quality System Regulations or industry-defined standards, we may not be able to fill customer orders and we may decide to cease production or sale of non-compliant products. Failure to produce products could affect our revenues, profit margins and could lead to loss of customers.

Our products are subject to product recall and we have conducted product recalls in the past. Although no recall has had a material adverse effect on our business or financial condition, we cannot be certain that regulatory issues will not have a material adverse effect on our business, financial condition or results of operations in the future or that product recalls will not harm our reputation and our customer relationships.

The highly competitive market for our products may create adverse pricing pressures.

The market for our products is highly competitive and our customers have alternative suppliers. Many of our competitors offer a range of products in areas other than those in which we compete, which may make such competitors more attractive to surgeons, hospitals, group purchasing organizations and others. In addition, many of our competitors are large, technically competent firms with substantial assets. Competitive pricing pressures or the introduction of new products by our competitors could have an adverse effect on our revenues. See "Products" in Item 1 - Business for a further discussion of these competitive forces.

Factors which may influence our customers' choice of competitor products include:

•changes in surgeon preferences;
•increases or decreases in healthcare spending related to medical devices;
•our inability to supply products to them as a result of product recall, market withdrawal or back-order;
•the introduction by competitors of new products or new features to existing products;
•the introduction by competitors of alternative surgical technology; and
•advances in surgical procedures, discoveries or developments in the healthcare industry.

Cost reduction efforts in the healthcare industry could put pressures on our prices and margins.

In recent years, the healthcare industry has undergone significant change driven by various efforts to reduce costs. Such efforts include national healthcare reform, trends towards managed care, cuts in Medicare reimbursement for procedures, consolidation of healthcare distribution companies and collective purchasing arrangements by GPOs and IDNs. Demand and prices for our products may be adversely affected by such trends.

We use a variety of raw materials in our businesses, and significant shortages, inflation or price increases could increase our operating costs and adversely impact the competitive positions of our products.

Our reliance on certain suppliers and commodity markets to secure raw materials used in our products exposes us to volatility in the prices and availability of raw materials. In some instances, we participate in commodity markets that may be subject to allocations by suppliers. A disruption in deliveries from our suppliers, price increases or decreased availability of raw materials or commodities could have an adverse effect on our ability to meet our commitments to customers or increase our operating efficiencies and/or costs. The increases in costs or availability of raw materials may be exacerbated as a result of the COVID-19 pandemic and ongoing global supply chain challenges. In addition, increased inflation in wages and materials may also increase our costs. We believe that our supply management practices are based on an appropriate balancing of the foreseeable risks and the costs of alternative practices. Nonetheless, price increases or the unavailability of some raw materials may have an adverse effect on our results of operations or financial condition.

We may not be able to keep pace with technological change or to successfully develop new products with wide market acceptance, which could cause us to lose business to competitors.

The market for our products is characterized by rapidly changing technology. Our future financial performance will depend in part on our ability to develop and manufacture new products on a cost-effective basis, to introduce them to the market on a timely basis and to have them accepted by surgeons and other healthcare professionals.

We may not be able to keep pace with technology or to develop viable new products. In addition, many of our competitors are substantially larger with greater financial resources which may allow them to more rapidly develop

new products. Factors which may result in delays of new product introductions or cancellation of our plans to manufacture and market new products include:

•research and development delays;
•capital and other financial constraints;
•delays in securing regulatory approvals; and
•changes in the competitive landscape, including the emergence of alternative products or solutions which reduce or eliminate the markets for pending products.

Ordering patterns of our customers may change resulting in reductions in sales.

Our hospital and surgery center customers purchase our products in quantities sufficient to meet their anticipated demand. Likewise, our healthcare distributor customers purchase our products for ultimate resale to healthcare providers in quantities sufficient to meet the anticipated requirements of the distributors' customers. Hospitals and customers may experience reduced demand if they reserve space for COVID patients or in response to staff shortages. Should inventories of our products owned by our hospital, surgery center and distributor customers grow to levels higher than their requirements, our customers may reduce the ordering of products from us. This could result in reduced sales.

(ii) Risks Related to Our Indebtedness

The terms of our indebtedness outstanding from time to time, including our senior credit agreement, may restrict our current and future operations, particularly our ability to respond to changes or to take certain actions.

The senior credit agreement contains, and future credit facilities are expected to contain, a number of restrictive covenants that impose significant operating and financial restrictions on us and may limit our ability to respond to changes in our business or competitive activities, or to otherwise engage in acts that may be in our long-term best interest, including restrictions on our ability to:

•incur indebtedness;
•allow for liens to be placed on our assets;
•make investments;
•engage in transactions with affiliates;
•make certain restricted payments;
•enter into certain restrictive agreements;
•enter into certain swap agreements;
•change our line of business;
•pay dividends or make other distributions on, or redeem or repurchase, capital stock;
•consolidate, merge or sell all or substantially all of our assets;
•prepay and/or modify the terms of certain indebtedness; and
•pursue acquisitions.

These covenants, unless waived, may prevent us from pursuing and/or securing acquisitions, significantly limit our operating and financial flexibility and limit our ability to respond to changes in our business or competitive activities. Our ability to comply with such provisions may be affected by events beyond our control. In the event of any default under our credit agreement, the credit agreement lenders may elect to declare all amounts borrowed under our credit agreement, together with accrued interest, to be due and payable. If we were unable to repay such borrowings, the credit agreement lenders could proceed against collateral securing the credit agreement which consists of substantially all of our property and assets. Our credit agreement also contains a material adverse effect clause which may limit our ability to access additional funding under our credit agreement should a material adverse change in our business occur.

We may not be able to generate sufficient cash to service our indebtedness, and, our leverage and debt service requirements may require us to adopt alternative business strategies.

As of December 31, 2021, we had $712.6 million of debt outstanding, representing 47% of total capitalization. We may not have sufficient cash flow available to enable us to meet our obligations. If we are unable to service our indebtedness, we will be forced to adopt an alternative strategy that may include actions such as foregoing acquisitions, reducing or delaying capital expenditures, selling assets, restructuring or refinancing our indebtedness or seeking additional equity capital. We cannot be certain that any of these strategies could be implemented on terms acceptable to us, if at all. See "Management's Discussion and Analysis of Financial Condition and Results of Operations—Liquidity and Capital Resources" and Note 7.

The degree to which we are leveraged could have important consequences to investors, including but not limited to the following:

- a portion of our cash flow from operations must be dedicated to debt service and will not be available for operations, capital expenditures, acquisitions, dividends and other purposes;
- our ability to obtain additional financing in the future for working capital, capital expenditures, acquisitions or general corporate purposes may be limited or impaired or may be at higher interest rates;
- we may be at a competitive disadvantage when compared to competitors that are less leveraged;
- we may be hindered in our ability to adjust rapidly to market conditions;
- our degree of leverage could make us more vulnerable in the event of a downturn in general economic conditions or other adverse circumstances applicable to us; and
- our interest expense could increase if interest rates in general increase because a portion of our borrowings, including our borrowings under our credit agreement, are and will continue to be at variable rates of interest.

Our variable rate indebtedness subjects us to interest rate risk, which could cause our debt service obligations to increase significantly.

Borrowings under our senior credit agreement are at variable rates of interest and expose us to interest rate risk. If interest rates were to increase, our debt service obligations on the variable rate indebtedness would increase even though the amount borrowed remained the same, and our net income and cash flows, including cash available for servicing our indebtedness, will correspondingly decrease. In the future, we may enter into interest rate swaps that involve the exchange of floating for fixed rate interest payments in order to reduce interest rate volatility. However, we may not maintain interest rate swaps with respect to all of our variable rate indebtedness, and any swaps we enter into may not fully mitigate our interest rate risk.

Our interest rates may be impacted by the phase out of LIBOR.

LIBOR, the London Interbank Offered Rate, is the basic rate of interest used in lending transactions between banks on the London interbank market and is widely used as a reference for setting the interest rate on loans globally. Certain of the interest rates applicable to our seventh amended and restated senior credit agreement are calculated using LIBOR. On July 27, 2017, the United Kingdom's Financial Conduct Authority, which regulates LIBOR, announced that it intends to phase out LIBOR. It is currently anticipated that LIBOR will be completely phased out by June 30, 2023. A reference rate based on the Secured Overnight Financing Rate, or another alternative benchmark rate, is expected to be established to replace LIBOR. While our seventh amended and restated credit agreement includes provisions for establishing alternative reference rates in the event that LIBOR is no longer available or the determination is made to adopt an alternative reference rate, any such alternative reference rate could be higher and more volatile than LIBOR or may otherwise perform differently than LIBOR. The consequences of the adoption of any such alternative reference rates cannot be predicted at this time and may result in exposure to additional interest rate risk and increase the cost of indebtedness under our seventh amended and restated credit agreement.

Despite our current level of indebtedness, we and our subsidiaries may still be able to incur substantially more debt. This could further exacerbate the risks to our financial condition described above.

We may incur substantial additional indebtedness, including secured indebtedness. As of December 31, 2021, we have $442.5 million of availability under the senior credit agreement. If we incur secured indebtedness and such secured indebtedness is either accelerated or becomes subject to a bankruptcy, liquidation or reorganization, our assets would be used to satisfy obligations with respect to the indebtedness secured thereby before any payment could be made on the debt that is not similarly secured. If new debt or other liabilities are added to our current debt levels, the related risks that we now face could intensify. Our senior credit agreement restricts our ability to incur additional indebtedness, including secured indebtedness, but if the facilities mature or are repaid, we may not be subject to such restrictions under the terms of any subsequent indebtedness.

The conditional conversion features of our 2.625% Convertible Notes due 2024 (the "Convertible Notes"), if triggered, may adversely affect our financial condition.

In the event the conditional conversion features of the Convertible Notes issued on January 29, 2019 are triggered, holders of the Convertible Notes will be entitled to convert the Convertible Notes at any time during specified periods at their option. If one or more holders elect to convert their Convertible Notes, unless we elect to satisfy our conversion obligation by delivering solely shares of our common stock, we would be required to make cash payments to satisfy all or a portion of our conversion obligation based on the conversion rate, which could adversely affect our liquidity. In addition, even if holders do not elect to convert their Convertible Notes, we could be required under applicable accounting rules to reclassify all or a portion of the outstanding principal of the Convertible Notes as a current rather than long-term liability, which could result in a material reduction of our net working capital. Refer to Note 7 for further details on the Convertible Notes.

The convertible notes hedge and warrant transactions that we entered into in connection with the offering of the Convertible Notes may affect the value of the Convertible Notes and our common stock.

In connection with the offering of the Convertible Notes, we entered into convertible notes hedge transactions with certain option counterparties (each an "Option Counterparty"). The convertible notes hedge transactions are expected generally to reduce the potential dilution upon conversion of the Convertible Notes and/or offset any cash payments we are required to make in excess of the principal amount of converted Convertible Notes, as the case may be. We also entered into warrant transactions with each Option Counterparty. The warrant transactions could separately have a dilutive effect on our common stock to the extent that the market price per share of our common stock exceeds the strike price of the warrants, unless we elect to settle the warrants in cash. In connection with establishing its initial hedge of the convertible notes hedge and warrant transactions, each Option Counterparty or an affiliate thereof may have entered into various derivative transactions with respect to our common stock concurrently with or shortly after the pricing of the Convertible Notes. This activity could increase (or reduce the size of any decrease in) the market price of our common stock or the Convertible Notes at that time. In addition, each Option Counterparty or an affiliate thereof may modify its hedge position by entering into or unwinding various derivatives with respect to our common stock and/or purchasing or selling our common stock or other securities of ours in secondary market transactions prior to the maturity of the Convertible Notes (and is likely to do so during any observation period related to a conversion of the Convertible Notes). This activity could also cause or avoid an increase or a decrease in the market price of our common stock or the Convertible Notes. In addition, if any such convertible notes hedge and warrant transactions fail to become effective, each Option Counterparty may unwind its hedge position with respect to our common stock, which could adversely affect the value of our common stock and the value of the Convertible Notes.

We are subject to counterparty risk with respect to the convertible notes hedge transactions.

Each Option Counterparty to the convertible notes hedge transactions is a financial institution whose obligation to perform under the convertible notes hedge transaction will not be secured by any collateral. If an Option Counterparty becomes subject to insolvency proceedings, we will become an unsecured creditor in those proceedings with a claim equal to our exposure at that time under our transactions with the Option Counterparty. Our exposure will generally

correlate to the increase in the market price and in the volatility of our common stock. In addition, upon a default by an Option Counterparty, we may suffer adverse tax consequences and more dilution than we currently anticipate with respect to our common stock. Although these counterparties are large, reputable U.S. financial institutions, we can provide no assurances as to the financial stability or viability of any Option Counterparty.

(iii) Risks Related to Our Acquisition Strategy

Our financial performance is subject to the risks inherent in any acquisition, including the effects of increased borrowing and integration of newly acquired businesses or product lines.

A key element of our business strategy has been to expand through acquisitions and we may seek to pursue additional acquisitions in the future. Our success in pursuing acquisitions depends on our ability to identify target companies or product lines that are available for sale, and, negotiating successful terms with the sellers, as the sellers may also be negotiating with other bidders with greater financial resources than we have. Even when we win a bid, our success is also dependent in part upon our ability to integrate acquired companies or product lines into our existing operations. We may not have sufficient management and other resources to accomplish the integration of our past and future acquisitions, which may strain our relationship with customers, suppliers, distributors, personnel or others. There can be no assurance that we will be able to identify and make acquisitions, or that we will be able to obtain financing for such acquisitions, on acceptable terms. In addition, while we are generally entitled to customary indemnification from sellers of businesses or coverage from representation and warranty insurance for any difficulties that may have arisen prior to our acquisition of each business,

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acquisitions may involve exposure to unknown liabilities and the amount and time for claiming under these indemnification provisions is often limited. As a result, our financial performance is now, and will continue to be, subject to various risks associated with the acquisition of businesses, including the financial effects associated with any increased borrowing required to fund such acquisitions or with the integration of such businesses.

The terms of any future preferred equity or debt financing may give holders of any preferred securities or debt securities rights that are senior to rights of our common shareholders or impose more stringent operating restrictions on our company.

Debt or equity financing may not be available to us on acceptable terms. If we incur additional debt or raise equity through the issuance of preferred stock or convertible securities, the terms of the debt or the preferred stock issued may give the holders rights, preferences and privileges senior to those of holders of our common stock, particularly in the event of liquidation. The terms of the debt may also impose additional and more stringent restrictions on our operations. If we raise funds through the issuance of additional equity, the ownership percentage of our existing shareholders would be diluted.

(iv) Other Risks Related to Our Business

We could experience a failure of a key information technology system, process or site or a breach of information security, including a cybersecurity breach or failure of one or more key information technology systems, networks, processes, associated sites or service providers, and could potentially become liable for a breach of various data privacy regulations.

We rely extensively on information technology ("IT") systems for the storage, processing, and transmission of our electronic, business-related, information assets used in or necessary to conduct business. We leverage our internal IT infrastructures, and those of our business partners or other third parties, to enable, sustain, and support our global business activities. In addition, we rely on networks and services, including internet sites, data hosting and processing facilities and tools and other hardware, software and technical applications and platforms, some of which are managed, hosted, provided and/or used by third-parties or their vendors, to assist in conducting our business. The data we store

and process may include customer payment information, personal information concerning our employees, confidential financial information, and other types of sensitive business-related information. In limited instances, we may also come into possession of information related to patients of our physician customers. Numerous and evolving cybersecurity threats pose potential risks to the security of our IT systems, networks and services, as well as the confidentiality, availability and integrity of our data. In addition, the laws and regulations governing security of data on IT systems and otherwise collected, processed, stored, transmitted, disclosed and disposed of by companies are evolving, adding another layer of complexity in the form of new requirements. We have made, and continue to make investments, seeking to address these threats, including monitoring of networks and systems, hiring of third party service providers with expertise in cybersecurity, employee training and security policies for employees and third-party providers. The techniques used in these attacks change frequently and may be difficult to detect for periods of time and difficult to anticipate by implementing adequate preventative measures.

Our worldwide operations mean that we are subject to laws and regulations, including data protection and cybersecurity laws and regulations, in many jurisdictions. For example, the European Union ("EU") General Data Protection Regulation ("GDPR") requires us to manage personal data in the EU and may impose fines of up to four percent of our global revenue in the event of certain violations. Likewise, the California Consumer Privacy Act imposes obligations on companies that conduct business in California, and meet other requirements, with respect to the collection or sale of specified personal information. Other jurisdictions are also implementing or proposing a variety of data privacy laws and regulations. Further, there has been a developing trend of civil lawsuits and class actions relating to breaches of consumer data held by large companies or incidents arising from other cyber-attacks. Any data security breaches, cyber-attacks, malicious intrusions or significant disruptions could result in actions by regulatory bodies and/or civil litigation, any of which could materially and adversely affect our business, results of operations, financial condition, cash flows, reputation or competitive position.

The costs of attempting to protect IT systems and data may increase, and there can be no assurance that these added security efforts will prevent all breaches of our IT systems or thefts of our data. If our IT systems are damaged or cease to function properly, the networks or service providers we rely upon fail to function properly, we fail to comply with an applicable law or regulation, such as the GDPR, or we or one of our third-party providers suffer a loss or disclosure of our business or stakeholder information due to any number of causes ranging from catastrophic events or power outages to improper data handling or security breaches and our business continuity plans do not effectively address these failures on a timely basis, we may be exposed to potential disruption in operations, loss of customers, reputational, competitive and business harm, and significant costs from remediation, litigation and regulatory actions.

We rely on a third party to obtain, process and distribute sports medicine allograft tissue. If such tissue cannot be obtained, is not accepted by the market or is not accepted under numerous government regulations, our results of operations could be negatively impacted.

A portion of our orthopedic revenues relate to our share of the service fees from the Musculoskeletal Transplant Foundation ("MTF") allograft tissues for which we have exclusive worldwide sales representation, marketing and promotion rights, as further described in our revenue recognition policy in Note 1. Our primary costs related to these revenues come from our commission expense and certain marketing costs. Our ability to increase the service fees may be constrained by certain factors which are outside of our control, such as the limited supply of donors and donated tissue that meets the quality standards of MTF. Similarly, under the terms of the agreement, MTF remains responsible for tissue procurement and processing, shipment of tissues and invoicing of service fees to customers. To the extent MTF's performance does not meet customer expectations or otherwise fails, CONMED may be unable to increase the allograft service fees or to find a suitable replacement for MTF on terms that are acceptable.

The FDA and several states have statutory authority to regulate allograft processing and allograft-based materials. The FDA could identify deficiencies in future inspections of MTF or MTF's suppliers or promulgate future regulatory rulings that could disrupt our business, reducing profitability.

We distribute some products for third-party companies, and cannot ensure that our rights to distribute such third-party products will continue indefinitely.

While we generally own the products' designs and rights to the products we sell, in some cases we distribute products for third-parties. While these third-parties may have business reasons for contracting with us to distribute their products, we may face the risk that the third-parties may seek alternate distribution partners when their distribution contracts with us expire or are scheduled for renewal. If we lose the distribution rights to such products, we may not be able to find replacement products that are acceptable to our customers, or to us.

If we lose our patents or they are held to be invalid, or if our products or services infringe on third party patents, we could become subject to liability and our competitive position could be harmed.

Much of the technology used in the markets in which we compete is covered by patents. We have numerous U.S. patents and corresponding international patents on products expiring at various dates from 2022 through 2040 and have additional patent applications pending. See Item 1 Business "Research and Development" and "Intellectual Property" for a further description of our patents. The loss of our patents could reduce the value of the related products and any related competitive advantage. Competitors may also be able to design around our patents and to compete effectively with our products. In addition, the cost of enforcing our patents against third parties and defending our products against patent infringement actions by others could be substantial, and we may not prevail.

While we seek to take reasonable steps to avoid infringing on patents we do not own or license, we cannot be sure that our services and products do not infringe on the intellectual property rights of third parties, and we may have infringement claims asserted against us. These claims could cost us money, prevent us from offering some services or products, or damage our reputation. We cannot be certain that:

- pending patent applications will result in issued patents;
- patents issued to or licensed by us will not be challenged by competitors;
- our patents will be found to be valid or sufficiently broad to protect our technology or provide us with a competitive advantage; or
- we will be successful in defending against pending or future patent infringement claims asserted against our products.

We may be sued for product liability claims and our insurance coverage may be insufficient to cover the nature and amount of any product liability claims.

Even if our products are properly designed and perform as intended, we may be sued. The nature of our products as medical devices, and the litigious environment, should be regarded as potential risks which could significantly and adversely affect our financial condition and results of operations. The insurance we maintain to protect against claims associated with the use of our products has deductibles and may not adequately cover the amount or nature of any claim asserted against us. We are also exposed to the risk that our insurers may become insolvent or that premiums may increase substantially. See "Item 3 - Legal Proceedings" for a further discussion of the risk of product liability actions and our insurance coverage.

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

NON-REFUNDABLE $1,000.00 FEE

Rev (04/19/2022)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Henry Schein, Inc.

Physical Address: 16515 W. Beloit Rd.

City: New Berlin State: WI Zip: 53151

Mailing Address (if different from physical address): 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 414-978-4572 Website: www.henryschein.com

Name of Designated Representative (DR): Vincent Lee

Licensing Company Email: Licensure@henryschein.com DR Email: vince.lee@henryschein.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - No Pharmaceutical Products Distributed

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): N/A

Corporation Name: Henry Schein, Inc.

Mailing Address: 135 Duryea Road, E-355

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Email: Licensure@henryschein.com

Contact Person Name: Regulatory Affairs Dept

Date of SEC Registration: see 10-K | SEC Registration Number: see 10-K | Stock Exchange Symbol: HSIC

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - no controlled substances	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ettinger

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2-28-2023

Date

Board Use Only	Date Received: 3.14.23	Amount: 1000.00 CK - 1578478

State of Wisconsin
Department of Safety and Professional Services

Wholesale Distributor of Prescription Drugs

Additional Resources

Other Forms

Statutes and Administrative Code

Offenses that May Result in Refusal, Bar, or Termination of Licensure

Related Links

Pharmacy Examining Board

Orders and Disciplinary Actions

Conviction Self Report

Professional Assistance Procedure

Monitoring

File a Complaint

License Information

Fee Reduction

Pursuant to 2017 Wisconsin Act 319, beginning August 1, 2018, an applicant for an initial credential may apply for a reduction of the initial credential fee that is equal to 10% of the initial fee. Qualification is based on the federal adjusted gross income being at or below 180% of the federal poverty guideline prescribed for the applicant's family household size by the United States Department of Health and Human Services. To determine eligibility please visit the United States Department of Health and Human Services website at https://aspe.hhs.gov/poverty-guidelines, prior to submitting Form 3217.

Per Wisconsin State Statutes 440.08 (2), the required renewal date for the Wholesale Distributor of Prescription Drugs credential is 05/31/even years. Should you receive your initial credential in the months leading up to this date, you are still required to renew your license by the statutorily defined date.

Requirements for Licensure

- A distributor's license authorizes a facility to sell prescription drugs or devices to pharmacists, pharmacies, researchers, hospitals, authorized agents of the federal government and other distributors. A distributor's license does not authorize a facility to dispense prescription drugs directly to patients pursuant to a prescriber's prescription order. Dispensing directly to patients under a prescription order requires a pharmacy license.
- Out-of-state or in-state wholesale distributors of prescription drugs are required to obtain a distributor's license in Wisconsin for each facility from which the prescription drugs are distributed.
- Submit Wholesale Distributor of Prescription Drugs Application (see below), including required documentation and fee(s).

Application Process

- A designated representative must be identified on the application.
- All designated representatives must be fingerprinted as described in the application materials.
- All distributors are required to submit a surety bond (Form #2819) or irrevocable letter of credit (Form #2824) with the application in the amount of $5,000.
- Meet Inspection Requirements (see below).
- Distributors must comply with any applicable federal track and trace pedigree system.
- Register with the Drug Enforcement Administration (if applicable).
- Determination to grant credential.

Prescription Medical Device Distributors

No longer need a wholesale distributor of prescription drug license to ship medical device products into Wisconsin. Print this web page for your records verifying no license is needed.

Prescription Medical Device or Drug Manufacturers

- Need to hold a WI Drug or Device Manufacturer license only if your facility is physically located in the state of WI. Print this web page for your records verifying no license is needed.
- No longer need to hold the Wholesale Distributor of Prescription Drug license. Print this web page for your records verifying no license is needed.
- Manufacturers must maintain a list of distributors of record and update the list monthly.

Inspection Requirements

- Whole sale distributors are advised that they must have an inspection completed before the application is filed.
- An approved inspection must be completed and passed within three years prior to the application date.

Approved Inspections Include:

- National Association of Boards of Pharmacy (NABP) Drug Distributor Accreditation (DDA). Go to: http://www.nabp.net or call the NABP at (847) 391-4406.
- Inspections completed by another State Board of Pharmacy.
- Inspections completed by the Wisconsin Department of Safety and Professional Services (for facilities physically located in Wisconsin only).
- For wholesale distributors of prescription drugs physically located in Wisconsin, inspection requests of the Department of Safety and Professional Services should be submitted as soon as possible to allow time to plan for an inspection.

Wisconsin Department of Financial Institutions

Strengthening Wisconsin's Financial Future

Search for:
Henry Schein

Search Records

Search
Advanced Search
Name Availability

Corporate Records

Result of lookup for **S049677** (at 3/14/2023 4:40 PM)

HENRY SCHEIN, INC.

You can: File an Annual Report - Request a Certificate of Status - File a Registered Agent/Office Update Form

Vital Statistics

Entity ID	S049677
Registered Effective Date	09/10/1996
Period of Existence	PER
Status	Incorporated/Qualified/Registered Request a Certificate of Status
Status Date	09/10/1996
Entity Type	Foreign Business Corporation
Annual Report Requirements	Foreign Business Corporations are required to file an Annual Report under s.180.1622 WI Statutes.
Foreign Organization Date	12/23/1992
Paid Capital Represented	$14,748,000
Foreign State	DE

Addresses

Registered Agent Office

CORPORATION SERVICE COMPANY
33 EAST MAIN STREET
SUITE 610
MADISON , WI 53703

File a Registered Agent/Office Update Form

Principal Office

135 DURYEA RD
MELVILLE , NY 11747
UNITED STATES OF AMERICA

Historical Information

Annual Reports

Year	Reel	Image	Filed By	Stored On
2022	000	0000	online	database
2021	000	0000	online	database
2020	000	0000	online	database
2019	000	0000	online	database

2018	000	0000	online	database
2017	000	0000	online	database
2016	000	0000	online	database
2015	000	0000	online	database
2014	000	0000	online	database
2013	000	0000	online	database
2012	000	0000	online	database
2011	000	0000	online	database
2010	000	0000	online	database
2009	000	0000	online	database
2008	000	0000	online	database
2007	000	0000	online	database
2006	000	0000	online	database
2005	111	1111	paper	image
2004	111	1111	paper	image
2003	111	1111	paper	image
2002	053	1182	paper	microfilm
2001	053	1878	paper	microfilm
2000	059	0025	paper	microfilm
1999	065	1510	paper	microfilm
1998	065	0355	paper	microfilm
1997	053	1494	paper	microfilm

File an Annual Report - Order a Document Copy

Certificates of Newly-elected Officers/Directors

None

Old Names

None

Chronology

Effective Date	Transaction	Filed Date	Description
09/10/1996	Incorporated/Qualified/Registered	09/10/1996	
08/24/1998	Intent to Revoke/Terminate	08/24/1998	984001661
08/23/1999	Intent to Revoke/Terminate	08/23/1999	994001851
07/01/2003	Change of Registered Agent	07/01/2003	Bulk Filing-Image
06/15/2004	Change of Registered Agent	06/18/2004	
05/01/2008	Change of Registered Agent	05/01/2008	Bulk Filing
05/01/2014	Change of Registered Agent	05/01/2014	BULK FILING
01/04/2023	Change of Registered Agent	01/04/2023	BULK FILING

Order a Document Copy

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5660
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595
Officers:

Stanley M. Bergman	Chief Executive Officer	[redacted] UN Plaza, Apartment [redacted] New York, NY 10017 Date of Birth: [redacted] Drivers License [redacted] Home Phone # [redacted]
James P. Breslawski	Vice Chairman and President Henry Schein Inc.	[redacted]Pheasant Run St. James, NY 11780 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Ronald N. South	Senior Vice President Chief Financial Officer	[redacted] Soundview Dr. Huntington, NY 11743 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Mark E. Mlotek	Executive Vice President Chief Strategic Officer	[redacted]First Ave, Apt [redacted] New York, NY 10016 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]
Michael S. Ettinger	Executive Vice President Chief Operating Officer	[redacted] Elm Street Woodbury, NY 11797 Date of Birth: [redacted] Drivers License # [redacted] Home Phone # [redacted]

Incorporated Delaware 12/23/1992

Top 5 Shareholders of Henry Schein, Inc.

1.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	The Vanguard Group, Inc.	23-1945930		11.10
	Street Address:	City:	State:	Zip Code:
	100 Vanguard Blvd V26	Malvern	PA	19355
2.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	Generation Investment Management LLP	98-0456791		9.89
	Street Address:	City:	State:	Zip Code:
	20 Air Street	London	UK	W1B5AN UK
3.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	Longview Partners LLP	N/A		5.61
	Street Address:	City:	State:	Zip Code:
	Thames Court 1 Queenhithe	London	UK	X0 EC4V3RL
4.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	BlackRock Institutional Trust Company, N.A.	32-0174431		5.25
	Street Address:	City:	State:	Zip Code:
	400 Howard Street	San Francisco	CA	94105
5.	Name:	SSN/TIN/FEIN#	Date of Birth: ☑ N/A	% of Ownership:
	State Street Global Advisors (US)	90-0337987		5.13
	Street Address:	City:	State:	Zip Code:
	Channel Center, 1 Iron Street	Boston	MA	02110

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2320192 8300

SR# 20230034871

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202431563

Date: 01-05-23

HENRY SCHEIN®

GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

New Berlin, WI

A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant

Employee	Title
Blanca Marin	IC Spe-Specialist Parts & Hi Tech DC
Bonnie Arnold	Order Fulfillment Rep
Brian Karis	IC Spe-Specialist Parts & Hi Tech DC
Consuelo Meraz	Returns Representative
Dave Gdaniec	Mailroom Rep
David Drewniak	Mailroom Lead
Kayla Skiba	Order Fulfillment Rep
Kim Kruszka	Returns Supervisor
Lisbeth Montes	Order Fulfillment Rep
Lizette Rivera	Order Fulfillment Rep
Lucy Estrada	Returns Representative
Maya Ferrer	Returns Representative
Mayra Gutierrez	Returns Representative
Paul Mueller	IC Spe-Specialist Parts & Hi Tech DC
Randy Fragosso	Returns Representative
Shellie Gagliano	Returns Representative
Susan Rindt	Mailroom Rep
Todd Schmitt	Certified Integration EST I
Vince Lee	Manager Warehouse

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 05/25/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Berkshire Hathaway Specialty Ins Company	22276
INSURER B:	QBE Specialty Insurance Company	11515
INSURER C:	ProAssurance Specialty Insurance Company	17400
INSURER D:	Liberty Mutual Fire Ins Co	23035
INSURER E:	Liberty Insurance Corporation	42404
INSURER F:		

INSURED
Henry Schein, Inc.,
Subsidiaries & Affiliates
135 Duryea Road
Melville NY 11747 USA

COVERAGES **CERTIFICATE NUMBER:** 570093233769 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	X COMMERCIAL GENERAL LIABILITY			TB2621093363032	06/01/2022	06/01/2023	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	POLICY [ ] PRO-JECT [X] LOC						PRODUCTS - COMP/OP AGG	Excluded
	OTHER:							
D	AUTOMOBILE LIABILITY			AS2-621-093363-042	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
E	X UMBRELLA LIAB X OCCUR			TH7621093363072	06/01/2022	06/01/2023	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED RETENTION							
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WA762D093363012 AOS	06/01/2022	06/01/2023	X PER STATUTE OTH-ER	
E	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH)	N/A		WC7621093363022 WI	06/01/2022	06/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
C	Products Liab			N22NY380020 Claims Made	06/01/2022	06/01/2023	Each Occurrence	$10,000,000
							Aggregate	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Insurance.

CERTIFICATE HOLDER

Henry Schein, Inc. and
its Subsidiary and Affiliated Companies
135 Duryea Road
Melville NY 11747 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier : EOC

Certificate No : 570093233769

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER: See Certificate Number: 570093233769	
CARRIER: See Certificate Number: 570093233769 / NAIC CODE:	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
B	E&O-MPL-Primary			QPL2396220 Cyber Liab/Tech& E&O SIR applies per policy terms & conditions	10/31/2021	10/31/2022	Limit of Liability	$10,000,000
A	Fiduciary-Prim			47EPC31399301 Fiduciary Liability SIR applies per policy terms & conditions	02/07/2021	11/01/2022	Fiduciary Liability	$10,000,000

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AGENCY CUSTOMER ID: 570000025511
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Henry Schein, Inc.,
POLICY NUMBER	
See Certificate Number: 570093233769	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certificate Number: 570093233769	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
Ace Surgical Supply Company, Inc.
All Star Orthodontics
BIDHORIZONS IMPLANT SYSTEMS, INC.
Camlog
Dental Instrument Sales & Service, LLC
Dentrix Dental Systems
Exan Enterprises
G.I.V. Inc.
General Injectibles & Vaccines, Inc.
HF Acquisition Co. LLC
Hand Piece Parts & Repair, Inc.
Henry Schein and Schvadent
Henry Schein Dental, Inc.
Henry Schein Global Sourcing, Inc.
Henry Schein Medical
Henry Schein Practice Solutions
Henry Schein, Supply
HealthFirst
Impromed, LLC.
Insource, Inc.
Ortho Organizers, Inc.
Ortho Technology, Inc.
RXWORKS, INC.
Southern Anesthesia & Surgical
The Custom Milling Center, Inc.
Zahn Dental Company, Inc.
Zahn/Darby Lab
Edge Endo
Henry Schein Professional Practice Transitions
North American Rescue LLC and NAR Medical Depot, LLC
NAR Training
Lighthouse 360, Inc.
Hayes Handpiece Franchises, Inc.
Henry Schein One, LLC
US Endodontics
TDSC, Inc.
NAR Medical Depot LLC
Prism Medical Products - 12.31.20
Sesame Communications
eAssist Inc.
eAssist Publishing LLC

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Business/Entity/Mailing Information

Name of MDEG Henry Schein, Inc. MDEG License # (if applicable) TBD

Physical Address 16515 W. Beloit Rd.

City New Berlin State WI Zip 53151

Mailing Address (if different from physical address) 135 Duryea Rd, E-355

City Melville State NY Zip 11747

Telephone 414-978-4572 Website www.henryschein.com

Licensing Company Email Licensure@henryschein.com

Section 2: Personal Information

First Vincent Middle Carl Last Lee

Alias(es, nicknames, name changes, etc.) Vince

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] S. Clearwater Pl.

City New Berlin State WI Zip 53151

Telephone 414-978-4572 Email vince.lee@henryschein.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622-420)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 425.540)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Waukesha County Technical College		09/91-05/92	
Address	**City**	**State**	**Zip**
327 E. Broadway	Waukesha	WI	53186
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
New Berlin Eisenhower		09/87-06/91	
Address	**City**	**State**	**Zip**
4333 S. Sunnyslope Rd.	New Berlin	WI	53151
Diploma/Degree obtained, if any			
Received High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years, beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/16-present day	[redacted] S. Clearwater Pl.	New Berlin	WI	53151
05/00-07/16	[redacted] W. Montana Ave.	West Allis	WI	53227
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Henry Schein, Inc.			2019-Current
Business Address	**City**	**State**	**Zip**
16515 W. Beloit Rd.	New Berlin	WI	53151
Phone	**Title**	**Number of Employed Hours**	
414-321-8881	Manager, Parts Warehouse	Approx. 8,000+	
Description of Duties			
Responsible for on-site management over all aspects of operations. Manage the recordkeeping, storage, and shipment equipment, parts, and other devices. Primary point of contact between the DC and various Henry Schein representatives. Prev. held position in same business: Supervisor, Parts Warehouse from 2014-2019			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date

I, Vincent Lee, **certify that as the MDEG Administrator for**

Henry Schein, Inc.,

that I (initial that you have read and meet the following requirements):

1. V.L. Have a high school diploma or its equivalent;
2. V.L. Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. V.L. Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. V.L. Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vincent Lee
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/13/2023
Date

Board Use Only	Date Received: 3.14.23

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the fiscal year ended December 25, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
For the transition period from _____ to _____

Commission file number 0-27078

HENRY SCHEIN, INC.

(Exact name of registrant as specified in its charter)

Delaware	**11-3136595**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**

135 Duryea Road
Melville, New York
(Address of principal executive offices)
11747
(Zip Code)

(631) 843-5500
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $.01 per share	HSIC	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
YES: ☒ NO: ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
YES: ☐ NO: ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
YES: ☒ NO: ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.
Large accelerated filer: ☒ Accelerated filer: ☐ Non-accelerated filer: ☐ Smaller reporting company: ☐ Emerging growth company: ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. YES: ☒ NO: ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).
YES: ☐ NO: ☒

The aggregate market value of the registrant's voting stock held by non-affiliates of the registrant, computed by reference to the closing sales price as quoted on the Nasdaq Global Select Market on June 26, 2021, was approximately $10,405,142,000.

As of February 7, 2022, there were 137,172,800 shares of registrant's Common Stock, par value $.01 per share, outstanding.

Documents Incorporated by Reference:

Portions of the Registrant's definitive proxy statement to be filed pursuant to Regulation 14A not later than 120 days after the end of the fiscal year (December 25, 2021) are incorporated by reference in Part III hereof.

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PART I

ITEM 1. Business

General

Henry Schein, Inc. is a solutions company for health care professionals powered by a network of people and technology. We believe we are the world's largest provider of health care products and services primarily to office-based dental and medical practitioners, as well as alternate sites of care. Our philosophy is grounded in our commitment to help customers operate a more efficient and successful business so the practitioner can provide better clinical care.

With more than 89 years of experience distributing health care products, we have built a vast set of small, mid-sized and large customers in the dental and medical markets, serving more than one million customers worldwide across dental practices, laboratories, physician practices, and ambulatory surgery centers, as well as government, institutional health care clinics and other alternate care clinics.

We are headquartered in Melville, New York, employ more than 21,600 people (of which approximately 10,700 are based outside the United States) and have operations or affiliates in 32 countries and territories. Our broad global footprint has evolved over time through our organic success as well as through contribution from strategic acquisitions.

We offer a comprehensive selection of more than 120,000 branded products and Henry Schein private brand products in stock, as well as more than 180,000 additional products available as special-order items. Our infrastructure, including over 3.8 million square feet of space in 27 strategically located distribution centers around the world, enables us to historically provide rapid and accurate order fulfillment, better serve our customers and increase our operating efficiency. This infrastructure, together with broad product and service offerings at competitive prices, and a strong commitment to customer service, enables us to be a single source of supply for our customers' needs.

We conduct our business through two reportable segments: (i) health care distribution and (ii) technology and value-added services. These segments offer different products and services to the same customer base. Our dental businesses serve office-based dental practitioners, dental laboratories, schools, government and other institutions. Our medical businesses serve physician offices, urgent care centers, ambulatory care sites, emergency medical technicians, dialysis centers, home health, federal and state governments and large enterprises, such as group practices and integrated delivery networks, among other providers across a wide range of specialties.

The health care distribution reportable segment, combining our global dental and medical businesses, distributes consumable products, dental specialty products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products and vitamins. While our primary go-to-market strategy is in our capacity as a distributor, we also market and sell under our own private label portfolio of cost-effective, high-quality consumable merchandise products, and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

The technology and value-added services reportable segment provides software, technology and other value-added services to health care practitioners. Henry Schein One, the largest contributor of sales to this category, offers dental practice management solutions for dental and medical practitioners. In addition, we offer dentists and physicians a broad suite of electronic health records, integrated revenue cycle management, patient communication services including electronic marketing and web-site design, analytics and patient demand generation. Finally, our value-added practice solutions include practice consultancy, education, and the facilitation of financial service offerings (on a non-recourse basis) to help dentists and physicians operate and expand their business operations. We believe our hands-on consultative approach to provide solutions to support practice decision-making is a key differentiator for our business.

Recent Developments

See "Management's Discussion and Analysis of Financial Condition and Results of Operations – Recent Developments" herein for a discussion related to the COVID-19 pandemic and recent corporate transactions.

Industry

The global health care distribution industry, as it relates to office-based health care practitioners, is fragmented and diverse. The industry ranges from sole practitioners working out of relatively small offices to mid-sized and large group practices ranging in size from a few practitioners to several hundred practices owned or operated by dental support organizations (DSOs), medical group purchasing organizations (GPOs), hospital systems or integrated delivery networks (IDNs).

Due in part to the inability of office-based health care practitioners to store and manage large quantities of supplies in their offices, the distribution of health care supplies and small equipment to office-based health care practitioners has been characterized by frequent, small quantity orders, and a need for rapid, reliable and substantially complete order fulfillment. The purchasing decisions within an office-based health care practice are typically made by the practitioner, hygienist or office manager. Supplies and small equipment are generally purchased from more than one distributor, with one generally serving as the primary supplier.

The health care distribution industry continues to experience growth due to demand driven by the aging population, increased health care awareness and the importance of preventative care, an increasing understanding of the connection between good oral health and overall health, improved access to care globally, the proliferation of medical technology and testing, new pharmacology treatments and expanded third-party insurance coverage, partially offset by the effects of unemployment on insurance coverage and technological improvements, including the advancement of software and services, prosthetic solutions and telemedicine. In addition, the non-acute market continues to benefit from the shift of procedures and diagnostic testing from acute care settings to alternate-care sites, particularly physicians' offices and ambulatory surgery centers.

We believe that consolidation within the industry will continue to result in a number of distributors, particularly those with limited financial, operating and marketing resources, seeking to combine with larger companies that can provide growth opportunities. This consolidation also may continue to result in distributors seeking to acquire companies that can enhance their current product and service offerings or provide opportunities to serve a broader customer base.

In addition, customer consolidation will likely lead to multiple locations under common management and the movement of more procedures from the hospital setting to the physician or alternate care setting as the health care industry is increasingly focused on efficiency and cost containment. This trend has benefited distributors capable of providing a broad array of products and services at low prices. It also has accelerated the growth of health maintenance organizations ("HMOs"), group practices, other managed care accounts and collective buying groups, which, in addition to their emphasis on obtaining products at competitive prices, tend to favor distributors capable of providing specialized management information support. We believe that the trend towards cost containment has the potential to favorably affect demand for technology solutions, including software, which can enhance the efficiency and facilitation of practice management.

Competition

The distribution and manufacture of health care supplies and equipment is highly competitive. Many of the health care products we sell are available to our customers from a number of suppliers. In addition, our competitors could obtain exclusive rights from manufacturers to market particular products. Manufacturers also could seek to sell directly to end-users, and thereby eliminate or reduce our role and that of other distributors. In certain parts of the dental end market, such as those related to dental specialty products, and medical end market manufacturers already sell directly to end customers.

In North America, we compete with other distributors, as well as several manufacturers, of dental and medical products, primarily on the basis of price, breadth of product line, e-commerce capabilities, customer service and

value-added products and services. In the dental market, our primary competitors in the U.S. are the Patterson Dental division of Patterson Companies, Inc. and Benco Dental Supply Company. In addition, we compete against a number of other distributors that operate on a national, regional and local level. Our primary competitors in the U.S. medical market, which accounts for the large majority of our global medical sales, are McKesson Corporation and Medline Industries, Inc., which are national distributors. We also compete with a number of regional and local medical distributors, as well as a number of manufacturers that sell directly to physicians. With regard to our dental software, we compete against numerous companies, including the Patterson Dental division of Patterson Companies, Inc., Carestream Health, Inc., Open Dental Software, Inc., PlanetDDS LLC, Good Methods Global Inc. (d.b.a. CareStack) and Curve Dental, LLC. In other software end markets, including revenue cycle management, patient relationship management and patient demand generation, we compete with companies such as Vyne Therapeutics Inc., EDI-Health Group, Inc. (d.b.a. Dental X Change, Inc.), Weave Communications, Inc., Solutionreach, Inc., ZocDoc, Inc., LocalMed Inc. and Prosites Inc. The medical practice management and electronic medical records market is fragmented and we compete with numerous companies such as the NextGen division of Quality Systems, Inc., eClinicalWorks, Allscripts Healthcare Solutions, Inc. and Epic Systems Corporation.

Outside of the U.S., we believe we are the only global distributor of supplies and equipment to dental practices and our competitors are primarily local and regional companies. We also face significant competition internationally, where we compete on the basis of price and customer service against several large competitors, including the GACD Group, Proclinic SA, Lifco AB, Planmeca Oy and Billericay Dental Supply Co. Ltd., as well as a large number of other dental and medical product distributors and manufacturers in international countries and territories we serve.

Competitive Strengths

We have more than 89 years of experience in distributing products to health care practitioners resulting in strong awareness of the Henry Schein® brand. Our competitive strengths include:

A focus on meeting our customers' unique needs. We are committed to providing customized solutions to our customers that are driven by our understanding of the end markets we serve and reflect the technology-driven products and services best suited for their practice needs. We are committed to continuing to enhance these offerings through organic investment in our products and our teams, as well as through the acquisition of new products and services that may help us better serve our customers.

Direct sales and marketing expertise. Our sales and marketing efforts are designed to establish and solidify customer relationships through personal or virtual visits by field sales representatives, frequent direct marketing and telesales contact, emphasizing our broad product lines, including exclusive distribution agreements, competitive prices and ease of order placement, particularly through our e-commerce platforms. The key elements of our direct sales and marketing efforts are:

- *Field sales consultants.* We have over 3,450 field sales consultants, including equipment sales specialists, covering major North American, European and other international markets. These consultants complement our direct marketing and telesales efforts and enable us to better market, service and support the sale of more sophisticated products and equipment.

- *Marketing.* During 2021, we marketed to existing and prospective office-based health care providers through a combination of owned, earned and paid digital channels, as well as through catalogs, flyers, direct mail and other promotional materials. Our strategies included an emphasis on educational content through webinars and content marketing initiatives. We continue to enhance our marketing technology to improve our targeting capability and the relevance of messaging and offers.

- *Telesales.* We support our direct marketing effort with approximately 2,100 inbound and outbound telesales representatives, who facilitate order processing, generate new sales through direct and frequent contact with customers and stay abreast of market developments and the hundreds of new products, services and technologies introduced each year to educate practice personnel.

- *Electronic commerce solutions.* We provide our customers and sales teams with innovative and competitive e-commerce solutions. We continue to invest in our e-commerce platform to offer enhanced content management so customers can more easily find the products they need and to enable an engaging purchase experience, supported by excellent customer service.

- *Social media.* Our operating entities and employees engage our customers and supplier partners through various social media platforms, which are an important element of our communications and marketing efforts. We continue to expand our social media presence to raise awareness about issues, engage customers beyond a sale and deliver services and solutions to specialized audiences.

Broad product and service offerings at competitive prices. We offer a broad range of products and services to our customers, at competitive prices, in the following categories:

- *Consumable supplies and equipment.* We distribute consumable products, small equipment, laboratory products, large equipment, equipment repair services, branded and generic pharmaceuticals, vaccines, dental specialty products, diagnostic tests, infection-control products and vitamins. We offer over 120,000 Stock Keeping Units, or SKUs, to our customers. We offer over 180,000 additional SKUs to our customers in the form of special order items. We also market and sell our own private label portfolio of cost-effective, high-quality consumable merchandise products and manufacture certain dental specialty products in the areas of implants, orthodontics and endodontics.

- *Technology and other value-added products and services.* We sell practice management, business analytics, patient engagement and patient demand creation software solutions to our dental customers. Our practice management solutions provide practitioners with electronic medical records, patient treatment history, analytics, billing, accounts receivable analyses and management, appointment calendars, electronic claims processing and word processing programs, network and hardware services, e-commerce and electronic marketing services, sourcing third party patient payment plans, transition services and training and education programs for practitioners. We also sell medical software for practice management, certified electronic health records ("EHR") and e-Prescribe medications and prescription solutions through MicroMD®. We have approximately 950 technical representatives supporting customers using our practice management solutions and services. As of December 25, 2021, we had an active user base of approximately 95,700 practices and 400,000 consumers, including users of AxiUm, Dentally®, Dentrix Ascend®, Dental Vision®, Dentrix® Dental Systems, Dentrix® Enterprise, Easy Dental®, EndoVision®, Evolution® and EXACT®, Gesden®, Jarvis Analytics™, Julie® Software, Oasis, OMSVision®, Orisline®, PBS Endo®, PerioVision®, Power Practice® Px, PowerDent, and Viive® and subscriptions for Demandforce®, Sesame, and Lighthouse360® for dental practices and DentalPlans.com® for dental patients; and MicroMD® for physician practices.

- *Repair services.* We have over 140 equipment sales and service centers worldwide that provide a variety of repair, installation and technical services for our health care customers. Our over 2,175 technicians provide installation and repair services for: dental handpieces; dental and medical small equipment; table-top sterilizers and large dental equipment.

- *Financial services.* We offer our customers solutions in operating their practices more efficiently by providing access to a number of financial services and products provided by third party suppliers (including non-recourse financing for equipment, technology and software products, non-recourse practice financing for leasehold improvements, business debt consolidation and commercial real estate, non-recourse patient financing and credit card processing) at rates that we believe are generally lower than what our customers would be able to secure independently. We also provide staffing services, dental practice valuation and brokerage services.

Commitment to superior customer service. We maintain a strong commitment to providing superior customer service. We frequently monitor our customer service through customer surveys, focus groups and statistical reports. Our customer service policy primarily focuses on:

- *Exceptional order fulfillment.* We ship an average of approximately 156,000 cartons daily. Historically, approximately 99% of items have been shipped without back ordering and were shipped on the same business day the order is received. Due to the significant increase in demand for personal protective equipment ("PPE"), as a result of COVID-19, during the year ended December 25, 2021, approximately 96% of items ordered were shipped without back ordering. As the demand for PPE stabilizes, we expect our percentage of items shipped without back-ordering and shipped on the same day to return to historical levels.

- *Comprehensive ordering process.* Customers may place orders 24 hours a day, 7 days a week via e-commerce solutions, telephone, fax, e-mail and mail.

Integrated management information systems. Our information systems generally allow for centralized management of key functions, including accounts receivable, inventory, accounts payable, payroll, purchasing, sales, order fulfillment and financial and operational reporting. These systems allow us to manage our growth, deliver superior customer service, properly target customers, manage financial performance and monitor daily operational statistics.

Cost-effective purchasing. We believe that cost-effective purchasing is a key element to maintaining and enhancing our position as a competitively priced provider of health care products. We continuously evaluate our purchase requirements and suppliers' offerings and prices in order to obtain products at the lowest possible cost. In 2021, our top 10 health care distribution suppliers and our single largest supplier accounted for approximately 30% and 4%, respectively, of our aggregate purchases.

Efficient distribution. We distribute our products from our strategically located distribution centers. We strive to maintain optimal inventory levels in order to satisfy customer demand for prompt delivery and complete order fulfillment. These inventory levels are managed on a daily basis with the aid of our management information systems. Once an order is entered, it is electronically transmitted to the distribution center nearest the customer's location for order fulfillment.

Products and Services

The following table sets forth the percentage of consolidated net sales by principal categories of products and services offered through our health care distribution and technology and value-added services reportable segments:

	December 25, 2021	December 26, 2020	December 28, 2019
Health care distribution:			
Dental products [1]	60.8%	58.4%	64.2%
Medical products [2]	34.0	35.8	29.8
Total health care distribution	94.8	94.2	94.0
Technology and value-added services:			
Software and related products and other value-added products [3]	5.2	5.1	5.2
Total excluding Corporate TSA revenues	100.0	99.3	99.2
Corporate TSA revenues [4]	-	0.7	0.8
Total	100.0	100.0	100.0

(1) Includes infection-control products, handpieces, preventatives, impression materials, composites, anesthetics, teeth, dental implants, gypsum, acrylics, articulators, abrasives, dental chairs, delivery units and lights, X-ray supplies and equipment, PPE, equipment repair and high-tech and digital restoration equipment.

(2) Includes branded and generic pharmaceuticals, vaccines, surgical products, diagnostic tests, infection-control products, X-ray products, equipment, PPE and vitamins.

(3) Consists of practice management software and other value-added products, which are distributed primarily to health care providers, and financial services on a non-recourse basis, e-services, continuing education services for practitioners, consulting and other services.

(4) Corporate TSA revenues represents sales of certain products to Covetrus under the transition services agreement entered into in connection with the Animal Health Spin-off, which ended in December 2020. See Note-23 Related Party Transactions for further information.

Business Strategy

Our objective is to continue to expand as a global value-added provider of health care products and services to office-based dental and medical practitioners by increasing their efficiency and success. To accomplish this, we apply our competitive strengths in executing the following strategies:

- *Increase penetration of our existing customer base.* We have over 1 million customers worldwide and we intend to increase sales to our existing customer base and enhance our position as their primary supplier. We believe our offering of a broad range of products, services and support, including software solutions that can help drive improved workflow efficiency and patient communications for practices, coupled with our full-service value proposition, helps us to retain and grow our customer base.

- *Increase the number of customers we serve.* This strategy includes increasing the productivity of our field sales consultants and telesales team, as well as using our customer database to focus our marketing efforts in all of our operating segments. In the dental business, we provide products and services to independent practices, mid-market groups, and large DSOs as well as community health centers and government sites of care. Leveraging our broad array of assets and capabilities, we offer solutions to address these new markets. In the medical business, we have expanded to serve customers located in settings outside of the traditional office, such as urgent care clinics, retail, occupational health and home health settings. As settings of health care shift, we remain committed to serving these practitioners and providing them with the products and services they need.

- *Leverage our value-added products and services.* We continue to increase cross-selling efforts for key product lines utilizing a consultative selling process. In the dental business, we have significant cross-selling opportunities between our dental software users and our dental distribution customers. In the medical business, we have opportunities to expand our vaccine, injectables and other pharmaceuticals sales to health care practitioners, as well as cross-selling EHR systems and software when we sell our core products. Our strategy extends to providing health systems, integrated delivery networks and other large group and multi-site health care organizations, including physician clinics, these same value added products and services. As physicians and health systems closely align, we have increased access to opportunities for cross-marketing and selling our product and service portfolios.

- *Pursue strategic acquisitions and joint ventures.* Our acquisition strategy is focused on investments in companies that add new customers and sales teams, increase our geographic footprint (whether entering a new country, such as emerging markets, or building scale where we have already invested in businesses), and finally, those that enable us to access new products and technologies.

Markets Served

Demographic trends indicate that our markets are growing, as an aging U.S. population is increasingly using health care services. According to the U.S. Census Bureau's International Database, between 2021 and 2031, the 45 and older population is expected to grow by approximately 11%. Between 2021 and 2041, this age group is expected to grow by approximately 22%. This compares with expected total U.S. population growth rates of approximately 7% between 2021 and 2031 and approximately 12% between 2021 and 2041.

In the dental industry, there is predicted to be a rise in oral health care expenditures as the 45-and-older segment of the population increases. There is increasing demand for new technologies that allow dentists to increase productivity, and this is being driven in the U.S. by lower insurance reimbursement rates. At the same time, there is an expected increase in dental insurance coverage.

In the medical market, there continues to be a migration of procedures from acute-care settings to physicians' offices and home health settings, a trend that we believe provides additional opportunities for us. There also is the continuing use of vaccines, injectables and other pharmaceuticals in alternate-care settings. We believe we have established a leading position as a vaccine supplier to the office-based physician practitioner.

We support our dental and medical professionals through the many SKUs that we offer, as well as through important value-added services, including practice management software, electronic claims processing, financial services and continuing education, all designed to help maximize a practitioner's efficiency.

Additionally, we seek to expand our dental full-service model and medical offerings in countries where opportunities exist. We do this through both direct sales and by partnering with local distribution companies.

For information on revenues and long-lived assets by geographic area, see Note 3 – Segment and Geographic Data of "Notes to Consolidated Financial Statements."

Seasonality and Other Factors Affecting Our Business and Quarterly Results

We experience fluctuations in quarterly earnings. As a result, we may fail to meet or exceed the expectations of securities analysts and investors, which could cause our stock price to decline.

Our business is subject to seasonal and other quarterly fluctuations. Sales and profitability generally have been higher in the third and fourth quarters due to the timing of sales of seasonal products (including influenza vaccine) purchasing patterns of office-based health care practitioners for certain products (including equipment and software) and year-end promotions. Sales and profitability may also be impacted by the timing of certain annual and biennial dental tradeshows where equipment promotions are offered. In addition, some dental practices delay equipment purchases in the U.S. until year-end due to tax incentives. We expect our historical seasonality of sales to continue in the foreseeable future.

Governmental Regulations

We strive to be compliant with the applicable laws, regulations and guidance described below, and believe we have effective compliance programs and other controls in place to ensure substantial compliance. However, compliance is not guaranteed either now or in the future, as certain laws, regulations and guidance may be subject to varying and evolving interpretations that could affect our ability to comply, as well as future changes, additions and enforcement approaches, including political changes. President Biden's administration (the "Biden Administration") has indicated that it will be more aggressive in its pursuit of alleged violations of law, and it has revoked certain guidance that would have limited governmental use of informal agency guidance to pursue potential violations, as well as that it was more prepared to pursue individuals for corporate law violations, including an aggressive approach to anti-corruption activities. Changes to applicable laws, regulations and guidance described below, as well as related administrative or judicial interpretations, may require us to update or revise our operations, services, marketing practices and compliance programs and controls, and may impose additional and unforeseen costs on us, pose new or previously immaterial risks to us, or may otherwise have a material adverse effect on our business.

Government

Certain of our businesses involve the distribution, importation, exportation, marketing and sale of, and third party payment for, pharmaceuticals and medical devices, and in this regard, we are subject to extensive local, state, federal and foreign governmental laws and regulations, including as applicable to our wholesale distribution of pharmaceuticals and medical devices, and as part of our specialty home medical supply business that distributes and sells medical equipment and supplies directly to patients. The federal government and state governments have also increased enforcement activity in the health care sector, particularly in areas of fraud and abuse, anti-bribery and corruption, controlled substances handling, medical device regulations and data privacy and security standards.

Government and private insurance programs fund a large portion of the total cost of medical care, and there have been efforts to limit such private and government insurance programs, including efforts, thus far unsuccessful, to seek repeal of the entire United States Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act, each enacted in March 2010, (as amended, the "ACA"). In addition, activities to control medical costs, including laws and regulations lowering reimbursement rates for pharmaceuticals, medical devices and/or medical treatments or services, are ongoing. Many of these laws and regulations are subject to change and their evolving implementation may impact our operations and our financial performance.

Our businesses are also generally subject to numerous other laws and regulations that could impact our financial performance, including securities, antitrust, consumer protection, anti-bribery and anti-kickback, customer interaction transparency, data privacy, data security, government contracting, price gouging and other laws and regulations.

Failure to comply with laws, rules or regulations could have a material adverse effect on our business.

Operating, Security and Licensure Standards

Certain of our businesses are subject to local, state and federal governmental laws and regulations relating to the distribution of pharmaceuticals and medical devices and supplies. Among the United States federal laws applicable to us are the Controlled Substances Act, the Federal Food, Drug, and Cosmetic Act, as amended ("FDC Act"), and Section 361 of the Public Health Service Act, as well as laws regulating the billing of and reimbursement from government programs, such as Medicare and Medicaid, and from commercial payers. We are also subject to comparable foreign regulations.

The FDC Act, the Controlled Substances Act, their implementing regulations, and similar foreign laws generally regulate the introduction, manufacture, advertising, marketing and promotion, sampling, pricing and reimbursement, labeling, packaging, storage, handling, returning or recalling, reporting, and distribution of, and record keeping for, pharmaceuticals and medical devices shipped in interstate commerce, and states may similarly regulate such activities within the state. Furthermore, Section 361 of the Public Health Service Act, which provides authority to prevent the introduction, transmission or spread of communicable diseases, serves as the legal basis for the United States Food and Drug Administration's ("FDA") regulation of human cells, tissues and cellular and tissue-based products, also known as "HCT/P products."

The Federal Drug Quality and Security Act of 2013 brought about significant changes with respect to pharmaceutical supply chain requirements. Title II of this measure, known as the Drug Supply Chain Security Act ("DSCSA"), is being phased in over a period of ten years, and is intended to build a national electronic, interoperable system by November 27, 2023, that will identify and trace certain prescription drugs as they are distributed in the United States. The law's track and trace requirements applicable to manufacturers, wholesalers, repackagers and dispensers (e.g., pharmacies) of prescription drugs took effect in January 2015, and continues to be implemented. The DSCSA product tracing requirements replace the former FDA drug pedigree requirements and pre-empt certain state requirements that are inconsistent with, more stringent than, or in addition to, the DSCSA requirements.

The DSCSA also establishes certain requirements for the licensing and operation of prescription drug wholesalers and third-party logistics providers ("3PLs"), and includes the eventual creation of national wholesaler and 3PL licenses in cases where states do not license such entities. The DSCSA requires that wholesalers and 3PLs distribute drugs in accordance with certain standards regarding the recordkeeping, storage and handling of prescription drugs. The DSCSA requires wholesalers and 3PLs to submit annual reports to the FDA, which include information regarding each state where the wholesaler or 3PL is licensed, the name and address of each facility and contact information. According to FDA guidance, states are pre-empted from imposing any licensing requirements that are inconsistent with, less stringent than, directly related to, or covered by the standards established by federal law in this area. Current state licensing requirements concerning wholesalers will remain in effect until the FDA issues new regulations as directed by the DSCSA. In addition, with respect to our specialty home medical supply business, we are subject to certain state licensure laws (including state pharmacy laws), and also certain accreditation standards, including to qualify for reimbursement from Medicare and other third-party payers.

The Food and Drug Administration Amendments Act of 2007 and the Food and Drug Administration Safety and Innovation Act of 2012 amended the FDC Act to require the FDA to promulgate regulations to implement a unique device identification ("UDI") system. The UDI rule phased in the implementation of the UDI regulations, generally beginning with the highest-risk devices (i.e., Class III medical devices) and ending with the lowest-risk devices. Most compliance dates were reached as of September 24, 2018, with a final set of requirements for low risk devices being reached on September 24, 2022, which will complete the phase in. However, in May 2021, the FDA issued an enforcement policy stating that it does not intend to object to the use of legacy identification numbers on device labels and packages for finished devices manufactured and labeled prior to September 24, 2023.

The UDI regulations require "labelers" to include unique device identifiers ("UDIs"), with a content and format prescribed by the FDA and issued under a system operated by an FDA-accredited issuing agency, on the labels and packages of medical devices (including, but not limited to, certain software that qualifies as a medical device under FDA rules), and to directly mark certain devices with UDIs. The UDI regulations also require labelers to submit certain information concerning UDI-labeled devices to the FDA, much of which information is publicly available on an FDA database, the Global Unique Device Identification Database. The UDI regulations and subsequent FDA guidance regarding the UDI requirements provide for certain exceptions, alternatives and time extensions. For example, the UDI regulations include a general exception for Class I devices exempt from the Quality System Regulation (other than record-keeping requirements and complaint files). Regulated labelers include entities such as device manufacturers, repackagers, reprocessors and relabelers that cause a device's label to be applied or modified, with the intent that the device will be commercially distributed without any subsequent replacement or modification of the label and include certain of our businesses.

Under the Controlled Substances Act, as a distributor of controlled substances, we are required to obtain and renew annually registrations for our facilities from the United States Drug Enforcement Administration ("DEA") permitting us to handle controlled substances. We are also subject to other statutory and regulatory requirements relating to the storage, sale, marketing, handling, reporting, record-keeping and distribution of such drugs, in accordance with the Controlled Substances Act and its implementing regulations, and these requirements have been subject to heightened enforcement activity in recent times. We are subject to inspection by the DEA. Certain of our businesses are also required to register for permits and/or licenses with, and comply with operating and security standards of, the DEA, the FDA, the United States Department of Health and Human Services ("HHS"), and various state boards of pharmacy, state health departments and/or comparable state agencies as well as comparable foreign agencies, and certain accrediting bodies, depending on the type of operations and location of product distribution, manufacturing or sale. These businesses include those that distribute, manufacture and/or repackage prescription pharmaceuticals and/or medical devices and/or HCT/P products, or own pharmacy operations, or install, maintain or repair equipment.

In addition, Section 301 of the National Organ Transplant Act, and a number of comparable state laws, impose civil and/or criminal penalties for the transfer of certain human tissue (for example, human bone products) for valuable consideration, while generally permitting payments for the reasonable costs incurred in procuring, processing, storing and distributing that tissue. We are also subject to foreign government regulation of such products. The DEA, the FDA and state regulatory authorities have broad inspection and enforcement powers, including the ability to suspend or limit the distribution of products by our distribution centers, seize or order the recall of products and impose significant criminal, civil and administrative sanctions for violations of these laws and regulations. Foreign regulations subject us to similar foreign enforcement powers.

EU Regulation of Medicinal and Dental Products

European Union ("EU") member states regulate their own healthcare systems, as does EU law. The latter regulates certain matters, most notably medicinal products and medical devices. Medicinal products are defined, broadly, as substances or combinations of substances having certain functionalities and may not include medical devices. EU "regulations" apply in all Member States, whereas "directives" are implemented by the individual laws of member states.

On medicines for humans, we are regulated under Directive No. 2001/83/EC of 6 November 2001, as amended by Directive 2003/63/EC of 25 June 2003, and EU Regulation (EC) No. 726/2004 of 31 March 2004. These rules provide for the authorization of products, and regulate their manufacture, importation, marketing and distribution. It implements requirements which may be implemented without warning, as well as a national pharmacovigilance system under which marketing authorizations may be withdrawn, and includes potential sanctions for breaches of the rules, and on other bases such as harmfulness or inefficiency.

EU Regulation No. 1223/2009 of 30 November 2009 *on cosmetic products* requires that cosmetic products (which includes dental products) be safe for human health when used under normal or reasonably foreseeable conditions of use and comply with certain obligations which apply to manufacturer, importer and distributor. It includes market surveillance, and non-compliance may result in the recall or withdrawal of products, along with other sanctions.

In the EU, the EU Medical Device Regulation No. 2017/745 of 5 April 2017 ("EU MDR") covers a wide scope of our activities, from dental material to X-ray machines, and certain software. It was meant to become applicable three years after publication (i.e., May 26, 2020). However, on April 23, 2020, to allow European Economic Area ("EEA") national authorities, notified bodies, manufacturers and other actors to focus fully on urgent priorities related to the COVID-19 pandemic, the European Council and Parliament adopted Regulation 2020/561, postponing the date of application of the EU MDR by one year (to May 26, 2021).

The EU MDR significantly modifies and intensifies the regulatory compliance requirements for the medical device industry as a whole. Among other things, the EU MDR:

- strengthens the rules on placing devices on the market and reinforces surveillance once they are available;
- establishes explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance and safety of devices placed on the market;
- improves the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number;
- sets up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the EU;
- strengthens rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market; and
- identifies importers and distributors and medical device products through registration in a database (EUDAMED not due until May 26, 2022 and after).

In particular, the EU MDR imposes stricter requirements for the confirmation that a product meets the regulatory requirements, including regarding a product's clinical evaluation and a company's quality systems, and for the distribution, marketing and sale of medical devices, including post-market surveillance. Medical devices that have been assessed and/or certified under the EU Medical Device Directive may continue to be placed on the market until 2024 (or until the expiry of their certificates, if applicable and earlier); however, requirements regarding the distribution, marketing and sale including quality systems and post-market surveillance have to be observed by manufacturers, importers and distributors as of the application date.

Other EU regulations that may apply under appropriate circumstances include EU Regulation No. 1907/2006 of 18 December 2006 *concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals*, which requires importers to register substances or mixtures that they import in the EU beyond certain quantities, and the EU Regulation No. 1272/2008 of 16 December 2008 on classification, labelling and packaging of substances and mixtures, which sets various obligations with respect to the labelling and packaging of concerned substances and mixtures.

Furthermore, compliance with legal requirements has required and may in the future require us to delay product release, sale or distribution, or institute voluntary recalls of, or other corrective action with respect, to products we sell, each of which could result in regulatory and enforcement actions, financial losses and potential reputational harm. Our customers are also subject to significant federal, state, local and foreign governmental regulation, which may affect our interactions with customers, including the design and functionality of our products.

Certain of our businesses are subject to various additional federal, state, local and foreign laws and regulations, including with respect to the sale, transportation, storage, handling and disposal of hazardous or potentially hazardous substances, and safe working conditions. In addition, certain of our businesses must operate in compliance with a variety of burdensome and complex billing and record-keeping requirements in order to substantiate claims for payment under federal, state and commercial healthcare reimbursement programs. One of these businesses was recently suspended by CMS from receiving payments from Medicare, although it is permitted to continue to perform and bill for Medicare services. The amounts billed are being deposited in an escrow account pending resolution of an audit. The Company has not recognized revenue for these services and has currently deferred slightly over $4 million in revenue.

Certain of our businesses also maintain contracts with governmental agencies and are subject to certain regulatory requirements specific to government contractors.

Antitrust and Consumer Protection

The federal government of the United States, most U.S. states and many foreign countries have antitrust laws that prohibit certain types of conduct deemed to be anti-competitive, as well as consumer protection laws that seek to protect consumers from improper business practices. At the U.S. federal level, the Federal Trade Commission oversees enforcement of these types of laws, and states have similar government agencies. Violations of antitrust or consumer protection laws may result in various sanctions, including criminal and civil penalties. Private plaintiffs may also bring civil lawsuits against us in the United States for alleged antitrust law violations, including claims for treble damages. EU law also regulates competition and provides for detailed rules protecting consumers. The Biden Administration has indicated increased antitrust enforcement and has been more aggressive in enforcement activities.

Health Care Fraud

Certain of our businesses are subject to federal and state (and similar foreign) health care fraud and abuse, referral and reimbursement laws and regulations with respect to their operations. Some of these laws, referred to as "false claims laws," prohibit the submission or causing the submission of false or fraudulent claims for reimbursement to federal, state and other health care payers and programs. Other laws, referred to as "anti-kickback laws," prohibit soliciting, offering, receiving or paying remuneration in order to induce the referral of a patient or ordering, purchasing, leasing or arranging for, or recommending ordering, purchasing or leasing of, items or services that are paid for by federal, state and other health care payers and programs. Certain additional state and federal laws, such as the federal Physician Self-Referral Law, commonly known as the "Stark Law," prohibit physicians and other health professionals from referring a patient to an entity with which the physician (or family member) has a financial relationship, for the furnishing of certain designated health services (for example, durable medical equipment and medical supplies), unless an exception applies. Violations of Anti-Kickback Statutes or the Stark Law may be enforced as violations of the federal False Claims Act.

The fraud and abuse laws and regulations have been subject to heightened enforcement activity over the past few years, and significant enforcement activity has been the result of "relators" who serve as whistleblowers by filing complaints in the name of the United States (and if applicable, particular states) under applicable false claims laws, and who may receive up to 30% of total government recoveries. Penalties under fraud and abuse laws may be severe, including treble damages and substantial civil penalties under the federal False Claims Act, as well as potential loss of licenses and the ability to participate in federal and state health care programs, criminal penalties, or imposition of a corporate compliance monitor which could have a material adverse effect on our business. Also, these measures may be interpreted or applied by a prosecutorial, regulatory or judicial authority in a manner that could require us to make changes in our operations or incur substantial defense and settlement expenses. Even unsuccessful challenges by regulatory authorities or private relators could result in reputational harm and the incurring of substantial costs. Most states have adopted similar state false claims laws, and these state laws have their own penalties, which may be in addition to federal False Claims Act penalties, as well as other fraud and abuse laws.

With respect to measures of this type, the United States government (among others) has expressed concerns about financial relationships between suppliers on the one hand and physicians and dentists on the other. As a result, we regularly review and revise our marketing practices as necessary to facilitate compliance.

We also are subject to certain United States and foreign laws and regulations concerning the conduct of our foreign operations, including the U.S. Foreign Corrupt Practices Act, the U.K. Bribery Act, German anti-corruption laws and other anti-bribery laws and laws pertaining to the accuracy of our internal books and records, which have been the focus of increasing enforcement activity globally in recent years.

While we believe that we are substantially compliant with applicable fraud and abuse laws and regulations, and have adequate compliance programs and controls in place to ensure substantial compliance, we cannot predict whether changes in applicable law, or interpretation of laws, or changes in our services or marketing practices in response to changes in applicable law or interpretation of laws, or failure to comply with applicable law, could have a material adverse effect on our business.

Affordable Care Act and Other Insurance Reform

The ACA increased federal oversight of private health insurance plans and included a number of provisions designed to reduce Medicare expenditures and the cost of health care generally, to reduce fraud and abuse, and to provide access to increased health coverage. The ACA also materially expanded the number of individuals in the United States with health insurance.

The ACA has faced frequent legal challenges, including litigation seeking to invalidate and Congressional action seeking to repeal some of or all of the law or the manner in which it has been implemented. In 2012, the United States Supreme Court, in upholding the constitutionality of the ACA and its individual mandate provision requiring that people buy health insurance or else face a penalty, simultaneously limited ACA provisions requiring Medicaid expansion, making such expansion a state-by-state decision. In addition, one of the major political parties in the United States remains committed to seeking the ACA's legislative repeal, but legislative efforts to do so have previously failed to pass both chambers of Congress. Under President Trump's administration, a number of administrative actions were taken to materially weaken the ACA, including, without limitation, by permitting the use of less robust plans with lower coverage and eliminating "premium support" for insurers providing policies under the ACA. The Tax Cuts and Jobs Act enacted in 2017, which contains a broad range of tax reform provisions that impact the individual and corporate tax rates, international tax provisions, income tax add-back provisions and deductions, also effectively repealed the ACA's individual mandate by zeroing out the penalty for non-compliance. In the most recent ACA litigation, the federal Fifth Circuit Court of Appeals found the individual mandate to be unconstitutional, and returned the case to the District Court for the Northern District of Texas for consideration of whether the remainder of the ACA could survive the excision of the individual mandate. The Fifth Circuit's decision was appealed to the United States Supreme Court. The Supreme Court issued a decision on June 17, 2021. Without reaching the merits of the case, the Supreme Court held that the plaintiffs in the case did not have standing to challenge the ACA. Any outcomes of future cases that change the ACA, in addition to future legislation, regulation, guidance and/or Executive Orders that do the same, could have a significant impact on the U.S. healthcare industry. For instance, the American Rescue Plan Act of 2021 enhanced premium tax credits, which has resulted in an expansion of the number of people covered under the ACA. These changes are time-limited, with some enhancements in place for 2021 only and others available through the end of 2022.

An ACA provision, generally referred to as the Physician Payment Sunshine Act or Open Payments Program (the "Sunshine Act"), imposes annual reporting and disclosure requirements for drug and device manufacturers and distributors with regard to payments or other transfers of value made to certain covered recipients (including physicians, dentists, teaching hospitals, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthesiologist assistants, and certified nurse midwives), and for such manufacturers and distributors and for group purchasing organizations, with regard to certain ownership interests held by covered recipients in the reporting entity. The Centers for Medicare and Medicaid Services ("CMS") publishes information from these reports on a publicly available website, including amounts transferred and physician, dentist, teaching hospital, and non-physician practitioner identities. The Sunshine Act pre-empts similar state reporting laws, although we or our subsidiaries may be required to report under certain state transparency laws that address circumstances not covered by the Sunshine Act, and some of these state laws, as well as the federal law, can be unclear. We are also subject to foreign regulations requiring transparency of certain interactions between suppliers and their customers.

In the United States, government actions to seek to increase health-related price transparency may also affect our business.

Another notable Medicare health care reform initiative, the Medicare Access and CHIP Reauthorization Act of 2015 ("MACRA"), enacted on April 16, 2015, established a new payment framework, which modified certain Medicare payments to "eligible clinicians," including physicians, dentists and other practitioners. Under MACRA, certain eligible clinicians are required to participate in Medicare through the Merit-Based Incentive Payment System ("MIPS") or Advanced Alternative Payment Models, through which Medicare reimbursement to eligible clinicians includes both positive and negative payment adjustments that take into account quality, promoting interoperability, cost and improvement activities. Data collected in the first MIPS performance year (2017) determined payment adjustments that began January 1, 2019. MACRA standards and payment levels continue to evolve, and reflect a fundamental change in physician reimbursement that is expected to provide substantial

financial incentives for physicians to participate in risk contracts, and to increase physician information technology and reporting obligations. The implications of the implementation of MACRA are uncertain and will depend on future regulatory activity and physician activity in the marketplace. New state-level payment and delivery system reform programs, including those modeled after such federal programs, are also increasingly being rolled out through Medicaid administrators, as well as through the private sector, which may further alter the marketplace and impact our business.

Recently, in addition to other government efforts to control health care costs, there has been increased scrutiny on drug pricing and concurrent efforts to control or reduce drug costs by Congress, the President, executive branch agencies and various states. At the state level, several states have adopted laws that require drug manufacturers to provide advance notice of certain price increases and to report information relating to those price increases, while others have taken legislative or administrative action to establish prescription drug affordability boards or multi-payer purchasing pools to reduce the cost of prescription drugs. At the federal level, several related bills have been introduced and regulations proposed which, if enacted or finalized, respectively, would impact drug pricing and related costs.

As a result of political, economic and regulatory influences, the health care distribution industry in the United States is under intense scrutiny and subject to fundamental changes. We cannot predict what further reform proposals, if any, will be adopted, when they may be adopted, or what impact they may have on us.

EU Directive on the pricing and reimbursement of medicinal products

EU law provides for the regulation of the pricing of medicinal products which are implemented by EU member states (Directive No. 89/105/EC of 21 December 1988 *relating to the transparency of measures regulating the pricing of medicinal products for human use and their inclusion in the scope of national health insurance systems*). Member states may, subject notably to transparency conditions and to the statement of reasons based upon objective and verifiable criteria, regulate the price charged (or its increases) for authorized medicines and their level of reimbursement, or they may freeze prices, place controls on the profitability of persons responsible for placing medicinal products on the market, and include or exclude the medicine on the list of products covered by national health insurance systems.

EU law does not expressly include provisions like those of the Sunshine Act in the United States, but a growing number of EU member states (such as France since 2011) have enacted laws to increase the transparency of relationships in the healthcare sector. The scope of these laws varies from one member state to another and may, for example, include the relations between healthcare industry players and physicians or their associations, students preparing for medical professions or their associations, teachers, health establishments or publishers of prescription and dispensing assistance software.

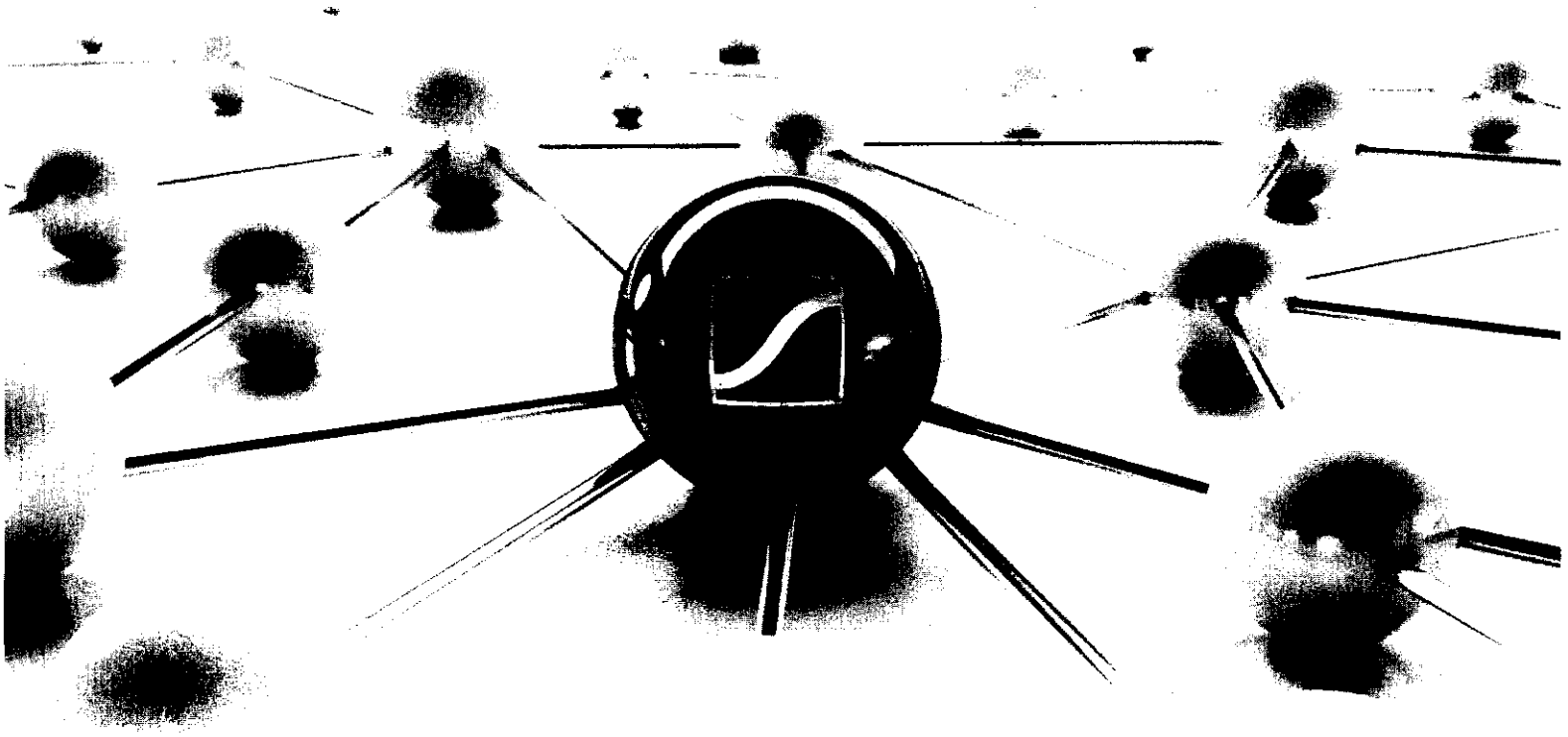
Regulated Software; Electronic Health Records

The FDA has become increasingly active in addressing the regulation of computer software and digital health products intended for use in health care settings. The 21st Century Cures Act (the "Cures Act"), signed into law on December 13, 2016, among other things, amended the medical device definition to exclude certain software from FDA regulation, including clinical decision support software that meets certain criteria. On September 27, 2019, the FDA issued a suite of guidance documents on digital health products, which incorporated applicable Cures Act standards, including regarding the types of clinical decision support tools and other software that are exempt from regulation by the FDA as medical devices, and continues to issue new guidance in this area. Certain of our businesses involve the development and sale of software and related products to support physician and dental practice management, and it is possible that the FDA or foreign government authorities could determine that one or more of our products is a medical device, which could subject us or one or more of our businesses to substantial additional requirements with respect to these products.

In addition, our businesses that involve physician and dental practice management products, and our specialty home medical supply business, include electronic information technology systems that store and process personal health, clinical, financial and other sensitive information of individuals. These information technology systems may be vulnerable to breakdown, wrongful intrusions, data breaches and malicious attack, which could require us to

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BOLDLY CREATING VALUE FOR OUR STAKEHOLDERS

ANNUAL REPORT 2021

HENRY SCHEIN®
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A MESSAGE FROM THE CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER

To My Fellow Stakeholders,

As we enter the 90th year of the history of our Company, we are energized by the extraordinary effort of Team Schein to help our customers and our business recover from the challenges of the past two years, pleased by the resulting financial achievements, and enthusiastic and optimistic for our future.



Even as the global supply chain remained unsettled in 2021, Henry Schein delivered for our stakeholders. As vaccines and other infection-control measures allowed society to begin resuming normal activities, we recorded net sales in 2021 of $12.4 billion, up 22.6% compared with 2020. GAAP diluted EPS for 2021 increased 58.4%, or an increase of 52.2%* on a non-GAAP basis, largely reflecting a rebound in patient traffic from the early days of the pandemic and elevated demand for our products and services, including personal protective equipment (PPE) and COVID-related products. We delivered full-year operating cash flow from continuing operations of $709.6 million versus $593.5 million in 2020, and we invested $570.6 million in acquisitions and $401.2 million in stock repurchases. Our strategy of supporting organic growth with acquisitions remained a key element of our success, with acquisitions representing 4.2% of 2021's total revenue increase.

In 2021, Henry Schein continued to increase our exposure to faster-growing and higher-margin products and services through organic growth and acquisitions. Our portfolio of complementary software and specialty products, as well as services offerings, represent an ever-increasing percentage of Henry Schein's operating margin and total operating income, generating full-year revenue of $928.6 million, a 27.2% increase in local currencies. This offering includes what we refer to as Dental Specialty Products, which encompasses oral surgery, implant and bone regeneration products as well as endodontic and orthodontic products, plus our Technology & Value-Added Services, including Henry Schein One, a provider of integrated software and services to the dental profession. In 2021, growth was strong in each of our three Dental Specialty Product categories.

Our BOLD+1 Strategy Positions Us for the Future

Our optimism for the future stems in large part from the many actions our Company took in 2021 to further position Henry Schein for growth and profitability. Two of these actions are especially meaningful – the development of our 2022–2024 BOLD+1 Strategic Plan, a key goal of which is to expand our faster-growing, higher-margin software and specialty products, and services offerings, while investing for growth in our core distribution businesses, and the implementation of a new leadership structure for our distribution businesses to support the plan.

In 2021, we established the North America Distribution Group and the International Distribution Group, representing an evolution of our "One Distribution" strategy to more tightly integrate the management of our Dental and Medical distribution businesses. The new structure is designed to better leverage functions, talent, processes, and systems across Henry Schein's distribution businesses to enhance our customer experience and maximize efficiency and performance, thereby driving growth in sales and related operating income in absolute terms.

Our operating model provides the basis for us to leverage a "One Schein" offering to customers, who increasingly rely upon Henry Schein's comprehensive network of innovative solutions and services, along with our distribution capabilities, to provide an exceptional experience that helps make their practices more successful and improve patient outcomes. **Together, we make the world healthier.**

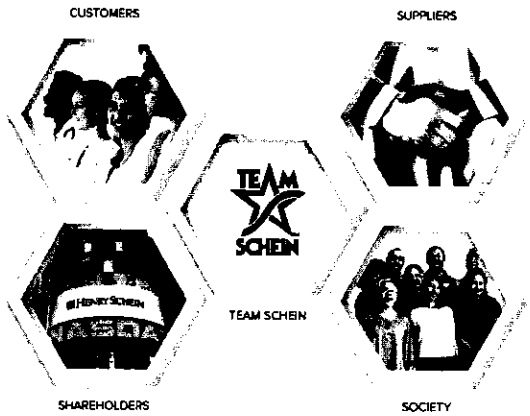
In short, our 2022–2024 **BOLD+1** Strategic Plan positions our Company to **BUILD ("B")** complementary software, specialty, and services businesses for high growth; **OPERATIONALIZE ("O")** One Distribution to deliver exceptional customer experience, increased efficiency, and growth; **LEVERAGE ("L")** One Schein to broaden and deepen relationships with our customers; and **DRIVE ("D")** digital transformation for our customers and for Henry Schein.

+1 = Pursuing Profits and Purpose

Our BOLD+1 strategy is driven by our long-standing belief in the intersection of profits and purpose.

We carefully balance the goals of our five constituencies (the "+1") – Team Schein, customers, suppliers, investors, and society – through Henry Schein's management philosophy, the "Mosaic of Success." By giving back to society in concert with our team, customers, and suppliers, we strive to generate greater value for our investors.

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In 2021, we once again took numerous steps toward fulfilling our commitment to the constituents we serve within the context of what is now known as the Environmental, Social & Governance (ESG) movement. Here, in brief, is a summary of the work we pursued in 2021 to advance our ESG approach to business.

Addressing climate change and ensuring a healthy environment are among our generation's most difficult and important challenges, and within this effort Henry Schein can and will play a meaningful role where opportunity for impact exists. For example, we signed the Business Ambition for 1.5°C Initiative and joined the Race to Zero. We are also a member of the World Economic Forum (WEF) Alliance of CEO Climate Leaders and the National Academy of Medicine Action Collaborative on Decarbonization of the Health Care Sector. Through these initiatives, we are working to reduce the climate impact of our own operations and within the wider health care industry supply chain.

The "Social" pillar of the ESG movement is where Henry Schein is actively advocating for the equitable distribution of health care services to underserved and underrepresented populations is a core tenet of our health equity work as well as emergency health care response. In 2021, we committed to donating at least $50 million in cash and product through Henry Schein Cares and the Henry Schein Cares Foundation, Inc. by 2025 to advance health equity.

In the area of diversity and inclusion, we are focused on increasing the representation of women and other underrepresented groups in senior operating roles and promoting inclusivity training and education to elevate and support a diverse network of TSMs, fostering an environment where all TSMs can thrive individually and collectively. In 2021, we added to our existing roster of Employee Resource Groups (ERGs) with the establishment of COLEGAS, for our Hispanic and Latin American TSMs, and announced the formation of ERGs for our Pan-Asian, Military Veteran, and Disabled communities. All of our ERGs are open to all TSMs. Additionally, Henry Schein has a long record of advancing diversity in the professions we serve, including our support of the American Dental Association's Institute for Diversity in Leadership and the National Dental Association, among other organizations and initiatives.

We also strengthened our investment this year in what we believe is our greatest competitive advantage—our Team Schein Members. In these challenging times, we increased our emphasis on mental wellness and stress management as part of a broader effort to recruit and retain the extraordinary individuals who comprise Team Schein.

Underlying our ESG efforts is a commitment to ethical corporate governance, which starts with our largely independent and diverse Board of Directors, including five Board Committees, and governed by our Nominating and Governance Committee. Through our Sustainability Committee, a cross-functional team of senior and middle management that reviews our progress regularly, we continue to steadily advance our sustainability work.

As of this writing, the world is witnessing a rise in geopolitical instability of a magnitude not seen since 1945. As with prior humanitarian crises – in Haiti, Syria, Libya, Yemen, Sudan, and other parts of the world – Team Schein is committed to responding to the health care needs of the Ukrainian people and other refugees, working in partnership with philanthropic partners, customers, and suppliers. In moments such as these, we more fully appreciate the role we can play to help alleviate the suffering of those in need, and we have committed at least $1 million in cash and products in this regard.

Our ability to give back to society in times of crisis is a direct result of our business success, and that success reflects the extraordinary commitment, hard work, and dedication of Team Schein. For 90 years, this Company has been blessed with a team that rises to every challenge and pulls together to overcome any obstacle. I am overwhelmed with gratitude.

Finally, to ensure public accountability for each of these activities, we committed to providing reporting in 2022 in accordance with the Global Reporting Initiative and the Sustainability Accounting Standards Board, along with issuing our initial Task Force on Climate-Related Financial Disclosures report in 2022.

Boldly Creating Value for Our Stakeholders

The 2022–2024 BOLD+1 Strategic Plan builds on our previous strategic plans by focusing on those markets and geographies where Henry Schein can make a real difference for the ultimate benefit of our customers and their patients. And in doing so,

we will enable our customers to become more successful and improve patient outcomes while creating value for our stakeholders—that's **BOLD+1**.

We intend to advance the seamless, unified integration of our suite of products and service solutions while demonstrating a deep commitment to giving back to society. These activities are mutually reinforcing and benefit all of our stakeholders.

The theme of this year's annual report – **Boldly Creating Value for Our Stakeholders** – brings together all the individual elements of our new strategic plan.

Gratitude for Our People and Performance

I would like to take special note of the bittersweet retirements of Steve Paladino, Gerry Benjamin, and Barry Alperin.

At the end of April 2022, our Chief Financial Officer, Steven Paladino, will retire after 35 years of dedicated service at Henry Schein, including 29 years as CFO. Steven joined Henry Schein in our finance department in 1987 when the business generated approximately $125 million in revenue, and our success since then reflects the considerable contributions made by Steven. We are pleased Steven will remain a member of our Board of Directors and an adviser to Henry Schein. Succeeding Steven is Ronald N. South, Henry Schein's Vice President, Corporate Finance, since 2008 and Chief Accounting Officer since 2013, who will become the Company's Senior Vice President and Chief Financial Officer. Olga Timoshkina, who joined Henry Schein this past September as Vice President, Corporate Controller, will succeed Ron as Vice President, Corporate Finance and Chief Accounting Officer, while Graham Stanley was appointed as Vice President, Investor Relations and Strategic Financial Project Officer on September 15, 2021. We implemented this succession plan to complement our talented group of corporate senior finance leaders and business unit CFOs.

Additionally, Gerry Benjamin, our Executive Vice President and Chief Administrative Officer since 2000, is retiring on July 1, 2022, after 34 years with the Company. Gerry joined Henry Schein in 1988 and led the continuous transformation of our Global Services Group to meet the needs of each of our constituencies as we grew from being a private, domestic mail-order business into an international, full-service, publicly traded company with nearly 22,000 Team Schein Members and operations in 32 countries. His leadership was instrumental in maintaining the operational excellence for our customers over the years. We are pleased that Gerry will continue to be an adviser to Henry Schein following his retirement.

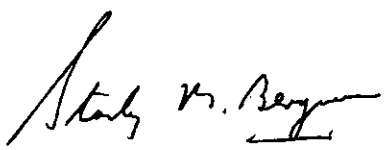
Succeeding Gerry is Michael Ettinger, who has been promoted to Executive Vice President and Chief Operating Officer. Mr. Ettinger joined the Company in 1994 and has been Senior Vice President, Corporate Affairs since 2013. Prior to his current position, Michael served as General Counsel for the Company. The Global Services leadership team reporting to Michael includes Lorelei McGlynn, Senior Vice President, Chief Human Resources Officer, Jim Mullins, Senior Vice President, Global Supply Chain, Chris Pendergast, Senior Vice President and Chief Technology Officer, and Shirley Taylor, Vice President, Global Chief Security and Safety Officer.

Barry Alperin will retire from our Board of Directors after 26 years of exceptional service, having joined our board in 1996, shortly after the Company's initial public offering. Joining our Board in 2021 were Mohamad Ali, Deborah Derby, Dr. Reed V. Tuckson, and Scott Serota, who will undoubtedly provide valuable perspectives to the Company.

We wish Steven, Gerry, and Barry the very best in their retirement and thank them for their many contributions to the Company.

Along with the entire Henry Schein Board of Directors, I would like to express my utmost confidence in Henry Schein's strategy, leadership, and Team Schein. I again offer my sincerest thanks to our Team Schein Members across the globe for their dedication, and also thank our customers, supplier partners, and investors for their continued trust. We intend to reward your faith in us.

Sincerely,



Stanley M. Bergman

Chairman of the Board
and Chief Executive Officer
March 2022

Forward-looking statements made in this report are subject to the risks specified in the Safe Harbor statement in the Company's Form 10-K filing.

*See reconciliation of GAAP and non-GAAP measures on page 6.

NON-GAAP DISCLOSURES

The following table sets forth, for the applicable periods, a reconciliation of accounting principles generally accepted in the United States ("GAAP") operating income, net income from continuing operations attributable to Henry Schein, Inc., and diluted earnings per share from continuing operations adjusted to reflect the effects of restructuring costs, litigation settlement, and other adjustments.

USE OF NON-GAAP MEASURES

The information in the table includes financial measures that are not calculated and presented in accordance with GAAP. The table reconciles differences between each of operating income from continuing operations, net income from continuing operations attributable to Henry Schein, Inc., and diluted earnings per share from continuing operations attributable to Henry Schein, Inc., each as presented in accordance with GAAP, and comparable non-GAAP amounts as adjusted to eliminate the effect of the items listed below.

We eliminated the effect of the items listed below to assist in evaluating the underlying operational performance of our business, excluding such costs, over the periods presented. Management believes that non-GAAP financial measures provide investors with useful supplemental information about the financial performance of our business, enable comparison of financial results between periods where certain items may vary independent of business performance and allow for greater transparency with respect to key metrics used by management in operating our business. These non-GAAP financial measures are presented solely for informational and comparative purposes and should not be regarded as a replacement for corresponding, similarly captioned, GAAP measures.

	Year Ended December 25, 2021	Year Ended December 26, 2020	Year Ended December 28, 2019
	(in thousands, except per share data)		
Operating income from continuing operations	$ 851,656	$ 535,303	$ 718,261
Operating margin from continuing operations	6.9%	5.3%	7.2%
Adjustments:			
Restructuring costs (1)	$ 7,939	$ 32,093	$ 14,705
Litigation settlement (2)	$ 15,750	$ --	$ --
Adjusted operating income from continuing operations	$ 875,345	$ 567,396	$ 732,966
Adjusted operating margin from continuing operations	7.1%	5.6%	7.3%
Net income from continuing operations attributable to Henry Schein, Inc.:	$ 631,232	$ 402,808	$ 700,691
Adjustments, net of tax:			
Restructuring costs (1)	$ 5,954	$ 24,070	$ 11,029
Litigation settlement (2)	$ 10,705	--	--
Net gain on sale of equity investments (3)	$ (7,318)	$ (1,572)	$ (186,769)
Tax credit related to Animal Health spin-off (4)	--	--	$ (1,333)
Adjusted net income from continuing operations attributable to Henry Schein, Inc.:	$ 640,573	$ 425,306	$ 523,618
Diluted earnings per share from continuing operations attributable to Henry Schein, Inc.:	$ 4.45	$ 2.81	$ 4.69
Adjusted diluted earnings per share from continuing operations attributable to Henry Schein, Inc.:	$ 4.52	$ 2.97	$ 3.51
Diluted weighted-average common shares outstanding:	141,773	143,404	149,257

NOTES

(1) During 2021, we recorded restructuring costs of $7.9 million, pre-tax ($6.0 million net of tax). During 2020, we recorded restructuring costs of $32.1 million pre-tax ($24.1 million net of tax). During 2019, we recorded restructuring costs of $14.7 million pre-tax ($11.0 million net of tax). The effect that these charges had on earnings per diluted share from continuing operations attributable to Henry Schein, Inc. was ($0.04), ($0.17) and ($0.07), respectively.

(2) Represents a 2021 pre-tax charge of $15.8 million, net of $1.5 million of noncontrolling interests, related to settlement and litigation costs, net of a tax benefit of $3.6 million, resulting in a net after-tax charge of $10.7 million. The effect that this charge had on earnings per diluted share from continuing operations attributed to Henry Schein, Inc. was ($0.08).

(3) In 2021 we received contingent proceeds of $9.8 million from the 2019 sale of Hu-Friedy resulting in the recognition of an additional after-tax gain of $7.3 million. Represents net after-tax gains on the sale of equity investments recorded during 2020 and 2019. The effect that these transactions had on earnings per diluted share from continuing operations attributed to Henry Schein, Inc. for the years ended December 25, 2021, December 26, 2020 and December 28, 2019 was $0.05, $0.01 and $1.25, respectively.

(4) Represents a change in estimate to income tax expense as a result of a reorganization of legal entities completed in preparation for the Animal Health spin-off, which was completed on February 7, 2019. The effect this change had on earnings per diluted share from continuing operations attributed to Henry Schein, Inc. was $0.01.

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Y

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 1338 Interstate Centre Blvd.

City: Ellabell State: GA Zip: 31308

Mailing Address (if different from physical address): McKesson Licensing c/o Deborah Bliss 6555 N State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 912-400-5900 Website: www.mckesson.com

Name of Designated Representative (DR): Daniel Aring

Licensing Company Email: Elaine.Stutman@McKesson.com DR Email: Daniel.Aring@McKesson.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

see attached

Original Signature (electronic, copies or stamps not accepted)

7/26/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: US Government

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Virginia

Parent Company (if any): McKesson Medical Surgical Holdings Inc. - ultimate owner McKesson Corporation publicly traded

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: McKesson Licensing Team c/o Deborah Bliss 6555 N State Highway 161

City: Irving State: TX Zip: 75039

Telephone: 904.332.4179 Email: Elaine.Stutman@McKesson.com

Contact Person Name: Elaine Stutman

Date of SEC Registration: 7.7.1994 | SEC Registration Number: 2417015 | Stock Exchange Symbol: MCK

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

McKesson Medical-Surgical Inc.

Facility Name

Stanton McComb

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/26/22

Date

Board Use Only	Date Received: 8.4.22	Amount: 1000.00 CC

McKESSON

Facility Description

McKesson Medical-Surgical Inc. located at 1338 Interstate Centre Blvd Ellabell, GA 31308 is a third-party logistics provider for the US Government that will be distributing COVID vaccine related products and medical supplies to physicians, clinics, hospitals and health departments.

The facility is 700,000 square feet and is secured and monitored by the alarm company on a 24/7 basis, in addition to having onsite security. The distribution center is access controlled and badges are required for employees to move through the facility. The warehouse is temperature controlled and the temperature and humidity are monitored and recorded on a 24/7 basis.

Title	Name	Work Address
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233
VP & Treasurer; Director	Willard Station	9954 Mayland Drive, Suite 4000 Richmond, VA 23233
VP & Secretary; Director	Saralisa Brau	6535 State Highway 161 Irving, TX 75039

Ownership
McKesson Corporation Federal ID 94-3207296 6535 N. State Highway 161 Irving, TX 75039 100% Owner

McKesson Medical-Surgical Top Holdings Inc. Federal ID 59-2280364 6651 Gate Parkway Jacksonville, FL 32216 100% Owner

McKesson Medical-Surgical Holdings Inc. Federal ID 13-3734754 9954 Mayland Drive Suite 4000 Richmond, VA 23233 100% Owner

McKesson Medical-Surgical Inc. Federal ID 94-2640465 9954 Mayland Drive, Suite 4000 Richmond, VA 23233

McKesson Medical-Surgical Inc. Federal ID 94-2640465 1338 Interstate Centre Blvd. Ellabell, GA 31308

STATE OF GEORGIA
Georgia Board of Pharmacy
Third Party Distributor
LICENSE NO. PHTPL000037 Status: Active

McKesson Medical-Surgical Inc
1338 Interstate Centre Blvd
Ellabell GA 31308

Expires: 06/30/2023
Issued: 05/26/2022

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Third Party Distributor** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Third Party Distributor
LICENSE NO. PHTPL000037 Status: Active
McKesson Medical-Surgical Inc
Licensing Team c/o: Deborah Bliss
6555 North State Hwy 161
Irving TX 75039

Expires: 06/30/2023
Issued: 05/26/2022
Real-time license verification is available at gadch.mylicense.com/verification

McKESSON

January 9, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521

Re: Alabama State Board of Pharmacy Action Against
McKesson Medical-Surgical Inc.'s Roseville, CA NV-wH0237
McKesson Medical-Surgical Inc.'s Manteno, IL -NV-WH02927
McKesson Corporation's Aurora, IL NV-wH01292

To Whom It May Concern:

Please accept these notices of disciplinary actions on behalf of McKesson Medical-Surgical Inc and McKesson Corporation pursuant to McKesson's wholesaler licensure notification requirements.

McKesson Medical-Surgical Inc.'s Roseville, CA License No(s): WH02437

On December 20, 2022, McKesson Medical-Surgical Inc.'s Roseville, CA facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Compliant from November 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

McKesson Medical-Surgical Inc.'s Manteno, IL License No(s): WH02927

On December 20, 2022, McKesson Medical-Surgical Inc.'s Manteno, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Compliant from September 2022. The Administrative Complaint is a result of alleged reciprocal discipline for failure to notify the Board of Designated Representative changes that occurred at the facility in violation of Rule 680-X-2.23(2)(h)(1)(ii). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

McKesson Corporation Aurora, IL License No(s): WH01292

On December 20, 2022, McKesson Corporation's Aurora, IL facility entered into a Deferral Agreement with the Alabama State Board of Pharmacy in connection with an Administrative Compliant from September 2022. The Administrative Complaint is a result of alleged failure comply with certain licensing requirements required to maintain a license in violation of Rule 680-X-2.23(g)(3). Pursuant to the Deferral Agreement, the alleged violation will be deferred, deemed non-disciplinary and will be dismissed in 12/31/2023 upon compliance with the Deferral Agreement and payment of $2,500.00 costs to the Board.

Notwithstanding the action taken by the Boards of Pharmacy in these instances, McKesson has already satisfied all of its obligations under the terms of the Deferral Agreements. The facilities listed above have active licenses in good standing in all states where they currently operate.

If you have any questions or require additional information, please do not hesitate to contact me at beatrix.erdei@mckesson.com.

Sincerely,

Beatrix Erdei
Senior Manager, McKesson Corporation
925-286-5067
beatrix.erdei@mckesson.com

JAN 11 2023

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its wholly owned subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 100 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay $150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson**'s Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson**'s distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of $45,000, with an additional surcharge of 15%, totaling $51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board $250.00 for administrative costs No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of $2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of $10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation**'s distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state

until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson**'s distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of $10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making

deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of $4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars ($15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On June 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reproval with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reproval, agreed to pay $4,000 in investigative fees.

On August 29, 2019, **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("McKesson St. Louis").

On August 29, 2019, **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of $1,150.00.

On January 7, 2020, **McKesson Corporation** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products that had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and butalbital products that continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019 (the "2020 Clear Lake Consent").

On January 14, 2020, **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of $1,150 was imposed and paid on July 1, 2020.

On April 20, 2021 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $1,125 was imposed and paid on April 20, 2021.

On May 05, 2021 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A $500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;

- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and

- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of $500.00.

On June 6, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on June 8, 2021.

On June 15, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $3000.00 was imposed and paid on June 15, 2021.

On June 23, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $125 was imposed and paid on June 23, 2021.

On October 14, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a Settlement Agreement with the Ohio Board of Pharmacy (the "WCH Ohio Settlement"). The WCH Ohio Settlement applies to the McKesson distribution center located in Washington Court House, Ohio. The Ohio Settlement also resolved allegations of suspicious order reporting violations related to sales occurring between 2011 and 2017. Under the terms of terms of the WCH Ohio Settlement, there were no findings of any violation of law and McKesson made no admissions to the same. McKesson was subject to a reprimand and a fine of twenty-thousand dollars ($20,000).

On December 20, 2021, **McKesson Corporation** entered into a Consent Order with the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation (the "IDFPR") based on reciprocal state action from the 2020 Clear Lake Consent. The Illinois Consent applied to McKesson's Clear Lake, IA distribution center. Under the terms of the Illinois Consent Order, the facility was subject to a public reprimand by the IDFPR.

On January 18, 2022, **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Urbancrest, OH distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of $500 was imposed and paid on January 18, 2022.

February 15, 2022, **McKesson Corporation** entered into a Settlement Agreement with the United States Department of Justice, the United States Attorney's Office for the Western District of Tennessee, and the Drug Enforcement Administration resolving allegations of recordkeeping and reporting deficiencies at one of its packaging facilities located in Memphis, Tennessee, known as McKesson **RxPak**. McKesson RxPak ceased all operations on March 4, 2020 and is no longer in business. There are no admissions of liability or wrongdoing under the terms of the Settlement Agreement

On March 24, 2022, **McKesson Corporation** and the California Board of Pharmacy (the "Board") entered into a settlement agreement which resolved allegations against McKesson relating to the sale of controlled substances in 2017 and 2018 to an outpatient hospital pharmacy that the pharmacy discovered were being stolen by a pharmacy employee. Pursuant to the settlement agreement, the Board publicly reproved McKesson's Santa Fe Springs distribution center permit, and McKesson agreed to pay the board's costs related to the investigation and enforcement of the matter. As set forth in the settlement agreement, McKesson denies any allegation that it violated California laws regarding the distribution of controlled substances and there are no findings of any violation of state or federal laws.

On May 20, 2022, **McKesson Medical Surgical, Inc.**'s Urbancrest, Ohio facility entered into a consent order with the MI Dept of Licensing in connection with an Administrative Compliant from January 2022. The Administrative Complaint is a result of two settlement agreements with the Ohio BOP. Michigan states that these settlement agreements violated MCL 333.17768(2)(d). A $500.00 fine was imposed.

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

January 20, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2023012018259962

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH RISK & INSURANCE SERVICES FOUR EMBARCADERO CENTER, SUITE 1100 CALIFORNIA LICENSE NO. 0437153 SAN FRANCISCO, CA 94111	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
	INSURER(S) AFFORDING COVERAGE — **NAIC #**
	INSURER A : Old Republic Insurance Company — 24147
INSURED MCKESSON CORPORATION AND ALL ITS SUBSIDIARIES 6555 STATE HIGHWAY 161 IRVING, TX 75039	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** SEA-003837349-05 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			MWZY-313829-22	07/01/2022	07/01/2023	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X CONTRACTUAL LIABILITY						MED EXP (Any one person)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$ 1,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY			MWTB-313827-22	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS			SELF INSURED FOR			BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY			PHYSICAL DAMAGE			PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC-313826-22	07/01/2022	07/01/2023	X PER STATUTE [ ] OTH-ER	
A	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: N	N / A		MWXS-313828-22 (OH, WA)	07/01/2022	07/01/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			Subject to a self-insured retention per policy terms and conditions.			E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

McKesson Corporation
6555 State Hwy 161
Irving, TX 75039

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh Risk & Insurance Services

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First Name	Last Name
Chip	Brown
Daniel	Aring
Darmal	Mooken
Raymond	Jenkins
Eugene	Morris
Darius	Russell
Angelo	Bosco
Armond	Cage
Mason	Clark
Christopher	Evans
Waylon	Fritze
Jalen	Gonzalez
Alicia	Green
Derek-Daniel	Guerrero
Dyquareous	Hackett
Alphonso	Holmes
Xavier	Holt
Stephen	Ingold
Terence	Jackson
Genelle	Joseph
Henry	Marshall
Nalon	Mcleod
Dustin	Overstreet
Sakena	Scales
Stacy	Sparrow
Jonathan	Taylor
Terry	Washington
Ahmad	White
Jerome	Williams
Marsha	Wright
Reginald	Wright
Troi	Sanford

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG McKesson Medical-Surgical Inc. MDEG License # (if applicable) _____

Physical Address 1338 Interstate Centre Blvd

City Ellabell State GA Zip 31308

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 912-400-5900 Website www.mckesson.com

Licensing Company Email Elaine.Stutman@McKesson.com; McKessonLicensing@McKesson.com

Section 2: Personal Information

First Antwaine Middle Demetres Last Brown

Alias(es, nicknames, name changes, etc.) Chip

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] nterstate Centre Blvd

City Ellabell State GA Zip 31308

Telephone [redacted] Email Chip.Brown@McKesson.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		x

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 622.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kings Mountain High School		8/1990 - 6/1993	
Address	**City**	**State**	**Zip**
500 Phifer Rd	Kings Mountain	NC	28086
Diploma/Degree obtained, If any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, If any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/12- 03/16	[redacted]Rosewater Lane	IndianTrail	NC	28079
03/16 - 02/23	[redacted]Cortland Drive	Lancaster	SC	29720
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name		From - To (MM/YY – MM/YY)	
see attached resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	x	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		x

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
9/24/2001	10/24/2001	SC	Columbia	Richland

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
G644601	Sheriff's Office Columbia

Reason/Charge
Fraudulent Check

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Charges: Fraudulent check
Sentencing: Suspended fine
Actions: Magistrate court, Completion: 10/24/2001
Disposition: Guilty bench trial

Original Signature (electronic, copies or stamps not accepted)

20Feb23
Date

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	x	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		x

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/16/2001	9/23/2004	NC		Gaston

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
	Gaston County Police Department

Reason/Charge
DWI

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Location: Gaston, NC
Crime Type: misdemeanor
Offense Description: Revocation Dr Lic 30 days
Case #: 01350GASTON 2001CR 027750, Guilty
Disposition: Dismissal without leave by Da
Disposition date: 9.23.04

Original Signature (electronic, copies or stamps not accepted)

20Feb23
Date

I, Antwaine (Chip) Brown, **certify that as the MDEG Administrator for**

McKesson Medical-Surgical Inc 1338 Interstate Centre Blvd, Ellabell, GA 31308,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Antwaine Brown
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

20Feb23
Date

Board Use Only	Date Received:

Antwaine Demetres Brown

[redacted] **Cortland Drive**

Lancaster SC 29720

Chip.brown@McKesson.com

Distribution Center Leader

McKesson August 2021- present DC 506 Savannah Ga.

• Responsible for all distribution activities in our Storage facility assisting the US government (Project Hyperdrive in response to the Coronavirus epidemic)

• Also responsible for leading a team of one Sr. Operation manager, three Ops Supervisors and 30 employees to effectively store PPE and any other products required in the event of pandemic outbreak. Working with government groups to ensure all product is received, tracked and stored to proper temperature requirements.

•Ensuring the DC is operating in a safe manner by training all team members on McKesson's safety requirements with equipment and SOP's.

• Responsible for ensuring the DC is up to standard with all company and state compliance regulations

•Responsible for building a strong culture within the DC and maintaining a safe clean environment with best practices in mind.

Distribution Center Leader

McKesson October 2020- June 2021 DC73 Harrisburg Pa.

• Responsible for all distribution activities for our New Kitting facility assisting the US government with Coronavirus epidemic.

• Responsible for leading a team of one Operations manager, 5 supervisors and 150 employees to be successful with distributing medical supplies for operation Hyperdrive. Working with numerous project teams within the organization around SOP's, planning, proper shipping methods and best practices for the company to achieve goals.

Operation Manager

McKesson | June 2014 – September 2020 | 6 years 4 months | DC10 Rock Hill SC

• Responsible for the overall inbound operations from receiving & inventory control. Also assisting the Sr. operations manager with keeping the DC in compliance with all company and state regulations.
• Achievements
Successful rollout of the companies LMS process
McKesson Employee Health and Safety Perfect Record award 2015

Operation Supervisor

PSS World Medical/ McKesson | January 2010 - May 2015 | 5 years 4 months | DC10 Charlotte

• Responsible for the operational activities in the shipping department
• Review reports and consults with management team to obtain data required for status of work in progress and problems encountered.
• Maintain and enforce a safe and clean working environment at all times.
• Supervise production and quality of product delivery to customers
• Enforce a culture, of lean manufacturing and continuous improvement while providing operational leadership, trains and develop employees for higher performing team.
• Above and Beyond Award 2014

Receiving Lead

PSS World Medical | January 2005 - December 2009 | 4 years 11 months | West Columbia, SC

• Managed a team of three responsible for all inbound freight
• Received incoming shipments and reviewed contents against purchase order for accuracy
• Verified proper temperature levels on all inbound merchandise requiring refrigeration to include control substances.
• Lean Champion & Above and Beyond Award 2008

Pick & Pack team member

Southern Anesthesia & Surgical | January 1998 - January 2005 | 7 years | West Columbia, SC

• Responsible for pulling, packing and shipping orders
• Promoted to the Key Accounts Department after two years and was responsible for shipping larger orders LTL

Sergeant

United States Army | August 1994 - June 2002 | 7 years 10 months

• After serving 4 year active duty I went in the National Guard at the rank of E4 Specialist and finished my career in June of 2002 at the rank of E5 Sergeant
• Duties included assisting my Squad Leader with day to day operations and responsible for two to three soldiers

Education

Graduated from Kings Mountain High School 1993

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): May 5, 2022

McKESSON CORPORATION
(Exact Name of Registrant as Specified in Charter)

Delaware	1-13252	94-3207296
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

6555 State Hwy 161
Irving, TX 75039
(Address of Principal Executive Offices, and Zip Code)

(972) 446-4800
Registrant's Telephone Number, Including Area Code

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.01 par value	MCK	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 2.02 Results of Operations and Financial Condition.

On May 5, 2022, McKesson Corporation ("Company") reported the Company's preliminary results for the fourth quarter and fiscal year ended on March 31, 2022 which are attached hereto as Exhibit 99.1.

The information contained in this Form 8-K, including Exhibit 99.1, is furnished to the Securities and Exchange Commission (the "Commission"), but shall not be deemed "filed" with the Commission for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Earnings release issued by the Company dated May 5, 2022
104	Cover Page Interactive Data File - the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: May 5, 2022

McKesson Corporation

By: /s/ Britt J. Vitalone
Britt J. Vitalone
Executive Vice President and
Chief Financial Officer

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Azenta US, Inc.

Physical Address: 2910 Fortune Circle Drive West, Suite E

City: Indianapolis State: IN Zip: 46241

Mailing Address (if different from physical address): *ADDRESS IS SAME*

City: _____ State: _____ Zip: _____

Telephone: 317-390-1866 Website: www.azenta.com

Name of Designated Representative (DR): Lindsay Renee Smay Howerton

Licensing Company Email: IND-RAComp@azenta.com DR Email: IND-RAComp@azenta.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: BIOLOGICS & Vaccines	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: US ARMY Reserve Health Readiness PROGRAM		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: *We currently do not have a list. We are seeking to be licensed for our future business

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Azenta Inc.

Corporation/Organization Name: Azenta US, Inc.

Mailing Address: 2910 Fortune Circle Drive West, Suite E

City: Indianaplis State: IN Zip: 46241

Telephone: _____ Email: IND-RAComp@azenta.com Contact Person Name: Rosalind Norris

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.				
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.				

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

AZENTA US INC.

Facility Name

Jason W. Joseph

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/11/23

Date

Board Use Only	Date Received: 4-17-23	Amount: 1000.00 CC

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept. of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP

AZENTA
LIFE SCIENCES

azenta.com
Azenta US Inc.
2910 Fortune Circle West
Indianapolis, IN 46241

Description of Business Model

Azenta Life Sciences is a contract services provider to the Pharmaceutical Industry that focuses on the collection, logistics, processing, and storage of biological samples from patients participating in clinical trials, plus research use biological samples from humans and animals. Biological samples include blood, tissue, stool, and saliva, with samples stored at Ambient, 4C, -20C, -80C, and -190C.

We are seeking licensure to expand our services to include distributing vaccines to the United States Army Reserve Health Readiness Program. The Reserve Heath Readiness Program is the Department of Defense, Defense Health Agency, program that provides individual medial readiness (IMR), Dental Readiness, and deployment services to active duty and reserve service members geographically remote from military treatment facilities. RHRP mission is as follows:

Mission: Provide remote individual medical readiness for DOD service members beyond those available through military treatment facilities and organic capabilities

Purpose: Support DOD health readiness mission through delivery of medical and dental services required to meet Individual Medical Readiness (IMR) and Deployment Health standards

Success: Cost effective application of Service Component funding, maximizing the number of IMR, deployment, and approved services in the quantity, time, and place required.

Azenta US, Inc. also operates out of 4 US biorepositories in Indiana, California, and Ohio, plus international locations in Germany, Singapore, China, and Canada. Azenta Life Sciences manages more than 40M samples across all sites and has approximately 440 employees globally.

The Indianapolis, IN biorepository manages 33M samples stored in more than 1900 storage environments out of 2 adjacent locations of biorepository, laboratory, logistics, and office space. The location at 2910 Fortune Circle Drive West, Suite E, Indianapolis, IN 46241 has 120,000 sq. ft in space.

The Indianapolis site is ISO 9001:2015 registered, CAP accredited, holds a Japanese Foreign Manufacturers Accreditation for Storage, is licensed by the NRC and 6 U.S. States for tissue distribution, and regularly audited by FDA to GTP and by EMA to GMP.

The business model sees Azenta transport newly collected and established sample collections from US and international locations to Indianapolis where they are individually registered with up to 999 data elements per sample and stored at the requested temperature. All sample storage environments are fully qualified before use via IQ/OQ/PQ and are continuously monitored by validated, Part 11 compliant temperature monitoring software. All entrances to the facility are controlled via HID card access, with biorepository access only granted to individuals who work regularly in this area (operations, facilities, QA, etc.). Azenta uses a qualified security provider for perimeter security after hours and employs video cameras in the biorepository and on the exterior of the building.

AZENTA
LIFE SCIENCES

Approximately 400 shipments arrive/leave the Indianapolis facilities weekly. Samples are collected or transported from clinical trial sites e.g. hospitals, and from Pharmaceutical Company sites or their CRO partners. Within the USA samples are transported using Azenta owned mobile repositories or by established 3rd party couriers. Samples are transported into and out of the USA by 3rd party couriers.

Given its expertise in biological sample management clients are asking the Company to store and transport biological prescription drug products including emerging cell and gene therapies, and consequently the Company is seeking the required approvals to be able to provide this service at its 2 adjacent Indianapolis locations.

We are also Drug Distributor accredited (DDA) by the National Association of Board of Pharmacy (NABP).

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000135A	09/30/2024

Azenta US, Inc.

Eric J. Holcomb
Governor
State of Indiana

Lindsay M. Hyer
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000135A	09/30/2024

Azenta US, Inc.

Signature _____

Attachment 9

NABP ACCREDITED
DRUG DISTRIBUTOR

Azenta US, Inc dba Azenta Life Sciences

located at

2910 Fortune Cir W, Ste E, Indianapolis, IN 46241

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/01/2022 - 09/30/2025

Period of Accreditation

1303

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
Azenta US, Inc dba Azenta Life Sciences	2910 Fortune Cir W, Ste E Indianapolis, IN 46241	10/01/22

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AZENTA
LIFE SCIENCES

azenta.com

Azenta US, Inc.
2910 Fortune Circle West
Indianapolis, IN 46241

FEIN: 20-0628587
State of Org-Delaware – 19Dec2003
317-390-1866

Corporate Officers

Name (Full Name including middle)	Lindon Robertson
Title	President
D.O.B	[redacted]
SSN	[redacted]
Address	200 Summit Drive, 6th Floor
City, State, Zip	Burlington, Massachusetts, 01803

Name (Full Name including middle)	Andrew Mulkerin
Title	Treasurer
D.O.B	[redacted]
SSN	
Address	200 Summit Drive, 6th Floor
City, State, Zip	Burlington, Massachusetts, 01803

Name (Full Name including middle)	Jason W. Joseph
Title	Secretary
D.O.B	[redacted]
SSN	
Address	200 Summit Drive, 6th Floor
City, State, Zip	Burlington, Massachusetts, 01803

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

AZENTA US, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 23, 2004, and was in existence or authorized to transact business in the State of Indiana on April 07, 2023.

I further certify this Foreign For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 07, 2023

Diego Morales

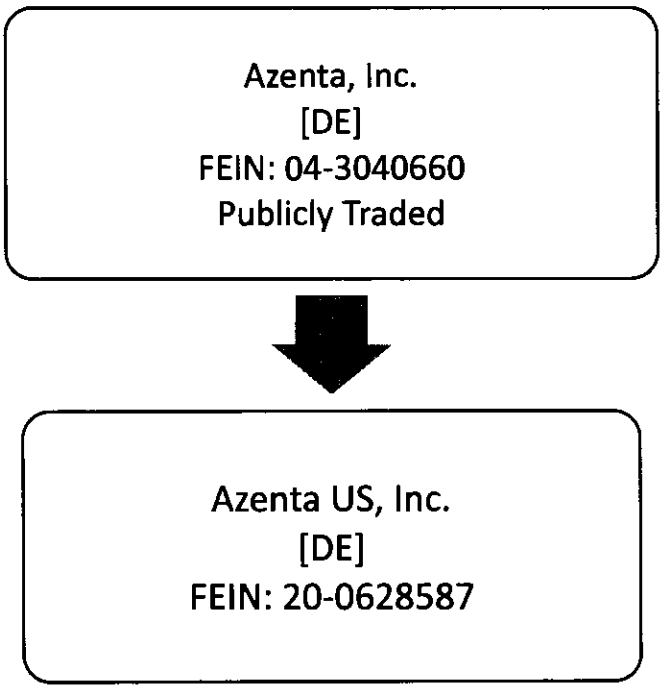
DIEGO MORALES
SECRETARY OF STATE

2004012700078 / 20233118324

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on May 07, 2023.

Azenta US, Inc.
Organizational Chart



AZENTINC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/1/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Brenda Viloria	
Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway NE, Suite 700 Atlanta, GA 30328	PHONE (A/C, No, Ext): 470.875.0508	FAX (A/C, No): 877.362.9069
	E-MAIL ADDRESS: brenda.viloria@usi.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Great Northern Insurance Company	20303
INSURER B:	Federal Insurance Company	20281
INSURER C:	Chubb Indemnity Insurance Co.	12777
INSURER D:	ACE American Insurance Company	22667
INSURER E:		
INSURER F:		

INSURED
Azenta, Inc. Azenta US, Inc. 15 Elizabeth Dr. Chelmsford, MA 01824

COVERAGES **CERTIFICATE NUMBER:** 15561739 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			3605-85-88	06/01/2022	06/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 15,000 $ 1,000,000 $ 2,000,000 $ Excluded
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			7361-54-26	06/01/2022	06/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X DED RETENTION $ 10,000			7818-85-22	06/01/2022	06/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		7183-28-79	06/01/2022	06/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
D	Professional Liability (E&O) (including cyber)			D9546516A	06/01/2022	06/01/2023	$5,000,000 per occ $5,000,000 agg	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage

CERTIFICATE HOLDER

Azenta US, Inc.
115 Corporate Blvd.
South Plainfield, NJ 07080

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paul B. Bl

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

Client Code: AZENTINC SID: 15561739

Certificate of Insurance (Con't)

OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
B	Products/Comp ops			3604-80-79	06/01/2022	06/01/2023	$10,000,000 Each Claim
	Professional Liab.						$10,000,000 Each Claim
	$25,000 Ded. each						$10,000,000 Aggregate

Delaware

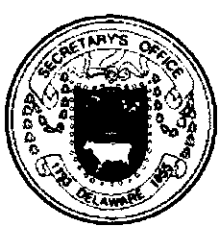
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZENTA US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZENTA US, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3743830 8300

SR# 20230254012

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202572853

Date: 01-25-23

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'BROOKS LIFE SCIENCES, INC.', CHANGING ITS NAME FROM "BROOKS LIFE SCIENCES, INC." TO "AZENTA US, INC.", FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2021, AT 12:31 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

3743830 8100
SR# 20213662665

Authentication: 204561731
Date: 11-01-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

DocuSign Envelope ID: 3C2E8F95-EC07-442F-A7FB-AAE6235A6F61

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:31 PM 11/01/2021
FILED 12:31 PM 11/01/2021
SR 20213662665 - File Number 3743830

CERTIFICATE OF AMENDMENT

TO

CERTIFICATE OF INCORPORATION

OF

BROOKS LIFE SCIENCES, INC.

It is hereby certified that:

1. The name of the corporation (hereinafter called the "Corporation") is Brooks Life Sciences, Inc.

2. The date of filing of the original Certificate of Incorporation of the Corporation with the Secretary of State of the State of Delaware was December 19, 2003. A Restated Certificate of Incorporation of the Corporation was filed with the Secretary of State of the State of Delaware on November 30, 2015, as amended by a Certificate of Amendment to Certificate of Incorporation of the Corporation filed with the Secretary of State of the State of Delaware on September 30, 2019.

3. The Restated Certificate of Incorporation, as amended, is hereby further amended by deleting Article First in its entirety and by adding the following new Article First in lieu thereof:

"*FIRST*: The name of the corporation (hereinafter called the "Corporation") is

Azenta US, Inc."

4. The amendment of the Restated Certificate of Incorporation, as amended, herein certified, has been duly adopted in accordance with the provisions of Section 141 and Section 242 of the General Corporation Law of the State of Delaware.

[The remainder of this page is intentionally left blank.]

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IN WITNESS WHEREOF, the Corporation has caused this Certificate of Amendment to Certificate of Incorporation of the Corporation to be signed by its duly authorized officer on the 1st day of November, 2021.

DocuSigned by:

By: _____
F972F1C5E28C488...

Name: Jason W. Joseph

Title: Secretary

Name	Business Title
Dr. Gerald Longa	Medical Director, Consultant
Thomas Schumacher, MS, CHP	Radiation Physics Consultant
Angie Geer	Accountant
Dan Diagostino	Accountant
Gary Bush	Accounting Manager, Credit and Collections
Brittany Conduitt	Administrative Assistant
Rebecca Young	Administrative Assistant
Elise Graber	Associate Manager
Cathy Baldwin	Associate Scientist
Michael Smith	Automation Engineer
Abigail Shroyer	Automation Scientist
Steven Wernke	Billing Manager
Nicholas Valliere	Biobank Manager
Lindsay Smay	Biobank Manager, Designated Representative
AJ Kestler	Biobank Technician
Alina Cahill	Biobank Technician
Ashley Uselmann	Biobank Technician
August Proctor	Biobank Technician
Brianna Huxley	Biobank Technician
Chance McMeans	Biobank Technician
Cheyenne Strauch	Biobank Technician
Derek Riley	Biobank Technician
Hailey Snyder	Biobank Technician
Israel Lopez Paulino	Biobank Technician
Jamila Anthony	Biobank Technician
Janai Patterson	Biobank Technician
Joshua Yates	Biobank Technician
Kaden Overfelt	Biobank Technician
Katlin Bales	Biobank Technician
Kittles Solito	Biobank Technician
Kyla Christmas	Biobank Technician
Lauren Shelton	Biobank Technician
Lizzy OMeara	Biobank Technician
Macy Wesley	Biobank Technician
Makenzie Query	Biobank Technician
Max Heitman	Biobank Technician
Michael Young	Biobank Technician
Nam Huynh	Biobank Technician
Natasha Rush	Biobank Technician
Rayan Anbarji	Biobank Technician
Sara Wallace	Biobank Technician
Shane Blue	Biobank Technician
Tamara Jones	Biobank Technician
Tasmara Locke	Biobank Technician
Toni Cheshier	Biobank Technician
Tynia Williams	Biobank Technician
Ashley Brown	Biobank Technician - 2nd Shift
Alexis Foreman	Biobank Technician I
Ami Philpott	Biobank Technician I
Annicia Canady	Biobank Technician I

Austin Parker	Biobank Technician I
Chadasi Mahamadou	Biobank Technician I
Cody Wilburn	Biobank Technician I
Denise "Neecie" Wilson	Biobank Technician I
James Chevalier	Biobank Technician I
Konner Jenkins	Biobank Technician I
Mikki Higgins	Biobank Technician I
Teilana Batey	Biobank Technician I
Ibrahim Ahmed	Biobank Technician I - 1st Shift
Mariah Koehl	Biobank Technician I - 2nd Shift
Sarah Ruiz	Biobank Technician I - 2nd Shift
Abigail Spradlin	Biobank Technician II
Adenike Adu	Biobank Technician II
Allison Wall	Biobank Technician II
Amy Hammer	Biobank Technician II
Angela Braden	Biobank Technician II
Annie McClung	Biobank Technician II
Brandon Jones	Biobank Technician II
Brontie Wright	Biobank Technician II
Candace Harris	Biobank Technician II
Clemencia Tello-Rojas	Biobank Technician II
Connor Lambert	Biobank Technician II
Craig Costlow	Biobank Technician II
Curtis Yaggi	Biobank Technician II
Dustin Erhart	Biobank Technician II
Emily Garcia	Biobank Technician II
Emily Wilkins	Biobank Technician II
Erica Tate	Biobank Technician II
Evelyn Armendariz	Biobank Technician II
Gabriella Ibrahim	Biobank Technician II
Geoffrey Marks	Biobank Technician II
Gillian Robinson	Biobank Technician II
Gregory Bell	Biobank Technician II
Haley Bertsch	Biobank Technician II
Harrison Jenkins	Biobank Technician II
Jacy Ritchie	Biobank Technician II
Jalynn Averett	Biobank Technician II
Jaycie Lynn Carter	Biobank Technician II
Jessica Benzing	Biobank Technician II
Jessica Jackson	Biobank Technician II
Jordan Korycinski	Biobank Technician II
Joshua Bowman	Biobank Technician II
Lovely Weber	Biobank Technician II
Madison Phillips	Biobank Technician II
Mayra Mendez	Biobank Technician II
Mia Phillips	Biobank Technician II
Michael Day	Biobank Technician II
Mike Tooker	Biobank Technician II
Mohsen Nagi	Biobank Technician II
Muhammad Sameer Talpur	Biobank Technician II
Obra Vavrek	Biobank Technician II
Ryan Alexander	Biobank Technician II
Sarah Arnett	Biobank Technician II
Seog Lee	Biobank Technician II

Tori Northington	Biobank Technician II
Vinita Patel	Biobank Technician II
C'erah Drane	BiobankTechnician I
Mike Nelson	Business Operation Site Manager
Maria Weber	Client Coordinator
Rachel Mansue	Client Coordinator
Allison Weaver	Clinical Program Manager
Jessica Monroe	Clinical Program Manager
Kristina Kirkpatrick	Clinical Program Manager
Anngela Love	Clinical Project Manager
Bryn Masson	Clinical Project Manager
Jason Swartout	Clinical Project Manager
Victor Castillo	Clinical Project Manager
Zachary Kogler	Continuous Improvement Specialist
Ludmyla Vernei	Credit Collection Analyst
Briana Cockerham	Customer Site Support Specialist
Angelle Hall	Data Analyst
Emily Wilson	Data Analyst
DJ Littell	Dedicated Project Technician
Jenny Then	Director Clinical Project Management
Jennifer Tomamichel	Director Human Resources
Jesse Gore	Director of Biorepository Operations, DR Supervisor
Tom Waites	Director of Resource Management
Gillian Williams	Executive Administrative Assistant
Brian Terhune	Facilities Manager
Tessa Gioiosa	Facilities Reception and Admin Coordinator
Jennifer Dombek	Facilities Site Coordinator
Mary Russell	Facility Engineer Supervisor
Keith Howard	Field Service Engineer
Derek Stenli	Financial Manager
Keith Doehrman	Global Risk Manager
Lisa Beyer	HR Business Partner
Blake Klinedinst	Information Technology Administrator
Chris Weber	Inside Sales Team Lead
Kyle Kaufman	Inside Sales Team Lead
Ayalkbet Wells	Inventory Assistant
Roman Seymour	Inventory Assistant
Jacob McDaniel	Inventory Control Specialist
Justice Wilburn	Inventory Control Specialist
Kady Wilson	Inventory Control Specialist
Shane Lyons	Inventory Control Specialist
Karolehen Cruz Perez	Lab Supervisor, Oligo Synthesis
Ari Roberts	Laboratory Technician
Courtney Teaney	Laboratory Technician
Gillian McCann	Laboratory Technician
Susanna Tsueda	Laboratory Technician
Jill Cosler	Laboratory Technician II
Christopher Zang	Laboratory Technician III
Donna Rosner	Logistics Analyst

Jesse Melton	Maintenance Technician
Neil Spaeth	Manager, Environment Health & Safety
Ada Tipton	Operations Technician
Andrew Matthews	Operations Technician
Ashley Hamilton	Operations Technician
Ayana Morris	Operations Technician
Braden O'Keefe	Operations Technician
Courteney Taylor	Operations Technician
Dwayne Gibson Jr	Operations Technician
Jay Armstead	Operations Technician
Linda Avila	Operations Technician
Linta Hayat	Operations Technician
Shamone Penick	Operations Technician
Valerie Barnes	Operations Technician
Samantha Scheibler	Operations Technician II
Kelly Kelley	Quality Associate
Ron Fugate	Quality Associate
Keith Winiger	Quality Specialist
Mariah Hall	Recruiter
Avia Boss	Regulated Product Specialist
Jovelyn Albinda Maraneg	Regulated Product Specialist
Klrissa Bender	Regulated Product Specialist
Mary Rybolt	Regulated Product Specialist
Saradgine Simons	Regulated Product Specialist
Spencer Ball	Regulated Product Specialist
Allissa McCoy	Regulated Product Specialist Team Coordinator
Caitlin Curran	Sales Analytics Specialist-Corporate Accounts
Lauren Frye	Sales Operations Analyst
Masey Carlton	Sales Operations Analyst
Daniel Sesko	Sales Operations Customer Liaison
George McIver	Sales Operations Customer Liaison
Karen Redmond	Sales Operations Customer Liaison
Marian Cisowski	Sales Operations Customer Liaison
Rishab Nandi	Sales Operations Customer Liaison
Mindy Martlage	Sales Operations Manager
Kerri Browder	Sales Operations Supervisor
Tara Carmichael	Sales Operations Supervisor
Anas Tabchi	Sample Handling Technician I
Grace Pretti	Sample Handling Technician I - 1st shift
Alan Langreck	Senior Biobank Technician
Alexandria Findley	Senior Biobank Technician
Alisha Niehaus	Senior Biobank Technician
Angela Brown	Senior Biobank Technician
Ariel Creal	Senior Biobank Technician
Fausto Rueda Correa	Senior Biobank Technician

Giovonni Taylor	Senior Biobank Technician
Jennifer Lang	Senior Biobank Technician
Katherine Rios	Senior Biobank Technician
Keith Turpin	Senior Biobank Technician
Marjorie Barron	Senior Biobank Technician
Marquilla Robinson	Senior Biobank Technician
Matthew Staton	Senior Biobank Technician
Michelle Yockey	Senior Biobank Technician
Tia Johnson	Senior Biobank Technician
Kimberly Davis	Senior Director, Sales Operations
Kelsey Hurt	Senior Manager, Services Quality
Jill Stillwell	Senior Quality Associate
Janai Mitchell	Senior Regulated Product Technician
Tiguidanke Diallo	Senior Regulated Product Technician
Jill Duke	Senior Sales Operations Specialist
Nelson Badia	Senior Technician
Amanda Hart	Shipper/Receiver Coordinator
Brandon Scott	Shipper/Receiver Coordinator
Clifford Hayden	Shipper/Receiver Coordinator
Cortiece Benton	Shipper/Receiver Coordinator
Mark Kelley	Shipper/Receiver Coordinator
PILON BURNETT	Shipper/Receiver Coordinator
DeShaun Smith	Shipping/Receiving Coordinator
Kimberly Dennis	Shipping/Receiving Coordinator
Niko Zarifis	Shipping/Receiving Coordinator
Taiwo Afolabi	Shipping/Receiving Coordinator
Tiffany Jones	Shipping/Receiving Coordinator
Sumnima KC	Software Engineer
Jun Luo	Sr Director, Global Operations
Arolra Watkins	Sr Staff Accountant
Riley Combs	Sr. Client Coordinator
Renee Hyatt	Sr. Document Management Coordinator
Kristopher Baker	Sr. Product Development Manager
Anna Mingus	Sr. Shipping/Receiving Coordinator
Jeffrey McElroy	Sr. Shipping/Receiving Coordinator
Brian Foster	Sr. Software Architect
Angus Dobson	Sr. Software Engineer
Andrea Bergstrom	Team Coordinator
Katerina Fulton	Team Coordinator
Mason Miranda	Team Coordinator
Michael Apolaya	Team Coordinator
Mon Htaw	Team Coordinator
Sonya Rumer	Team Coordinator
Georgia Wong	Team Coordinator - 1st Shift
Jocelyn McDaniel	Team Coordinator - 1st Shift
Nathan Dufour	Team Coordinator - 2nd Shift
Theodore Lupinski	Team Coordinator - 2nd Shift
Melinda Terheide	Team Coordinator - Regulated Product Specialist
Jordan Walls	Team Supervisor

Joshua Achury	Team Supervisor
Luke Skinner	Team Supervisor
Matt Lawler	Team Supervisor
Ramzi Shoumali	Team Supervisor
Samantha Bracken	Team Supervisor
Terrence Poole	Team Supervisor
Zach Shanley	Team Supervisor
Marquita Fears	Team Supervisor - 1st Shift
Lasondra Land	Team Supervisor - 2nd Shift
Hunter Brown	Training Coordinator
Solveig Naumann	Training Specialist
Laura Hedges	Training Supervisor
Cody Sorenson	Transportation Analyst
Abdoulaye Bamba	Validation Technician
Anton Strange	Validation Technician
Busayo Olorunfemi	Validation Technician
Craig Pinner	Validation Technician
Dennis Courtot	Validation Technician
Jarett Watts	Validation Technician

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AZENTA US INC.

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 2910 FORTUNE CIRCLE DRIVE WEST SUITE E

City INDIANAPOLIS State IN Zip 46241

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email IND-RAComp@azenta.com

Section 2: Personal Information

First LINDSAY Middle RENEE Last HOWERTON

Alias(es, nicknames, name changes, etc.) LINDSAY RENEE SMAY

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]N COUNTY ROAD 950 E

City BROWNSBURG State IN Zip 46112

Telephone [redacted] Email lindsay.smay@azenta.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Brownsburg High School		08/00-05/04	
Address	**City**	**State**	**Zip**
1000 S Odell St	Brownsburg	IN	46112
Diploma/Degree obtained, if any			
Dipolma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14- Current	[redacted]N CR 950 E	Brownsburg	In	46112
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/10-06/14	[redacted]Avon Ave	Plainfield	In	46168
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
AZENTA US INC.			05/16 - Current
Business Address	**City**	**State**	**Zip**
2910 FORTUNE CIRCLE DRIVE WEST	INDIANAPOLIS	IN	46241
Phone	**Title**	**Number of Employed Hours**	
317-268-5500	BIOBANK MANAGER, DESIGNATED REPRESENTATIVE	13,520	
Description of Duties			
Manage all aspects of the Biobank department, including personnel, productivity, invenvorty, department metrics and reporting.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/23/23
Date

I, LINDSAY HOWERTON, **certify that as the designated representative for**

AZENTA US INC.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lindsay Howerton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/23/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lindsay Howerton

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/23

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Hendricks

I, Lindsay Howerton, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/22/23

Date

Subscribed and Sworn to before me this 22nd day of February.

Katie Adolay

Notary Public Signature

Katie Adolay
Notary Public Seal State of Indiana
Hendricks County
Commission # NP0735023
My Commission Expires 7/25/2029

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. CIC1923434

Application/License No. _____

Azenta US, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
2910 Fortune Circle West, Suite E, Indianapolis, IN 46241, as
(Address of Applicant/Principal)
PRINCIPAL, and Capitol Indemnity Corporation, a
(Surety Company)
corporation organized under the laws of the state of Wisconsin
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 5900, Madison, WI 53705-0900 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 17th, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of October, 2022.

APPLICANT/PRINCIPAL

COMPANY

Azenta US, Inc.

Authorized Representative

Jason Joseph, Secretary

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Capitol Indemnity Corporation

Surety Company's Representative

Kathryn Kleinschmidt, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

CAPITOL INDEMNITY CORPORATION
POWER OF ATTORNEY

CIC1923434
Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the **CAPITOL INDEMNITY CORPORATION**, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

------ANETT CARDINALE; SARAH HANCOCK; KATHRYN KLEINSCHMIDT; BRIAN MCCARTER; JOSEPH R. WILLIAMS; ANNETTE WISONG-------

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

---------- ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: $20,000,000.00 ----------

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **CAPITOL INDEMNITY CORPORATION** at a meeting duly called and beld on the 15th day of May, 2002.

"**RESOLVED,** that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in tbe nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority herehy given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner – Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the **CAPITOL INDEMNITY CORPORATION** has caused these presents to be signed by its officer undersigned and its corporate seal to he hereto affixed duly attested, this 1st day of Septemher, 2022.

Attest:

Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer

Todd Burrick
Chief Underwriting Officer

CAPITOL INDEMNITY CORPORATION CORPORATE SEAL WISCONSIN

CAPITOL INDEMNITY CORPORATION

Adam L. Sills
Chief Executive Officer and President

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

On the 1st day of Septembcr, 2022 before mc pcrsonally camc Adam L. Sills, to me known, who bcing by mc duly sworn, did depose and say: that he resides in the County of New York, State of New York; that he is Chief Executive Officer and President of **CAPITOL INDEMNITY CORPORATION**, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto hy like order.

DAVID J. REGELE NOTARY PUBLIC STATE OF WISCONSIN

David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN
COUNTY OF DANE } S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in **CAPITOL INDEMNITY CORPORATION**, a Wisconsin Corporation, authorized to make this certificate, **DO HEREBY CERTIFY** that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 6th day of October, 20 2022.

CAPITOL INDEMNITY CORPORATION CORPORATE SEAL WISCONSIN

Suzanne M. Broadbent
Assistant Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

ESTABLISHMENT REGISTRATION AND LISTING FOR HUMAN CELLS, TISSUES, AND CELLULAR AND TISSUE-BASED PRODUCTS DESCRIBED IN 21 CFR 1271.10

FEI: 3004757032

Other FDA Registrations:
Blood:
Devices:
Drugs:

Reason For Last Submission: Annual Registration/Listing
Last Annual Registration Year: 2021
Last Registration Receipt Date: 12/04/2020
Summary Report Print Date: 12/14/2020

Legal Name and Location:

Brooks Life Sciences Inc.
2910 Fortune Circle W
Suite E

Indianapolis, Indiana 46241
USA
Phone: 317-390-1866 **Ext.:**

Reporting Official:

Kelly J Kelley, Quality Assurance Associate
2910 Fortune Circle W
Suite E
Indianapolis, Indiana 46241
USA
Phone: 317-991-9162 Ext.
kelly.kelley@brooks.com

Satellite Recovery Establishment: No
Parent Manufacturing Establishment FEI No.:
Testing For Micro-Organisms Only: No

Note: FDA acceptance of an establishment registration and HCT/P listing does not constitute a determination that an establishment is in compliance with applicable rules and regulations or that the HCT/P is licensed or approved by FDA (21 CFR 1271.27(b)).

HCT/P(s)	Donor Type(s)	Establishment Functions								Date of Discontinuance	Date of Resumption	Proprietary Name(s)
		Recover	Screen	Donor Testing	Package	Process	Store	Label	Distribute			
Amniotic Membrane												
Blood Vessel							X		X			
Bone												
Cardiac Tissue - non-valved							X		X			
Cartilage												
Cornea												
Dura Mater							X		X			
Embryo	Anonymous, Directed, SIP											
Fascia												
Heart Valve												
HPC Apheresis							X		X			
HPC Cord Blood	Autologous, Family Related						X		X			
Ligament							X		X			
Nerve Tissue							X		X			
Oocyte	Anonymous, Directed, SIP											
Ovarian Tissue												
Pancreatic Islet Cells - autologous												
Parathyroid												
Pericardium												
Peripheral Blood Mononuclear Cells												
Peritoneal Membrane												
Sclera												
Semen	Anonymous, Directed, SIP						X		X			
Skin												
Tendon							X		X			
Testicular Tissue							X		X			
Tooth Pulp												
Umbilical Cord Tissue												

Additional Information: BioStorage was acquired by Brooks Life Sciences Inc. in 2015; The legal name change from BioStorage to Brooks Life Sciences Inc. was official on Oct. 1st, 2019.

Proprietary Name(s):

FEI: 3004757032

Legal Name: Brooks Life Sciences Inc.

National Association of Boards of Pharmacy®
Supply Chain Inspection Form

Facility e-Profile ID:	1570416		**Inspection Information**
Legal Business Name:	Azenta US, Inc	**Day 1:**	9/20/2022
Trade Name/Doing Business As:	Azenta Life Sciences	**Start Time: 24-hour format (13:00)**	15:00
State License Number(s):	3PL-94000135A	**End Time: 24-hour format (13:00)**	15:55
Address:	2910 Fortune Circle Drive West, Suite E	**Day 2:**	9/21/2022
City:	Indianapolis	**Start Time: 24-hour format (13:00)**	7:30
State:	Indiana	**End Time: 24-hour format (13:00)**	13:45
Zip Code:	46241	**Inspector Name:**	Howard Kramer, RPh
Telephone number:	947-217-1325	**Inspection Performed by (NABP, State, etc.):**	NABP
Website:	www.azenta.com	**Observer Name/Affiliation (if applicable):**	Ralph Anilo / NABP
		Observer Name/Affiliation (if applicable):	NA

Facility Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	7:00	0:00	
Tuesday	7:00	0:00	
Wednesday	7:00	0:00	
Thursday	7:00	0:00	
Friday	7:00	0:00	
Saturday			X

	Name		**Name**
Designated Representative (DR)	Lindsay Smay	**DR Designee/Alternate**	Jessie Gore

Personnel Involved in the Inspection	Name	Title	License or Registration Available and Current (Y/N)
1	Lindsay Smay	**Designated Representative (DR)**	Y
2	Jessie Gore	**DR Designee/Alternate**	In Process
3	Henry Tillman	Senior Regulatory Licensing Analyst	NA
4	Jordan Walls	Team Supervisor	NA
5	Rosalind Norris	Senior Regulatory Compliance Manager	NA
6	Lisa Beyer	HR Business Partner	NA
7	Sean Lyons	Senior Director of Global Operations	NA
8	Tom Waites	Director of Global Resource Management	NA
9	N/A	N/A	N/A
10			

If more than 10 facility personnel are involved in the inspection, then list the number and titles of the additional personnel involved in this section (names are not required) (eg: 4 receivers, 6 customer service representatives, 2 supervisors, 1 ARCOS clerk, 2 security guards, etc.).

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, Department of Justice (DEA), FDA, etc)			
License/Registration Issuing Agency	**Business Name on License/Registration**	**License Type/Number**	**Expiration Date**
Indiana Professional Licensing Agency, Board of Pharmacy	Brooks Life Sciences	Third Party Logistics Provider/94000135A	9/30/2022
N/A	N/A	N/A	N/A

Inspector Notes: Azenta stores APIs for Eli Lilly and Company. APIs are stored temporarily for Lilly and shipped back to Lilly as needed. This facility is strictly a 3PL, and will continue to operate as a 3PL when it distributes vaccines in the near future. There is no insulin stocked at this facility so there was no ReliOn insulin. In a review of the license list and the states into which Azenta ships, the facility is shipping only clinical trial materials to the following states for which it is not licensed as a 3PL: CA, DC, GA, MA, MD, NY, PA, RI, VA, and WA. Mr. Tillman states that a 3PL license is not required to ship clinical trial materials. Mr. Tillman also states the tissue sample owner must be licensed as IRB, Institutional Review Board, in those states to which Azenta is shipping and unlicensed as a 3PL. When they ship the vaccines they will distribute in the future, they will be licensed as a 3PL in all states where required.

Attachments (NO PHI, including prescription numbers)	
Attachment Name	**Description**
There are no attachments.	N/A

Type(s) of Operations Type "X" for all that apply			
AD - API Distributor		AR - API Repackager	
DD - Prescription Medical Device Distributor		IND - Investigational New Drug Distributor	
MFR - Manufacturer		OF - Outsourcing Facility	
OTC - OTC Medical Device Distributor		RD - Reverse Distributor	
RPKG - Repackager of Finished Prescription Drugs		SD - Sample Distributor	
VD - Virtual Distributor		VET - Veterinary Prescription Drug Distributor	
VM - Virtual Manufacturer		WD - Wholesale Distributor of Prescription Drugs	
3PL - Third Party Logistics Provider	X	Other	

Provide a brief description of the operations at the facility:

Azenta Life Sciences is a third party logistics provider (3PL) that handles biological samples from individuals under clinical trial, as well as biologics such as tissues for transplant. The business currently houses clinical trial material for AlloVir. For the states in which the facility ships the clinical trial material for AlloVir, they are not required to be licensed, however, the tissue sample owner must be licensed by the IRB, Institutional Review Board. These states include: CA, DC, GA, MA, MD, NY, PA, RI, VA, and WA. They currently store about 50 million samples for their clients. The facility stores APIs for Eli Lilly and Company (Eli Lilly). APIs are stored temporarily for Eli Lilly and shipped back to Eli Lilly as needed. Going forward they will continue to hold biological samples from clinical trials, research trials, and tissues from clients. In the future, the facility will add commercial vaccines and other therapeutics to the 3PL inventory. Their plan is to store and transport biologics including emerging cell and gene therapies for manufacturers. The facility will obtain the additional 3PL licensure needed when the inventory expands.

National Association of Boards of Pharmacy®
Supply Chain Inspection Form

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
	A. Background		
1	Is the DR (or facility manager/director) present for the inspection? ***If no, list the DR designee/alternative on duty and present for the inspection.***	Yes	
2	Is the DR employed full-time at the facility? ***Record the number of hours worked per week on site.***	Yes	The DR works about 45 to 50 hours per week.
3	Are there any businesses adjacent to the facility that are involved in the sale, purchase, trade, delivery, handling, storage, receipt, dispensation, or administration of prescription drugs/devices? ***If yes, list the adjacent businesses.***	No	
4	If yes to the question above, are the adjacent businesses affiliates?	N/A	
5	Are any businesses co-located with the facility? ***If yes, list the co-located businesses.***	No	
6	If yes to the question above, are the co-located businesses affiliates?	N/A	
7	Do any inter (or intra)-company transfers occur between affiliate businesses (co-located and otherwise)? ***If yes, a description of the transfers is needed.***	No	

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
8	If the facility is a manufacturer or repackager/labeler, does the facility label drug products that appear in FDA's NDC directory? ***If yes, take photos of what's labelled.****	N/A	This facility operates strictly as a 3PL.
9	What is the approximate number of prescription drug and/or device orders shipped per day? ***Please specify the measurement used (eg, lines, SKUs, eaches).***		There are no prescription drugs or Rx/OTC devices shipped. There are about 28 shipments per day of biologics/clinical trial material.
10	What is the number of customers to whom the facility ships prescription drugs and/or devices? ***Request a list of all customers to whom they ship prescription drugs and/or devices, sorted alphabetically, by city/state and by type (WD/3PL/Pharmacy/Clinic/Practitioner/Hospital/Gov't Entity, etc).***		NA-There are no prescription drugs or devices shipped.
11	What is the facility's number of prescription drug sources? ***Request a list of prescription drug and/or device sources, sorted alphabetically and by type (MFR/WD). Compare this list to the list provided with the application.*** ***List any new sources.***		NA-There are no prescription drugs or devices shipped.
12	What is the number of non-manufacturer prescription drug and/or device sources?		NA- There are no prescription drugs or devices. Sources are either from a manufacturer or they are patient specific tissue samples for a clinical trial.
13	What are the types of sources for prescription drugs, prescription medical devices, OTC medical devices (eg, manufacturer, repackager, wholesale distributors)?		NA- There are no prescription drugs or devices. Sources are either from a manufacturer or they are patient specific tissue samples for a clinical trial.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
14	What are the facility's sourcing requirements for prescription drugs, prescription medical devices, OTC medical devices (eg. direct from a MFR, from a NABP Drug Distributor accredited WD who purchases directly from a MFR, or purchased the OTC medical device from the manufacturer or a distributor who purchased the OTC medical device from the manufacturer, etc)?		NA- There are no prescription drugs or devices. Sources are either from a manufacturer or they are patient specific tissue samples for a clinical trial.
15	List the types of products distributed by the facility (eg, Rx drugs, OTC drugs, API, Vet, samples, compounded, Rx device, OTC device (eg, diabetic test strips)).		The facility distributes clinical trial material and stores patient specific tissue samples for a clinical trial. Vaccines will be shipped as soon as the new contract is in place.
16	What is the approximate percentage of brand name prescription drugs that are sourced directly from the manufacturer?		All biologics are in clinical trials and are not branded; however, 100% of the clinical trial biologics come from the manufacturers.
17	What is the approximate percentage of all prescription drugs and/or devices that are sourced from non-manufacturers?		All biologics are in clinical trials and are not branded, so zero percent comes from non-manufacturers.
	B. Additional Record Requests/Reviews		
18	Are facility licenses, permits and registrations (state, controlled substances, DEA, FDA, etc) available and current? ***If any are expired or not posted or available for viewing, record which ones are expired and/or describe the situation.***	Yes	

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
19	IF there are sources other than manufacturers/primary wholesale distributors on the Source List that was requested in Question 9; OR IF there are additional sources on the Source List generated in Question 9 when compared to the Source List submitted with their application. ***Request the facility's Accounts Payable for the prescription drugs/devices for up to six months dependent on volume.*** ***List any additional sources not previously disclosed.***		NA- This facility operates strictly as a 3PL.
	C. DSCSA Compliance (Section 582 of the FD&C Act)		
20	Does the facility receive product tracing data and document its receipt? ***Describe.***	N/A	This facility operates strictly as a 3PL.
21	Does the facility provide product tracing data to each subsequent owner prior to or at the time of the transaction? ***Describe.***	N/A	This facility operates strictly as a 3PL.
22	Does the facility have systems in place to enable compliance with the verification requirements for suspect and illegitimate products? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
23	Does the facility have a process for quarantining suspect products? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
24	Does the facility have a process for investigating suspect products to determine if they are illegitimate? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
25	Does the facility have a process for validating applicable transaction information/transaction history (TI/TH) when suspect product determinations are made? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
26	Does the facility have a process for maintaining records of suspect product investigations for six years? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
27	Does the facility have a process for coordinating illegitimate product determinations with the manufacturer? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
28	Does the facility have a process for dispositioning illegitimate products? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
29	Does the facility have a process for assisting other trading partners in dispositioning illegitimate product? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
	D. Legitimate OTC Medical Device Determination		
35	Does the facility have systems in place to enable compliance with the verification requirements for legitimate OTC medical devices? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
36	Does the facility have a process for quarantining the medical device within their possession until such medical device is cleared or dispositioned? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
37	Does the facility have a process for conducting an investigation in coordination with manufacturers, vendors, and customers, as applicable, to determine whether the medical device is legitimate? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
38	Does the facility have a process for maintaining the records of a suspect product investigation for no less than three years after the conclusion of the investigation?	N/A	This facility operates strictly as a 3PL.
	E. Laws/Regulations		
39	Is the facility and/or its owners/officers the subject of any open or pending regulatory, civil, or criminal matters related to the distribution of drugs or devices? ***Provide details, if applicable.***	No	

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
30	Does the facility have a process for retaining samples of illegitimate products? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
31	Does the facility have a process for notifying FDA and all immediate trading partners within 24 hours of illegitimate product determinations? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
32	Does the facility have a process for responding to illegitimate product notifications from FDA and trading partners? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
33	Does the facility have a process for terminating illegitimate product notifications in consultation with FDA? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.
34	Does the facility have a process for maintaining records of the disposition of an illegitimate product for not less than six years? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
40	Does the facility have a process for monitoring changes in applicable state and federal laws and regulations? ***If yes, describe the process.*** ***If no, describe how the facility becomes aware of changes in state/federal laws/regulations that may impact their operations.***	Yes	The Azenta regulatory department tracks all changes in state and federal regulations. They are on the mailing list for all state regulatory agencies in the states to which they ship. The facility also receives communication from the FDA for drugs and tissue management.
	F. Reporting and Notifications		
41	Has the facility received any suspect prescription drugs/devices and/or OTC medical device verification requests from FDA?	No	This facility operates strictly as a 3PL and does not handle prescription drugs/devices or OTC medical devices.
42	If suspect verification requests were received from FDA, does the facility have records of corresponding suspect product investigations? ***Review records (requested in advance) and note relevant observations (eg, what was the facility's role? Is the facility utilizing the same source? What products were involved?).***	N/A	This facility operates strictly as a 3PL and does not handle prescription drugs/devices or OTC medical devices.
43	Has the facility made any illegitimate prescription drugs/devices and/or OTC medical device notifications to FDA and immediate trading partners?	No	This facility operates strictly as a 3PL and does not handle prescription drugs/devices or OTC medical devices.
44	If illegitimate notifications to FDA and immediate trading partners were made, does the facility have records of corresponding illegitimate product dispositions? ***Review records (requested in advance) and note relevant observations (eg, what was the facility's role? Is the facility utilizing the same source? What products were involved?).***	N/A	This facility operates strictly as a 3PL and does not handle prescription drugs/devices or OTC medical devices.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
45	Has the facility received any illegitimate prescription drugs/devices and/or OTC medical device notifications from FDA or trading partners?	No	This facility operates strictly as a 3PL and does not handle prescription drugs/devices or OTC medical devices.
46	If illegitimate notifications from FDA or trading partners were received, does the facility have records of corresponding suspect product investigations? ***Review records (requested in advance) and note relevant observations (eg, what was the facility's role? Is the facility utilizing the same source? What products were involved?).***	N/A	This facility operates strictly as a 3PL and does not handle prescription drugs/devices or OTC medical devices.
	G. Facility Licenses/Permits/Registrations		
47	Has the facility been inspected or visited by the DEA? ***If yes, request to see the inspection report, and indicate the inspection/visit date and note any deficiencies.***	N/A	There are no controlled substances.
48	Using the Customer List generated by the facility, compare it to the License List. Are there any customers in states where the facility is not licensed?	Yes	In a review of the license list and the states into which Azenta ships, the facility is shipping only clinical trial materials to the following states for which it is not licensed as a 3PL: CA, DC, GA, MA, MD, NY, PA, RI, VA, and WA. Mr. Tillman stated that a 3PL license is not required to ship clinical trial materials. Mr. Tillman also stated the tissue sample owner must be licensed as an IRB (Institutional Review Board) in those states to which Azenta is shipping and unlicensed as a 3PL. When they ship the vaccines in the future they will be licensed as a 3PL in all states where required.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
49	***If yes, list any states where the facility is not licensed.***		In a review of the license list and the states into which Azenta ships, the facility is shipping only clinical trial materials to the following states for which it is not licensed as a 3PL: CA, DC, GA, MA, MD, NY, PA, RI, VA, and WA. Mr. Tillman sates that a 3PL license is not required to ship clinical trial materials. Mr. Tillman also states the tissue sample owner must be licensed as IRB (Institutional Review Board) in those states to which Azenta is shipping and unlicensed as a 3PL. When they ship the vaccines in the future they will be licensed as a 3PL in all states where required.
50	If the facility is a wholesale distributor or 3PL: Has the facility reported to the FDA as such? ***Confirm.*** ***If no, describe why the facility has not reported.***	Yes	The printout from www.fda.gov indicating reporting from the facility to the FDA was observed.
51	Does the facility have a process for preventing the distribution of products to states where it is not licensed, where licensure is required? ***If yes, describe the process.***	Yes	The software system provides controls that will prevent shipments to states in which a license is required but not held.
	H. Personnel		
52	Review the employee files (requested in advance) for two staff members plus a supervisor and the designated representative to review the following: initial criminal background check and toxicology screening, general training records (new hire and recurring training), and specific job training including P&Ps, safety training, and performance reviews, including any disciplinary actions. ***Describe any missing information in the employee files provided.***		Files were reviewed for: two (2) BioBank Regulated Product Specialists, a BioBank Team Supervisor and the DR. There were no issues observed.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
e-Profile ID: 1570416
Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
53	Does the facility conduct initial criminal background checks?	Yes	
54	Does the facility conduct for cause criminal background checks?	Yes	
55	Does the facility conduct initial toxicology screening?	Yes	
56	Does the facility conduct for cause toxicology screening?	Yes	
57	Does the facility conduct initial training for new employees related to their assigned tasks?	Yes	
58	Does the facility conduct ongoing training for employees related to their assigned tasks?	Yes	
	I. Source/Vendor Verification		
59	Can the facility demonstrate how they determine that their sources are legitimate/authorized Trading Partners? ***Select sources (one of each different types, MFR, WD, 3PL, etc.) and have the facility demonstrate how they verify that each source is legitimate or authorized under the FD&C Act.*** ***If yes, describe their process.***	Yes	The Compliance team, Henry Tillman and Rosalind Norris, use primary source verification to determine legitimacy of all clients.
60	Does the facility ensure trading partners provide prescription drugs/devices that were legitimately obtained by each previous owner? ***If yes, describe their process.***	N/A	This facility operates strictly as a 3PL and does not handle prescription drugs/devices.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences
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Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
61	Does the facility ensure that the prescription drugs and/or devices it receives were not previously distributed to pharmacies or healthcare entities; or, were not distributed in violation of contracts for "own use" or other restrictions limited by group purchasing contracts or federal purchasing programs, such as 340B? ***If yes, describe their process.***	N/A	This facility operates strictly as a 3PL and does not handle prescription drugs/devices.
62	Does the facility have a process to ensure OTC medical devices are purchased or received directly from the manufacturer or from a distributor that purchased from the manufacturer? ***Describe their process.***	N/A	There are no OTC medical devices.
63	Does the facility purchase APIs?	No	This facility operates strictly as a 3PL but does store APIs for Eli Lilly and Company (Eli Lilly). The facility will store the API until directed by Eli Lilly to ship the API back to Eli Lilly.
64	If purchasing APIs, does the facility establish the legitimacy of the APIs? ***If yes, describe how this is performed.***	N/A	This facility operates strictly as a 3PL but does store APIs for Eli Lilly and Company (Eli Lilly). The facility will store the API until directed by Eli Lilly to ship the API back to Eli Lilly.
65	If purchasing APIs, does the facility establish the legitimacy of its API suppliers? ***If yes, describe how this is performed.***	N/A	This facility operates strictly as a 3PL but does store APIs for Eli Lilly and Company (Eli Lilly). The facility will store the API until directed by Eli Lilly to ship the API back to Eli Lilly.

Supply Chain Inspection

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		Observations	Notes
	J. Customer Verification		
66	Can the facility demonstrate how customers are determined to be legitimate/authorized Trading Partners? ***Select customers (select one of each type such as pharmacy, clinic, medical doctor, wholesale distributor, etc.) and have the facility demonstrate how they verify that each customer is legitimate or authorized under the FD&C Act.*** ***If yes, describe their process.***	No	Shipments are made to "customers" as advised by the client and biologics owner.
	K. Facility		
67	What is the approximate size of the entire facility?		117,784 square feet
68	What is the approximate size of the storage and handling area?		75,020 square feet
69	Is the facility of sufficient size, construction, and design to provide adequate lighting, separation of work areas, and storage and movement of product in an orderly and safe manner? ***Describe deficiencies, if applicable.***	Yes	There were no deficiencies observed.
70	Are restrictions enforced on food, drink, and/or personal items (purses, backpacks, large coats) in the prescription processing and storage areas? ***Describe observations.***	Yes	There were no deficiencies observed.

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Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
71	Are housekeeping functions sufficient to ensure the facility is kept in a clean and well-maintained manner at all times? ***Describe their process.***	Yes	The facility uses an outside cleaning service, QBM, for the office area. There is a weekly cleaning schedule managed by employees for the balance of the facility, which is signed off by team leaders.
72	*Does the facility have a pest control process, including documented periodic inspections?* ***Describe their process.*** ***Request and review the three most recent inspection reports.*** ***Document any observations.***	Yes	W. B. McCloud of Memphis, TN manages pest control and comes monthly. Reports reviewed indicated minimal to no activity.
73	Does the facility have a crisis plan?	Yes	
74	***If yes, describe what their plan of action is in the event the facility structure is compromised, especially for those facilities with controlled substances.***		Damage is assessed and the area is secured with on site management until contracted security arrives on site. There are no controlled substances.
75	Does the facility protect critical records (paper and electronic) during emergency conditions? ***If yes, describe how.***	Yes	Paper records are stored in a fireproof room and all electronic records are backed up in real time to an Amazon cloud.
76	Does staff receive training related to crisis operations? ***If yes, describe the training and frequency of this training (at time of hiring, annually, etc).***	Yes	Training is upon hire and annually.

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		Observations	Notes
77	Does the facility staff receive training on how to conduct after-action assessments of prescription drugs and/or devices to ensure their integrity following a crisis? ***If yes, describe the training and frequency of this training (at time of hiring, annually, etc).***	Yes	This training is at time of hire and annually.
78	Does the facility have a method to maintain adequate power (such as a generator) during emergency conditions? ***If yes, describe.***	Yes	There are 6 on site generators that operate the entire facility if required. The power may be maintained for 5 to 7 days dependent on usage required.
79	*If the facility has a generator, does the facility perform preventative maintenance and regular testing to ensure functionality when needed?* ***If yes, describe what is in place.***	Yes	There is a quarterly preventative maintenance provided by Cummins, as well as an annual load test by Cummins. The Azenta maintenance team also tests the system weekly.
80	If preventative maintenance and testing is performed, is it documented? ***If yes, describe how.***	Yes	Documentation is managed electronically via Blue Mountain, which provides a written work order documenting the maintenance.
81	If components of crisis operation procedures are outsourced (such as security or climate controlled off-site storage facilities), are contracts/formal agreements in place guaranteeing the availability of the services at time of a crisis? ***Provide details.***	Yes	There is a contract with Securitas for security for crisis operation.

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		Observations	Notes
	L. Security		
82	Does the facility have perimeter lighting? ***Describe* the perimeter lighting.**	Yes	Perimeter lighting is provided by LED lighting. The small parking lot is lighted by the perimeter lighting on the building.
83	Is the facility/property enclosed to prevent unauthorized access (eg, fenced, gated, etc)? ***If yes, describe.***	No	
84	Does the facility have a security system? ***Describe the facility's security system (contact alarms, motion detectors, glass break detectors, etc) for its product storage areas. Does it include all entrances/exits or other openings (windows that open, skylights, roof access doors) during and after business hours?***	Yes	Security is provided by Hoosier Security. Electronic badge access is a Galaxy system at all exterior doors and limited access interior doors. CCTV is provided by Avigilon, and there are approximately 80 cameras internally and externally. There are no opening windows or skylights and one roof access protected by a key lock.
85	Does the facility have a contract with a vendor to provide building security? ***If yes, document the name of the company and describe the services provided by the security vendor.***	No	
86	Are visitors required to sign in and sign out and are escorts required while in the facility? ***Describe their process.***	Yes	Visitors must sign in and complete a questionnaire at sign in. A photo ID/pass is generated, and the visitor must be escorted at all times.

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		Observations	Notes
87	Does the facility have a process for monitoring trash to prevent diversion of prescription drugs and prescription medical devices/OTC devices (prevention of prescription drugs and prescription medical devices/OTC devices being hidden in refuse and retrieved afterward)? ***Describe their process.***	Yes	All trash is placed in an internal compactor and is picked up by the vendor, Republic. There are no prescription drugs or devices in the facility.
88	Is any area of the facility shared with another business? ***If yes, identify and describe the other business (eg, pharmacy, other facility, reverse distributor, repackager, etc).***	No	
89	If the facility is shared with another business, does the facility engage in prescription drug transactions or other distributions with the co-located business? ***If yes, describe.***	N/A	
90	If the facility is shared with another business, ***describe how the facility ensures physical and financial operations are properly separated.***		
91	Are computers password-protected?	Yes	
92	Does the facility maintain computer system access security? ***If yes, describe the process (eg, frequent password changes, strength of password methodology, biometric, etc).***	Yes	Passwords must be changed every 90 days and must contain a minimum of 8 characters, with 3 of 4 criteria met, including upper case letters, lower case letters, numerals, and one non-alphanumeric symbol.

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Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
93	Is access to data and systems limited to critical tasks related to an employee's job? ***If yes, describe the process used to prevent employees from accessing data/systems unrelated to their job critical task.***	Yes	Access is requested by the employee's supervisor and requires approval by the DR.
94	Is computer data backed up? ***If yes, describe how often data is backed-up.***	Yes	Data is backed up in real time.
95	Is backup data stored off-site? ***If yes, describe where.***	Yes	Data is backed up in an Amazon cloud.
96	Do others (corporate, related divisions, or other companies) have access to computer data? ***If yes, provide details that include security of the transmitted information (encryptions/SSL or other).***	Yes	Corporate has access to all data. All transmissions are on the corporate computer system and do not require special encryption.
	M. In-Bound Product and Receiving		
97	Do employees demonstrate knowledge of and techniques in each of the following areas ***(if not actively receiving product at the time of the inspection, have employee describe process):***		
98	The process for examining the physical package, case, or tote for signs or prior opening, broken seals, damage, leaks, repairs, or alterations? ***Describe the process.***	Yes	All items are examined upon delivery for obvious damage prior to acceptance.

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		Observations	Notes
99	The process for **not** receiving or entering products into inventory under certain circumstances, which may include: damaged product, lack of transaction documents, etc? ***Describe the process.***	N/A	Shipments are never refused, but may be placed in quarantine status with the client contacted for direction should there be issues such as damage.
100	The process they follow when the receipt does not match the purchase order and packing slip? ***Describe the process.***	Yes	Item is quarantined and the client/owner is contacted for resolution.
101	The process for moving applicable prescription drugs and/or devices to quarantine when the preceding issues are detected? ***Describe the process.***	Yes	While there are no prescription drugs or devices, items are immediately quarantined physically and electronically when necessary.
102	The process for identifying temperature sensitive items and ensuring that temperatures have been maintained within labeled requirements during transit? ***Describe the process.***	Yes	The external package is frequently marked and identified as temperature sensitive and the packing list may also identify the item. A project screen in the computer system may also advise that a temperature monitoring device is in the shipment.
103	The process for moving temperature sensitive inventory to its appropriate temperature storage location. ***Describe the process.***	Yes	The project screen in the computer system advises personnel at which temperature the item is to be stored. If there is no project in the system for the material sent, the client is contacted or the item is stocked based on how it was shipped from the client.
104	The process for ensuring product tracing information is received, when applicable, prior to placing products into active stock? ***Describe the process.***	N/A	This facility operates strictly as a 3PL, and does not have tracing information.

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		Observations	Notes
105	The process for identifying returned items and moving them to quarantine in a timely manner? ***Describe the process.***	Yes	Clinical trial samples may be accepted for return but are not quarantined and are returned to inventory. For the vaccines that will be distributed, the process has not yet been established but will be quarantined until specific criteria has been met as established by the client/owner.
	N. Product Tracing/Product Integrity		
106	Does the facility distinguish whether the prescription drugs it has sold or distributed are products subject to product tracing requirements under the DSCSA? ***If yes, describe their process.***	N/A	This facility operates strictly as a 3PL.
107	Does the facility distribute prescription drugs that are not products under the DSCSA? ***If yes, describe the types of prescription drugs distributed that are not products.***	N/A	This facility operates strictly as a 3PL.
108	Does the facility purchase, sell, and/or distribute compounding kits? ***Describe the components of the kits (diluents, excipients, base, etc).*** ***Take photos of kit label that includes NDC, or if any medical claims are made, and contents of the kit itself.****	N/A	This facility operates strictly as a 3PL.
109	***If yes, list the sources of the kits and include the manufacturer(s) name.***		
110	***If yes, describe the components of the kits (diluents, excipients, base, etc).*** ***Take photos of kit label that includes NDC, or if any medical claims made, and contents of the kit itself.****		

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		Observations	Notes
111	***Request complete product tracing records:*** transaction information, transaction history, and transaction statement (TI, TH, TS). Select at least five transactions from the previously-requested receipt and sales reports. ***Using the transactions data, review and answer Questions 112 - 116 below.***		This facility operates strictly as a 3PL.
112	Was the facility able to produce complete product tracing records: transaction information, transaction history, and transaction statement (TI, TH, TS) for each product? ***Describe any challenges with this request.***	N/A	This facility operates strictly as a 3PL.
113	Do all the transaction histories begin with the manufacturer (a repackager is not a manufacturer) or include a direct purchase statement from the facility that purchased the product directly from the manufacturer? ***Describe anything suspicious.***	N/A	This facility operates strictly as a 3PL.
114	Were all the direct sources referenced in the transaction histories included in the source list provided by the facility? ***Document any sources not included in the source list, include their shipping address.***	N/A	This facility operates strictly as a 3PL.
115	Do any sources in the transaction histories (or source list) appear to be pharmacies? ***Document any sources that appear to be pharmacies, include their shipping address.***	N/A	This facility operates strictly as a 3PL.
116	Do any of the direct sources/previous owners referenced in the transaction histories appear to be otherwise suspect? ***If yes, describe.***	N/A	This facility operates strictly as a 3PL.

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		Observations	Notes
117	***During the facility walk-through, do any of the drug products observed exhibit signs of diversion/counterfeiting:*** -Missing inserts or outserts with different paper thickness or print types; -Dirty or worn looking labels; -Labels that look crooked or different from the rest; -Glue residues (from prescription labels that were removed during the diversion process); -Numerous loose bottles consisting of multiple lot numbers; or -Bottles that stand out/look different from the rest (different caps or other packaging features)? ***Describe observations.*** ***Request that the facility quarantine any products that exhibit signs of diversion/counterfeiting and record product names/descriptions/lot numbers/quantities/locations when applicable.*** ***Pictures of the suspect products may also be appropriate.**** ***Record product information, lot number, etc.***	N/A	There are no drug products distributed and no vaccines in stock at this time. There were no issues observed in the tour.
	O. Temperature and Humidity		
118	Does the facility have both heating and cooling (HVAC) for all product storage areas? ***Describe the heating and cooling (HVAC) system.***	Yes	There are approximately 35 HVAC units on the roof which provide cooling and heating for the facility, mostly controlled by facilities management. Some rooms such as conference rooms have thermostats. Heating is by natural gas, with electrical heat in the office areas.
119	Does the facility maintain an electromechanical or electronic recording and monitoring system that operates continuously (24/7/365) in all prescription drug/device storage areas?	Yes	

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		Observations	Notes
120	***If yes, describe the process by which the facility captures temperature/humidity data in each temperature environment (CRT, refrigerator, freezer).***		The electronic monitoring system which captures all temperatures and humidity is Ocea. There are monitors in all areas of the facility including CRT, and all refrigerated and frozen areas.
121	Are personnel made aware of excursions in real time?	Yes	
122	***If yes, describe the manner in which the notifications are made and to whom.***		Notifications are made to the on-call team (6 people that rotate weekly) via email, and phone call.
123	Are temperature/humidity data reviewed periodically?	No	
124	***If yes, describe the frequency the temperature/humidity data is reviewed and who reviews them.***		There is no scheduled review, unless there is an excursion or alert.
125	Has the facility experienced any temperature excursions within any of their different temperature storage environments?	Yes	
126	***If yes, describe what steps were taken by the facility, to include product assessment and corrective actions.***		The on-call team reviews the excursion and may move the material if the excursion requires inventory movement and the issue cannot be immediately resolved.

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		Observations	Notes
127	Are probes calibrated and what is the frequency of calibration? Request the most recent calibration records for the temperature/humidity recording devices. ***Record the calibration frequency and date of the last calibration or replacement.***	Yes	Probes are calibrated or replaced annually. The last calibration/replacement was 9/15/2022.
128	Does the facility store prescription drugs and/or devices requiring controlled room temperature (CRT) (20°C - 25°C/68°F - 77°F)?	Yes	
129	***If yes, record the current temperatures in each CRT area within the facility.***		The current CRT area is 20.2 degrees C.
130	Does the facility have temperature alarm settings for each CRT area within the facility?	Yes	
131	***If yes, record the temperature alarm settings for each CRT area within the facility.***		The alarm settings are 19.9 to 25.1 degrees C.
132	Is the current temperature(s) within alarm settings?	Yes	

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		Observations	Notes
133	***If temperatures are outside the alarm settings, describe the facility's response?***		Phone calls and emails are sent to the on-call team who investigates the issue, and makes adjustments or moves inventory as required by the issue.
134	Request CRT temperature data from the previous January and July for review. Are there any excursions identified in the review of requested temperature data?	Yes	
135	***If yes, record the events (date, length of time, temperatures realized during the excursion), what corrective actions were taken and include product assessment.***		Excursions noted were: 1/15/2022, the CRT temperature rose to 25.4 C for 20 minutes before dropping below the excursion range. No action was required or taken due to the minimal excursion noted.
136	Do any prescription drugs and/or devices have refrigerated temperature requirements (2°C - 8°C/36°F - 46°F)? ***Record the number of refrigerators used for prescription drug/device storage.***	Yes	There are no prescription drugs or devices; however, there is one refrigerated area.
137	***If yes, record the current temperatures of each refrigerator.***		The refrigerated area, with 8 probes, is currently at a range of 4.2 to 6.2 degrees C.

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		Observations	Notes
138	Does the facility have temperature alarm settings for each refrigerator within the facility?	Yes	
139	***If yes, record the temperature alarm settings for each refrigerator.***		The range is 1.9 to 8.1 degrees C.
140	Is the current temperature(s) within alarm settings?	Yes	
141	***If temperatures are outside the alarm settings, describe the facility's response?***		The on-call team reviews the excursion and may move the material if the excursion requires inventory movement and the issue cannot be immediately resolved.
142	Request temperature data from the previous January and July for each refrigerator. Are there any excursions identified in the review of the requested temperature data?	No	Data was not available for January 2022 as this is a new walk-in cooler which was activated 3/8/2022. The July 2022 data was reviewed.
143	***If yes, record the events (date, length of time, temperatures realized during the excursion), what corrective actions were taken and include product assessment.***		
144	Do any prescription drugs/devices have frozen/freezer temperature requirements (-25°C to 10°C/-13°F to 14°F)? ***Record the number of freezers used for prescription drug/device storage.***	Yes	There is one walk-in freezer maintained at -20 degrees C. There are 450 freezers maintained at -70 degrees C, 1100 freezers maintained at -80 C, and 1400 liquid nitrogen freezers.

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		Observations	Notes
145	***If yes, record the current temperatures of each freezer.***		All freezer temperatures were within range.
146	Does the facility have temperature alarm settings for each freezer within the facility?	Yes	
147	***If yes, record the temperature alarm settings for each***		The range for -20 degrees C freezers is -15 to -25 C. The range for the -70 degrees C freezers is -60 to -80 degrees C. The range for the -80 degrees C freezers is -70 to -90 degrees C. The range for the liquid nitrogen freezers is -70 to -196 degrees C.
148	Is the current temperature within alarm settings?	Yes	
149	***If temperatures are outside the alarm settings, describe the facility's response?***		The on-call team reviews the excursion and may move the material if the excursion requires inventory movement and the issue cannot be immediately resolved.
150	Request temperature data from the previous January and July for each freezer. Are there any excursions identified in the review of the requested temperature data?	No	
151	***If yes, record the events (date, length of time, temperatures realized during the excursion), what corrective actions were taken and include product assessment.***		
152	Does the facility have products with humidity storage requirements (ie, APIs, medical devices, etc.)?	Yes	APIs stocked are owned by Eli Lilly and Company.
153	***If yes, record the current humidity settings.***		Humidity settings are 10% or less as required by the client.

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		Observations	Notes
154	Does the facility have humidity alarm settings?	Yes	
155	***If yes, record the current humidity settings.***		10.1% is the alarm setting.
156	Is the current humidity level(s) within alarm settings?	Yes	
157	***If humidity is outside the alarm settings, describe the facility's response?***		The on-call team reviews the excursion and may move the material if the excursion requires inventory movement and the issue cannot be immediately resolved.
158	Request humidity data from the previous January and July. Are there any excursions identified in the review of the requested humidity data?	N/A	This is new service for the client starting July 7, 2022. Therefore, there was no January data for review.
159	***If yes, record the events (date, length of time, humidity levels realized during the excursion), what corrective actions were taken and include product assessment.***		The only excursion noted was during the first loading event on July 7, 2022. The humidity was restored within the range in 7 days after the material was loaded into the appliance. No corrective action was required or taken and time was required for the acclimation.
160	Is temperature mapping used to determine the placement and number of temperature/humidity probes in all areas where drugs/devices are stored (warehouse, refrigerator(s), freezer(s)? ***If yes, describe when the last mapping occurred and who performed the mapping.***	Yes	Mapping was performed by the Facilities Management team when the facility opened in 2012.

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		Observations	Notes
161	If temperature mapping was not used, ***describe*** what the basis is for determining the placement and numbers of temperature/humidity probes in all storage ranges in the facility.		
	P. Quarantine		
162	Are quarantined products segregated from saleable inventory in a secured area? ***Describe how.***	Yes	Quarantined inventory is segregated physically and electronically.
163	Is there a segregated quarantine area in the refrigerator and freezer (if applicable)? ***Describe the location and provisions to prevent co-mingling.***	Yes	Inventory is in a quarantine freezer, and marked physically and electronically.
164	Are processes present to ensure security of quarantined controlled substances? ***Describe the process.***	N/A	There are no controlled substances.
165	Does the facility determine the disposition of quarantined prescription items (ie, destruction vs return to active stock)?	No	There are no prescription drugs, however, the biologics owner/client would determine disposition of all quarantined inventory.
166	***If yes, describe how.***		

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		Observations	Notes
167	***Describe who is responsible for making the disposition and how the disposition is recorded.***		The biologics owner/client would determine disposition of all quarantined inventory.
168	Does the facility have processes for handling recalled drugs/devices (prescription or OTC)? ***If yes, describe their process.***	N/A	There are no prescription drugs or devices distributed. Recalls are quarantined until disposition instructions are provided by the biologics owner/client.
169	Does the facility accept returned goods?	Yes	
170	If yes, are returned goods ever dispositioned to be returned to saleable stock? ***If no, describe what the facility's action plan when returned goods arrive.***	Yes	Biologics may be returned to inventory. The process for the return to stock for vaccines has yet to be developed but is will be in place prior to acceptance of vaccines.
171	Does the facility determine whether returned saleable stock was originally obtained from its facility? ***If yes, describe the process.*** ***If there is no process, describe how the facility establishes the legitimacy of these products?***	Yes	At this time, clinical trial material is simply returned, as it could have come only from this facility. In the future, for vaccines, the facility is developing a returned goods process.

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		Observations	Notes
172	Does the facility establishes the integrity of saleable returns (eg, does the facility require customers to provide a record, evidence, or signed statement that the saleable returns were stored and shipped under conditions to preserve product integrity?)? ***If yes, describe the process.***	Yes	At this time, clinical trial material is simply returned, as it could have come only from this facility. In the future, for vaccines, the facility is developing a returned goods process.
173	Do prescription drug/device destruction occur in-house?	No	Stericycle manages this process.
174	***If yes, are disposals/destructions documented and witnessed by an appropriately authorized person?***	N/A	
175	Does the facility have a process for destroying/defacing drug and device cartons, empty containers/bottles, overwraps, package inserts, and packaging waste generated as part of regular operations to prevent its retrieval and use for counterfeiting or diversion? ***Describe the process.***	Yes	All packaging material is either shredded by Shredit or is placed in the secure dumpster.
176	Does the facility determine the hazard classification of its waste stream? ***If yes, describe the process.***	Yes	The client manages this at the time of the project and the Environmental Health and Safety group reviews all waste and determines the classification.
177	Are prescription drugs/devices are sent to a reverse distributor for destruction?	Yes	There are no prescription drugs or devices; however, Stericyle is the reverse distributor.

Supply Chain Inspection

Facility Name: Azenta US, Inc dba Azenta Life Sciences

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Inspection Date: 09/20/2022 - 09/21/2022

		Observations	Notes
178	If yes, does the facility receive proof of destruction (i.e., certificate of destruction) to ensure what was sent for destruction was actually destroyed. ***If the facility does receive proofs of destruction, request to review the most recently received proof of destruction document.***	Yes	The last proof of destruction reviewed was dated 8/30/2022
	Q. Inventory		
179	Does the facility have an inventory management system. ***If yes, describe.***	Yes	BioInventory is the proprietary inventory management system. The system tracks all relevant data in real time. Full traceability is included, as well as biologics life from receipt to outgoing shipment, quarantine, lot numbers, expiration dates and all other related inventory information.
180	Is the facility inventory management system 21 CFR Part 11 compliant? ***If not, describe.***	Yes	
181	Do employees demonstrate knowledge of and techniques in each of the following areas:		
182	The processes related to monitoring prescription products for first-in, first-out expiration dates? ***Describe the process.***	Yes	There are no prescription products, and currently the client makes all decisions on FIFO. A new system under development will manage FIFO for vaccines.
183	The processes related to identifying and then moving out-of-date inventory to quarantine? ***Describe the process.***	Yes	There are no prescription products, and currently the client makes all decisions on FIFO. A new system under development will manage FIFO for vaccines.

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		Observations	Notes
184	The processes related to identifying and then moving open packages to quarantine? ***Describe the process.***	Yes	Staff would notify the team lead who would start the process for moving inventory to quarantine.
185	The processes related to identifying and then moving stock subjected to temperature and/or humidity excursions to quarantine? ***Describe the process.***	Yes	QA identifies the inventory as quarantine required, and directs the Operations Leader to move the inventory to quarantine.
186	The processes for identifying and then moving stock suspected of being adulterated, misbranded, and/or compromised to quarantine? ***Describe the process.***	Yes	QA identifies the inventory as quarantine required, and directs the Operations Leader to move the inventory to quarantine.
187	Are cycle counts used to identify product shortages and/or losses (theft)? ***Describe the process.***	No	At this time there are no cycle counts but a perpetual inventory is maintained. When vaccine is stocked, cycle counts will be quarterly.
188	If yes, how often are cycle counts performed?		Cycle counts will be performed quarterly.
189	Are investigations conducted into inventory discrepancies identified? ***Describe the investigation process.***	Yes	Inbound and outbound shipment records are reviewed and compared to the perpetual inventory to pinpoint the discrepancy.

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		Observations	Notes
190	Who has the authority to adjust inventory-related discrepancies? ***Record the title(s) of those with authority to make inventory adjustments.***		The QA team reports discrepancies to the DR with a recommendation for resolution.
191	Does the same individual that makes inventory adjustments also sign the adjustment records? ***Anyone additional?***	Yes	The QA team also must approve the adjustment.
192	Is inventory of the quarantine area documented? ***If yes, describe the process.***	Yes	This is included in the perpetual inventory.
193	Are inventory records archived? ***If yes, how long are inventory records archived?***	Yes	These are maintained indefinitely.
194	Are intransit losses/thefts investigated with the carrier's involvement?	Yes	
195	Are intransit losses/thefts trended for use when evaluating the carrier's continued service? ***Describe the process.***	Yes	The QA team manages this process through a Supplier Corrective Action Report.

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		Observations	Notes
196	Audit **six** prescription items (***in cells below***) by taking a physical count of the product and comparing it to the totals listed in the inventory records for the applicable period. If the totals do not match, then audit another product in the same category. Please choose one product in each of the following categories for the audit: 1. Note a product that is in the quarantine area to audit to determine if active product and quarantined product are both indicated in the computer system 2. High priced prescription product 3. A controlled substance II-V 4. High volume product 5. Compounding kits 6. Diabetic test strips, if applicable. ***Indicate if there were any discrepancies found in audited drugs.***		There were no discrepancies noted in the audited items. There were no controlled substances and no items in quarantine. Six items were selected at random for the audit.

NOTE: If an above category is not in inventory at this facility, choose product(s) from other categories.

	Product Name/Inventory Record	Actual Count/Discrepancy
1	AlloVir Kit Box #1373454/8	8/0
2	AlloVir Kit Box #1398278/8	8/0
3	AlloVir Kit Box #1399584/1	1/0
4	AlloVir Novaseptum Bag #1398287/7	7/0
5	AlloVir Kit Box #1398233/8	8/0
6	AlloVir Kit Box #1371914/8	8/0

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		Observations	Notes
197	***Request complete product tracing records for the five items chosen above IF THE FACILITY ONLY SOURCES FROM MANUFACTURERS and/or PRIMARY WHOLESALE DISTRIBUTORS:*** transaction information, transaction history, and transaction statement (TI, TH, TS). Select at least five transactions from the previously requested receipt and sales reports. ***Using the transactions data, review and answer questions 198 - 202 below.***		This facility operates strictly as a 3PL
198	Was the facility able to produce complete product tracing records: transaction information, transaction history, and transaction statement (TI, TH, TS) for each product? ***Describe any challenges with this request.***	N/A	This facility operates strictly as a 3PL
199	Do all the transaction histories begin with the manufacturer (a repackager is not a manufacturer) or include a direct purchase statement from the facility that purchased the product directly from the manufacturer? ***Describe anything suspicious.***	N/A	This facility operates strictly as a 3PL
200	Were all the direct sources referenced in the transaction histories included in the source list provided by the facility? ***Document any sources not included in the source list, include their shipping address.***	N/A	This facility operates strictly as a 3PL
201	Do any sources in the transaction histories (or source list) appear to be pharmacies? ***Document any sources that appear to be pharmacies, include their shipping address.***	N/A	This facility operates strictly as a 3PL

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		Observations	Notes
202	Do any of the direct sources/previous owners referenced in the transaction histories appear to be otherwise suspect? ***Describe.***	N/A	This facility operates strictly as a 3PL
	R. Order Fulfillment and Shipping		
203	Does the facility have a process for monitoring purchasing activity of customers and to identify suspicious orders of prescription drugs (non-controlled substances) and/or prescription/OTC medical devices? ***If yes, describe the system.***	No	Suspicious order monitoring is managed by the biologics owner/client.
204	If shipping refrigerator and/or frozen prescription drugs/devices, is the facility using qualified shipping containers? ***If yes, request a copy of the qualification report.****	Yes	Shipping containers are prescribed by the biologics owner/client, and the biologics owner/client is responsible for ensuring qualified shipping containers are used.
205	If the facility is not using pre-qualified containers, does the facility perform its own qualification of shipping containers? ***If yes, request a copy of the qualification report.**** ***Describe this process.***	N/A	
206	Does the facility ship items outside of labeled requirements?	No	

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		Observations	Notes
207	If yes, does the facility have documentation from the MFR of the product that describes this shipping method as acceptable and the parameters are included? ***Request a copy.****	N/A	
208	Does the facility use temperature indicators in every shipment for both cold and warm climates?	No	All shipments do not contain a temperature indicator. This is prescribed by the biologics owner/client. All vaccine shipments will contain a TempTale.
209	***If yes, describe at what temperatures the devices indicate an excursion.***		The range for excursions for vaccines has not been established but will be established by the manufacturer/owner before vaccine is stocked and shipped.
210	If yes, does the facility provide instructions to the recipient on how to "read" the temperature indicator included in the shipment and who to contact in the event of an excursion? ***Describe how the instructions are provided.***	N/A	Instructions will be provided to the site, but delivery method has yet to be determined.
	S. Controlled Substances (NA for Virtuals)		
211	Do employees demonstrate knowledge of and techniques in the process for identifying controlled substances and securing them upon receipt? ***Describe the process.***	N/A	There are no controlled substances distributed.

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		Observations	Notes
212	Does the facility have a process for monitoring its customers' controlled substances purchases to identify suspicious orders? ***If yes, describe the system.***	N/A	There are no controlled substances distributed.
213	Are CIII-CV controlled substances stored in a DEA-approved cage? ***If yes, record square footage.***	N/A	There are no controlled substances distributed.
214	Is the storage area of sufficient size to accommodate inventory amount?	N/A	There are no controlled substances distributed.
215	Are CII controlled substances stored in a DEA-approved vault? ***If yes, record square footage.***	N/A	There are no controlled substances distributed.
216	Is the storage area of sufficient size to accommodate inventory amount?	N/A	There are no controlled substances distributed.

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		Observations	Notes
217	Are there any hazardous controlled substances? ***If yes, describe how they are stored.***	N/A	There are no controlled substances distributed.
218	Does the facility identify personnel authorized to access the controlled substance cage/vault?	N/A	There are no controlled substances distributed.
219	Is the controlled substance cage and/or vault equipped to ensure entry is limited to only those authorized personnel?	N/A	There are no controlled substances distributed.
220	Does the facility allow visitors into the controlled substance storage areas?	N/A	There are no controlled substances distributed.
221	If yes, are they accompanied by authorized personnel?	N/A	There are no controlled substances distributed.
222	Are non-controlled substances stored within the DEA cage/vault?	N/A	There are no controlled substances distributed.

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		Observations	Notes
223	If yes, does the facility have written permission from DEA to do so? ***Request the written permission, review, and list the prescription drugs/devices allowed to be stored within the DEA cage/vault.***	N/A	There are no controlled substances distributed.
224	Are processes in place for handling List I chemicals (eg, receipt, storage, monitoring for diversion, and reporting losses)? ***Describe the process.***	N/A	There are no List 1 chemicals.
225	Are required inventories performed and reconciled for Schedule II controlled substances? ***If yes, how often?*** ***Request and review the last two biennials conducted.*** ***Indicate the dates of last two biennial inventories and any relevant observations.***	N/A	There are no controlled substances distributed.
226	Are required inventories and reconciliations performed for Schedule III-Schedule V controlled substances? ***If yes, how often?*** ***Request and review the last two biennials conducted.*** ***Indicate the dates of last two biennial inventories and any relevant observations.***	N/A	There are no controlled substances distributed.

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		Observations	Notes
227	Are DEA 106 forms on file? ***Request and review forms from the most recent 12-month period.*** ***How many forms did they have on file and which schedules were noted?***	N/A	There are no controlled substances distributed.
228	If DEA 106 forms are on file, was follow-up conducted regarding the losses? ***Describe the investigation, including who was contacted.***	N/A	There are no controlled substances distributed.
229	If DEA 106 forms are on file, did the investigation reveal inadequate controls? ***If so, what corrective actions were taken?***	N/A	There are no controlled substances distributed.
230	If DEA 106 forms are on file, are patterns of losses evident in the reports? ***If yes, describe.***	N/A	There are no controlled substances distributed.
231	Is the facility operating under a DEA directive? ***If yes, request a copy of the directive.******	N/A	There are no controlled substances distributed.

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		Observations	Notes
	T. Recordkeeping and Record Retention		
232	Does the facility's record keeping process maintain all records pertaining to the purchase, receipt, storage, and shipping of prescription drugs/devices?	Yes	
233	***If yes, describe retention period for each record type.***		All records are maintained indefinitely.
234	Is record keeping electronic, manual or both? ***Describe.***	Yes	Record keeping is both hard copy and electronic. All records are maintained indefinitely.
235	Are any records located off-site? ***If so, where are they located?***	Yes	Electronic records are stored electronically on an Amazon cloud.
236	Does records-retention include DEA records that track the receipt, distribution, or other disposition of controlled substances?	N/A	There are no controlled substances.
237	***If yes, how long are they kept?***		

Inspector Comments:

Acronym	Description
3PL	Third Party Logistics Provider
AD	API Distributor
AR	API Repackager
API	Active Pharmaceutical Ingredient
BOP	Board of Pharmacy
BSC	Biologizal Safety Cabinet
BUD	Beyond-Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CFR	Code of Federal Regulations
COA	Certificate of Analysis
COC	Certificate of Compliance
COQ	Certificate of Quality
CRT	Controlled Room Temperature
CS	Controlled substance
DBA	Doing business as
DD	Rx Medical Device Distributor
DEA	Drug Enforcement Administration
DME	Durable Medical Equipment
DR	Designated Representative
DSCSA	Drug Supply Chain Security Act
EM	Environmental Monitoring
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
FD&C	Food, Drug, and Cosmetic (Act)
HD	Hazardous Drug
HVAC	Heating, Ventilation, Air Conditioning
IND	Investigational New Drug Distributor
ISO	International Organization for Standardization
MFR	Manufacturer
NDC	National Drug Code
OF	Outsourcing Facility (503B)
OIG	Office of the Inspector General
OOS	Out of Specification
OTC	Over-the-Counter Medical Device Distributor
P&P	Policies and Procedures
PEC	Primary Engineering Control
PHI	Protected Health Information
PM	Personnel Monitoring
QA	Quality Assurance
QI	Quality Improvement
RD	Reverse Distributor
RPKG	Repackager of finished Rx Drugs
Rx	Prescription
SD	Sample Distributor
SEC	Secondary Engineering Control
SOP	Standard Operating Procedure
SSL	Secure Sockets Layer
TH	Transaction History
TI	Transaction Information
TS	Transaction Statement
VD	Virtual Distributor
VET	Veterinary Rx Human Drug Distributor
VM	Virtual Manufacturer
USP	United States Pharmacopeia
WD	Rx Drug Wholesale Distributor

Term	Definition
Affiliate	A business entity that has a relationship with a second business entity it, if directly or indirectly – (A) one business entity controls, or has the power to control, the other business entity; or (B) a third party controls, or has the power to control, both of the business entities.
Authorized	(A) in the case of a manufacturer or repackager, having a valid registration in accordance with section 510; (B) in the case of a wholesale distributor, having a valid license under State law or section 583, in accordance with section 582(a)(6), and complying with the licensure reporting requirements under section 503(e), as amended by the Drug Supply Chain Security Act; (C) in the case of a third-party logistics provider, having a valid license under State law or section 584(a)(1), in accordance with section 582(a)(7), and complying with the licensure reporting requirements under section 584(b); and (D) in the case of a dispenser, having a valid license under State law.

Term	Definition
Controlled Room Temperature (CRT)	The temperature maintained thermostatically that encompasses the usual and customary working environment of 20°–25° (68°–77° F). ▲MKT may be used during an excursion provided: 1) MKT does not exceed 25° (77° F); 2) excursion between 15° and 30° (59° and 86° F); 3) transient excursions are NMT 40° (104° F); and 4) excursion time is NMT 24 h.2 These limits (time and temperature) and the calculated MKT must be documented. ▲ (USP 1-Dec-2020) Articles may be labeled for storage at "controlled room temperature" or at "20°–25°", or other wording based on the same MKT. ▲ (See 1079.2.) ▲ (USP 1-Dec-2020) An article for which storage at Controlled room temperature is directed may, alternatively, be stored and shipped in a cool place or refrigerated, unless otherwise specified in the individual monograph or on the label. ▲Storage time in controlled cold or cool place cannot be used to calculate excursion temperature outside of controlled room temperature ranges. ▲ (USP 1-Dec-2020)
Diagnostic OTC medical device	A device used in medical diagnosis (eg, blood glucose test strips).
Distribute or distribution	The sale, purchase, trade, delivery, handling, storage, or receipt of a product, and does not include the dispensing of a product pursuant to a prescription executed in accordance with section 503(b)(1) or the dispensing of a product approved under section 512(b)
Distributor	A business entity that distributes to someone other than a consumer or patient.
Exclusive distributor	The wholesale distributor that directly purchased the product from the manufacturer and is the sole distributor of that manufacturer's product to a subsequent repackager, wholesale distributor, or dispenser.

Term	Definition
Exempt prescription drugs (See Product definition below)	For purposes of section 582, does not include blood or blood components intended for transfusion, radioactive drugs or radioactive biological products (as defined in section 600.3(ee) of title 21, Code of Federal Regulations) that are regulated by the Nuclear Regulatory Commission or by a State pursuant to an agreement with such Commission under section 274 of the Atomic Energy Act of 1954 (42 U.S.C. 2021), imaging drugs, an intravenous product described in clause (xiv), (xv), or (xvi) of paragraph (24)(B), any medical gas (as defined in section 575), homeopathic drugs marketed in accordance with applicable guidance under this Act, or a drug compounded in compliance with section 503A or 503B.
Freezer	A place in which the temperature is controlled between −25° and −10° (−13° and 14° F). It is noted that, in some instances, articles may have a recommended storage condition below −20° (−4° F). In such cases, the temperature of the storage location should be controlled to ±10°▲ of the recommended storage condition▲ (USP 1-Dec-2020).
Illegitimate product	A product for which credible evidence shows that the product (A) is counterfeit, diverted, or stolen; (B) is intentionally adulterated such that the product would result in serious adverse health consequences or death to humans; (C) is the subject of a fraudulent transaction; or (D) appears otherwise unfit for distribution such that the product would be reasonably likely to result in serious adverse health consequences or death to humans.
Licensed	(A) in the case of a wholesale distributor, having a valid license in accordance with section 503(e) or section 582(a)(6), as applicable; (B) in the case of a third-party logistics provider, having a valid license in accordance with section 584(a) or section 582(a)(7), as applicable; and (C) in the case of a dispenser, having a valid license under State law.

Term	Definition
Manufacturer	with respect to a product— (A) a person that holds an application approved under section 505 or a license issued under section 351 of the Public Health Service Act for such product, or if such product is not the subject of an approved application or license, the person who manufactured the product; (B) a co-licensed partner of the person described in subparagraph (A) that obtains the product directly from a person described in this subparagraph or subparagraph (A) or (C); or (C) an affiliate of a person described in subparagraph (A) or (B) that receives the product directly from a person described in this subparagraph or subparagraph (A) or (B).
Outsourcing Facility (503B)	A facility at one geographical location or address that is engaged in the compounding of sterile drugs, has elected to register as an outsourcing facility and complies with all of the requirements of the section 503B of the FD&C Act.
Prescription Drug	A drug for human use subject to section 503(b)(1).
Product	A prescription drug in a finished dosage form for administration to a patient without substantial further manufacturing (such as capsules, tablets, and lyophilized products before reconstitution), but for purposes of section 582, **does not include blood or blood components intended for transfusion, radioactive drugs or radioactive biological products (as defined in section 600.3(ee) of title 21, Code of Federal Regulations) that are regulated by the Nuclear Regulatory Commission or by a State pursuant to an agreement with such Commission under section 274 of the Atomic Energy Act of 1954 (42 U.S.C. 2021), imaging drugs, an intravenous product described in clause (xiv), (xv), or (xvi) of paragraph (24)(B), any medical gas (as defined in section 575), homeopathic drugs marketed in accordance with applicable guidance under this Act, or a drug compounded in compliance with section 503A or 503B.**

Term	Definition
Product (exemptions)	For purposes of section 582, does not include blood or blood components intended for transfusion, radioactive drugs or radioactive biological products (as defined in section 600.3(ee) of title 21, Code of Federal Regulations) that are regulated by the Nuclear Regulatory Commission or by a State pursuant to an agreement with such Commission under section 274 of the Atomic Energy Act of 1954 (42 U.S.C. 2021), imaging drugs, an intravenous product described in clause (xiv), (xv), or (xvi) of paragraph (24)(B), any medical gas (as defined in section 575), homeopathic drugs marketed in accordance with applicable guidance under this Act, or a drug compounded in compliance with section 503A or 503B.
Quarantine	The storage or identification of a product, to prevent distribution or transfer of the product, in a physically separate area clearly identified for such use or through other procedures.
Refrigerator	A cold place in which the temperature is controlled between 2° and 8° (36° and 46° F).
Repackager	A person who owns or operates an establishment that repacks and relabels a product or package for— (A) further sale; or (B) distribution without a further transaction.
Suspect Product	A product for which there is reason to believe that such product— (A) is potentially counterfeit, diverted, or stolen; (B) is potentially intentionally adulterated such that the product would result in serious adverse health consequences or death to humans; (C) is potentially the subject of a fraudulent transaction; or (D) appears otherwise unfit for distribution such that the product would result in serious adverse health consequences or death to humans.

Term	Definition
Third-party Logistics Provider	An entity that provides or coordinates warehousing, or other logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, but does not take ownership of the product, nor have responsibility to direct the sale or disposition of the product.
Trading Partner	(A) a manufacturer, repackager, wholesale distributor, or dispenser from whom a manufacturer, repackager, wholesale distributor, or dispenser accepts direct ownership of a product or to whom a manufacturer, repackager, wholesale distributor, or dispenser transfers direct ownership of a product; or (B) a third-party logistics provider from whom a manufacturer, repackager, wholesale distributor, or dispenser accepts direct possession of a product or to whom a manufacturer, repackager, wholesale distributor, or dispenser transfers direct possession of a product.
Transaction	The transfer of "product" between persons in which a change of ownership occurs.

Term	Definition
	The term `transaction' does not include-- ``(i) intracompany distribution of any product between members of an affiliate or within a manufacturer; ``(ii) the distribution of a product among hospitals or other health care entities that are under common control; ``(iii) the distribution of a product for emergency medical reasons including a public health emergency declaration pursuant to section 319 of the Public Health Service Act, except that a drug shortage not caused by a public health emergency shall not constitute an emergency medical reason; ``(iv) the dispensing of a product pursuant to a prescription executed in accordance with section 503(b)(1); ``(v) the distribution of product samples by a manufacturer or a licensed wholesale distributor in accordance with section 503(d); ``(vi) the distribution of blood or blood components intended for transfusion; ``(vii) the distribution of minimal quantities of product by a licensed retail pharmacy to a licensed practitioner for office use; ``(viii) the sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug by a charitable organization described in section 501(c)(3) of the Internal Revenue Code of 1986 to a nonprofit affiliate of the organization to the extent otherwise permitted by law;

Term	Definition
	``(ix) the distribution of a product pursuant to the sale or merger of a pharmacy or pharmacies or a wholesale distributor or wholesale distributors, except that any records required to be maintained for the product shall be transferred to the new owner of the pharmacy or pharmacies or wholesale distributor or wholesale distributors; ``(x) the dispensing of a product approved under section 512(c); ``(xi) products transferred to or from any facility that is licensed by the Nuclear Regulatory Commission or by a State pursuant to an agreement with such Commission under section 274 of the Atomic Energy Act of 1954 (42 U.S.C. 2021); ``(xii) a combination product that is not subject to approval under section 505 or licensure under section 351 the Public Health Service Act, and that is-- ``(I) a product comprised of a device and 1 or more other regulated components (such as a drug/device, biologic/device, or drug/device/biologic) that are physically, chemically, or otherwise combined or mixed and produced as a single entity;

Term	Definition
Transaction (exemptions)	``(II) 2 or more separate products packaged together in a single package or as a unit and comprised of a drug and device or device and biological product; or ``(III) 2 or more finished medical devices plus one or more drug or biological products that are packaged together in what is referred to as a `medical convenience kit' as described in clause (xiii); ``(xiii) the distribution of a collection of finished medical devices, which may include a product or biological product, assembled in kit form strictly for the convenience of the purchaser or user (referred to in this clause as a `medical convenience kit') if-- ``(I) the medical convenience kit is assembled in an establishment that is registered with the Food and Drug Administration as a device manufacturer in accordance with section 510(b)(2); ``(II) the medical convenience kit does not contain a controlled substance that appears in a schedule contained in the Comprehensive Drug Abuse Prevention and Control Act of 1970;

Term	Definition
	``(III) in the case of a medical convenience kit that includes a product, the person that manufacturers the kit-- ``(aa) purchased such product directly from the pharmaceutical manufacturer or from a wholesale distributor that purchased the product directly from the pharmaceutical manufacturer; and ``(bb) does not alter the primary container or label of the product as purchased from the manufacturer or wholesale distributor; and ``(IV) in the case of a medical convenience kit that includes a product, the product is-- ``(aa) an intravenous solution intended for the replenishment of fluids and electrolytes; ``(bb) a product intended to maintain the equilibrium of water and minerals in the body; ``(cc) a product intended for irrigation or reconstitution; ``(dd) an anesthetic; ``(ee) an anticoagulant; ``(ff) a vasopressor; or

Term	Definition
	``(gg) a sympathomimetic; ``(xiv) the distribution of an intravenous product that, by its formulation, is intended for the replenishment of fluids and electrolytes (such as sodium, chloride, and potassium) or calories (such as dextrose and amino acids); ``(xv) the distribution of an intravenous product used to maintain the equilibrium of water and minerals in the body, such as dialysis solutions; ``(xvi) the distribution of a product that is intended for irrigation, or sterile water, whether intended for such purposes or for injection; ``(xvii) the distribution of a medical gas (as defined in section 575); or ``(xviii) the distribution or sale of any licensed product under section 351 of the Public Health Service Act that meets the definition of a device under section 201(h).
Transaction History	A statement in paper or electronic form, including the transaction information for each prior transaction going back to the manufacturer of the product.
Transaction Information	(A) the proprietary or established name or names of the product; (B) the strength and dosage form of the product; (C) the National Drug Code number of the product; (D) the container size; (E) the number of containers; (F) the lot number of the product; (G) the date of the transaction; (H) the date of the shipment, if more than 24 hours after the date of the transaction; (I) the business name and address of the person from whom ownership is being transferred; and (J) the business name and address of the person to whom ownership is being transferred.

Term	Definition
Transaction Statement	A statement, in paper or electronic form, that the entity transferring ownership in a transaction— (A) is authorized as required under the Drug Supply Chain Security Act; (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582; (D) did not knowingly ship a suspect or illegitimate product; (E) had systems and processes in place to comply with verification requirements under section 582; (F) did not knowingly provide false transaction information; and (G) did not knowingly alter the transaction history.
Virtual Distributor	A wholesale distributor that sells a prescription drug or device but never physically possesses the product.
Virtual Manufacturer	A person that owns the new drug application or abbreviated new drug application for a drug or device and which contracts with others for the actual manufacturing of the drug or device but never physically possesses the product.
Wholesale Distributor	A person (other than a manufacturer, a manufacturer's co-licensed partner, a third-party logistics provider, or repackager) engaged in wholesale distribution (as defined in section 503(e)(4), as amended by the Drug Supply Chain Security Act).

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02949	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8) ☐ Partnership (complete sections 1, 2, 3, 6, 8) ☑ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: INDEPENDENT PHARMACY DISTRIBUTOR, LLC

Physical Address: 1107 West Market Center Drive

City: HIGH POINT State: NC Zip: 27260

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 336-355-5652 Website: WWW.IPDPHARMA.COM

Name of Designated Representative (DR): RUSSELL PATTERSON

Licensing Company Email: LICENSING@IPDPHARMA.COM DR Email: RPATTERSON@IPDPHARMA.COM

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☑ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☑ Controlled Substances	☐ Repacker
☑ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: LEGEND PHARMACEUTICALS	☑ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Aurobindo
Address: 6 Wheeling Road City: Dayton State: NJ Zip: 08810

Name: Padagis
Address: 301 Grove Reserve Parkway City: Piedmont State: SC Zip: 29673

Name: Amneal
Address: 115 Beaver Trail City: Glasgow State: KY Zip: 42141

Name: Alvogen
Address: 10 Bloomfield Ave City: Pine Brook State: NJ Zip: 07058

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Russell Patterson
Business Name: Independent Pharmacy Distributor, LLC
Business Address: 1107 West Market Center Drive
City: High Point State: NC Zip: 27260
Telephone: 336-817-6794 Email: rpatterson@ipdpharma.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Russell Patterson

Print Name of Authorized Person Submitting Application

Russell Patt

Original signature of Authorized Person (copies or stamps not accepted)

3/15/23

Date

Board Use Only	Date Received: 3-14-23	Amount: 1000.00 CK-1759

Independent Pharmacy Distributor, LLC Officer List

Russell Patterson- President/Owner 100%
Jeremy Mattson-CEO
Allyson Spivey- COO



NABP ACCREDITED
DRUG DISTRIBUTOR

Independent Pharmacy Distributor LLC

located at

1107 West Market Center Dr, High Point, NC 27260

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

10/20/2020 - 10/19/2023
Period of Accreditation

1397

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: INDEPENDENT PHARMACY DISTRIBUTOR LLC

Address: 1107 WEST MARKET CENTER DR HIGH POINT, NC 27260

License Type: Distributor

License Number: 523

Status: Active - in good standing

Discipline: No

Issue Date: 12/8/2022

Original Issue: 5/15/2018

Expiration Date: 12/31/2023

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

INDEPENDENT PHARMACY DISTRIBUTOR, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 15th day of July, 2015

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of February, 2023.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 115437276-1 Reference# 19509498- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0564092	11-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	10-03-2022

INDEPENDENT PHARMACY DISTRIBUTOR, LLC
1107 W MARKET CENTER DR
HIGH POINT, NC 27260

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0564092	11-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	10-03-2022

INDEPENDENT PHARMACY DISTRIBUTOR, LLC
1107 W MARKET CENTER DR
HIGH POINT, NC 27260

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0564092	11-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	10-03-2022

INDEPENDENT PHARMACY DISTRIBUTOR, LLC
1107 W MARKET CENTER DR
HIGH POINT, NC 27260

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
2012

Section 9:

List of holders of indebtedness:

Truist Commercial Card	209 N Main St, Lexington, NC 27292
Truist Business Loan	209 N Main St, Lexington, NC 27292

Independent Pharmacy Distributor, LLC Employee List

Employee	Business Title
Anderson, Chiara	Sales
Bailey, Amber Marie	Compliance
Baldobino, Courtney	Compliance
Barber, Scottie	Warehouse
Beck, Corey	Warehouse
Bess, Shelia	Warehouse
Black, Michael	Sales
Blackey, Stephanie	AR
Blount, Eric Logan	Warehouse
Brown, Brittany	Compliance
Burgos, Luz	Sales
Butner, Ashley Lauren	Sales
Camper, Zander	Warehouse
Campisi, Sabrina	Sales
Chriscoe Mabe, Rebecca Maegan	Sales
Cohen, Frances Michelle	Purchasing
Conn, Mark Edward	Sales
Cranford, Madison	Sales
Crawford, Adam	Warehouse
Davidson, Kim	AR
Davis, Todd A	Warehouse
Drayton, Asha	Sales
Dumas, Mark	Attorney
Dunlap, David Stanley	MI Sales
Dunn, Edward	Compliance
Elam, Joshua	Sales
Familette, Makayla	Sales
Furr, Matthew	Warehouse
Gallimore, Lindsay	Sales
Garrard, Tori Storm	Sales
Graham, Kathryn Anne	Compliance
Guions, Shelbi	Sales
Hanks, Kristy Lynn	Sales
Holbrook, Makala Ann	Inventory
Holbrook, Tracey Ann	Inventory
Hunt, David	Sales
Jobe, Chelsea	Sales



Jones, Josie Marie	Sales
Katos, Peter	Sales
Keene, Ethel	Inventory
Keene, Rodney Perry	Warehouse
Koschny, Collin Drew	MI Sales
Lambeth, Hayley	Warehouse
Lewis, Jessica	Sales
Lewis, Marshall Bryan	Warehouse
Lockhart, Sabrina	Warehouse
Loza, Omar Morales	Sales
Manley, Zachary	Warehouse
Martinez, Chris	Sales
Mattson, Jeremy	MI Sales
Mattson, Josh Mark	MI Sales
Mckoy, Gary	Sales
Mckoy, Gary Cristian	Warehouse
Mcmahan, Ian	Warehouse
Mcmillan, Abby	Sales
Mcvicker, Catelyn	Sales
Melnick, David	Sales
Murphy, Angela	AR
Nance, Kensleigh	Warehouse
Owen, Trinity	Sales
Passmore, Brandy	Sales
Patterson, Cassie Smith	Compliance
Patterson, Katherine E	AP
Payne, Corbin	Warehouse
Peters, Terri Jean	Sales
Phillips, Beverly	AR
Potts, Tyler	Warehouse
Powers, Shaylee	Warehouse
Quigley, Tyler	Sales
Roberts, Cameron	Sales
Rogers, Samantha	Warehouse
Ruff, Michael	Sales
Ryno, Eric	Sales
Soles, Aaron	Warehouse
Sor, Jayden	Warehouse
Spivey, Allyson R	Operations
Stiltner, Deana	Sales
Taylor, Heath	Sales

Thompson, Stephen	Warehouse
Tussey, Brittany L	Inventory
Valenta, Liz	Sales
Vandenberghe, Amber	Sales
Walker, Corie	Sales
Ward, Caleb	Warehouse
Williams, Faith	Sales
Young, Brittany Diane	Sales
Young, Erika Dawn	Sales

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Independent Pharmacy Distributor, LLC

Pharmacy/Wholesaler License # (if applicable): WH02949

Physical Address: 1107 West Market Center Drive

City: High Point State: NC Zip: 27260

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 1-877-690-0473 Website: ipdpharma.com

Licensing Company Email: licensing@ipdpharma.com

Section 2: Personal Information

First: Russell Middle: Warren Last: Patterson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 1107 West Market Center Drive

City: High Point State: NC Zip: 27260

Telephone: [redacted] Email: rpatterson@ipdpharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached resume			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
		08/82-05/88	
Address	**City**	**State**	**Zip**
	Tallassee	AL	36078
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2008-present	[redacted] Salem Glen Blvd	Clemmons	NC	27012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
See attached Resume			
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Russell Patt
Original Signature (electronic, copies or stamps not accepted)

3/15/23
Date

I, Russell Patterson, **certify that as the designated representative for**

Independent Pharmacy Distributor, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Russell Patterson
Print Name (First, Last)

Russell Patt
Original Signature (electronic, copies or stamps not accepted)

3/15/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Russell Patterson

Print Name (First, Last)

Russell Patt

Original Signature (electronic, copies or stamps not accepted)

3/15/23

Date

Please have this section completed in the presence of a Notary Public.

State of NC, ss. County of Guilford

I, P Renee Robbins, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Russell Patt

Original Signature

3/15/23

Date

Subscribed and Sworn to before me this 15 day of March 2023

P Renee Robbins

Notary Public Signature

P. RENEE ROBBINS
Notary Public - North Carolina
Randolph County
My Commission Expires Nov 11, 2026

(Seal)

Russell Warren Patterson
Curriculum Vita

Education

Pharm D.	2003, Doctor of Pharmacy, Auburn University – Auburn, Alabama Graduated, Magna Cum Ladue
M.S.	1994, Material Science Engineering, Auburn University – Auburn, Alabama Graduated, Magna Cum Ladue
B.S.	1992, Applied Physics, Auburn University – Auburn, Alabama Graduated, Cum Ladue

Russell Patterson Pharm D.,

- 2009 – Present **Clinical Director and Business Owner**
  - Independent Pharmacy Owner – 9 Stores (Tyro Family Pharmacy, Monroe Family Pharmacy, Thomasville Family Pharmacy, South Park Family Pharmacy, Lexington Family Pharmacy, Greensboro Family Pharmacy, High Point Family Pharmacy, Family Pharmacy of NC, Lexington Drug)
    - Eight Pharmacies selected for Community Care of North Carolina's (CCNC) Community Pharmacy Enhanced Services Network Program (CPESN)
  - Pharmacy Management Company (PMC) – Owner
    - PMC manages Independent Pharmacies in 8 states.
    - PMC offers management in all areas of Independent Pharmacy including inventory management, auditing, purchasing, process development and clinical management.
  - Carolina Clinical Health Services (CCHS) - Clinical Director and Owner
    - CCHS is a Medical Service Organization.
    - CCHS manages all aspects of Physician Clinics from Credentialing, Contracting, Billing, Billing Optimization, Accreditation and Quality Metrics.
    - CCHS manages Physician Clinics in 8 states.
  - Independent Pharmacy Distributor (IPD) – Owner/Manager/Compliance Officer
    - Responsibilities Include: Management of all departments from Inventory, recording keeping, Warehouse operations, Shipping, Receiving, Storage and compliance from the start of the company (2015) to present. Personally oversee policy and procedure development and training of personnel.
    - IPD is VAWD accredited wholesale drug distribution company.
    - Licensed in 48 States.
    - Direct Authorized Distributor for 68 Manufactures.
    - Over 4000 Pharmacies nationwide.
  - Family Primary Care – Owner
    - Primary Care clinical Practice
  - National Insurance Associates (NIA) – Owner

        - NIA is a Insurance Marketing Organization.
        - NIA focused on group health Insurance.
        - Distribution on national scale with brokers and captive agents.
    - ProRxSolutions – Owner
        - ProRxSolutions is a Pharmacy Benefits Management Company.
        - National presence contracted with 67,000 pharmacies nationwide.
    - Exemplar Network – Owner
        - Network of 23,000 Independent Pharmacy Owners
        - Network of 76,000 Independent Physicians.
        - Development of Exemplar's five core business elements:
            - Pharmacy Management Services
            - Physician Clinical Management Services
            - Pharmacy Benefits Management
            - Health Insurance
                - Health Benefits Administrator
            - Sourcing/Wholesale Services
    - Exemplar Health Benefits Administrator (EHBA) – Owner
        - EHBA is a Third Party Administrator.

- 2003 – 2009 **Walmart Pharmacies**, NC

    - Pharmacy Manager
    - District Manager

- 1997 – 1999 **Process Engineer, Siecor, Hickory, NC**

- 1987 - 1997 **Army Officer, United States Army**

- Professional Credentials and Certifications
  State of North Carolina Pharmacist License (current)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Independent Pharmacy Distributor, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02949

Physical Address 1107 West Market Center Drie

City High Point State NC Zip 27260

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 1-877-690-0473 Website ipdpharma.com

Licensing Company Email licensing@ipdpharma.com

Section 2: Personal Information

First Russell Middle Warren Last Patterson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 1107 West Market Center Drive

City High Point State NC Zip 27260

Telephone [redacted] Email rpatterson@ipdpharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
See attached Resume			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Tallassee High School		08/82-05/88	
Address	**City**	**State**	**Zip**
502 Barnett Blvd	Tallassee	AL	36078
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all employment for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2008-Present	[redacted] Salem Glen Blvd	Clemmons	NC	17012
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
See attached Resume			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Russell Patt
Original Signature (electronic, copies or stamps not accepted)

3/15/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Russell Patterson

Print Name (First, Last)

Russell Patt

Original Signature (electronic, copies or stamps not accepted)

3/15/23

Date

Please have this section completed in the presence of a Notary Public.

State of NC, ss. County of Guilford

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Russell Patt

Original Signature

3/15/23

Date

Subscribed and Sworn to before me this 15 day of March 2023

P Renee Robbins

Notary Public Signature

P. RENEE ROBBINS
Notary Public - North Carolina
Randolph County
My Commission Expires Nov 11, 2026

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  State of North Carolina Pharmacist License (current)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0788835

Application/License No. _____

Independent Pharmacy Distributor LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1107 West Market Center Dr. High Point, NC 27260 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 12/08/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of December, 2020.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Jeremy Crawford, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

POWER OF ATTORNEY

Bond # 0788835

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL D. WILLAMS, JEREMY CRAWFORD

Golden Valley, MN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto, and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, that the seals affixed to said instrument are the Corporate Seals of said Companies, that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, December 08, 2020

A02712

Irene Martins, Assistant Secretary

Acknowledgment of Surety

State of Minnesota
County of Anoka

On this 8th day of December, 2020 before me personally appeared **Jeremy Crawford** who acknowledged that he or she is the attorney in fact who is authorized to sign on behalf of **Harco National Insurance Company** (surety company), the foregoing instrument, and he thereupon duly acknowledged to me that he executed the same.

Notary Public

JONATHAN C. KRASKEY
Notary Public-Minnesota
My Commission Expires Jan 31, 2025

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Y

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1062 Old Dixie Highway

City: Auburndale State: FL Zip: 33823

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Lawrence Randall

Licensing Company Email: ralicensing@medline.com DR Email: LRandall@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Leonard

Original Signature (electronic, copies or stamps not accepted)

10/26/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

Board Use Only	Date Received: 12-19-22	Amount: 1000.00 CK - 1000547 06

12/19/22

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted]-60th Street Bristol, WI 53104

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

Medline Industries, LP	1820 S 5200 W Salt Lake City, UT 84104	04/22/21
Medline Industries, LP	1900 Meadowville Technology Pkwy Chester, VA 23836	03/08/22
Medline Industries, LP	13115 Brockton Ln North Rogers, MN 55374	Reaccreditation in process
Medline Industries, LP	8787 W Buckeye Rd Tolleson, AZ 85353	07/17/20
Medline Industries, LP	21111 - 36th Ave Aurora, CO 80011	12/06/20
Medline Industries, LP	1 Medline Dr Wilmer, TX 75172	11/17/20
Medline Industries, LP	1960 W. Miro Way Rialto, CA 92376	04/29/21
Medline Industries, LP	3770 Hogum Bay Rd NE Lacey, WA 98516	12/31/21
Medline Industries, LP	251 Hilton Drive Jeffersonville, IN 47130	Reaccreditation in process
Medline Industries, LP	1062 Old Dixie Highway Auburndale, FL 33823	Reaccreditation in process

1 2 Next >>

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NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1062 Old Dixie Highway, Auburndale, FL 33823

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



10/27/2019 - 10/26/2022
Period of Accreditation

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

MEDLINE INDUSTRIES LP
THREE LAKES DR 3D
WINNETKA IL 60093

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220299 ISSUED: 06/22/2022

RX DRUG WHOLESALE DISTRIBUTOR
MEDLINE INDUSTRIES LP

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date: JUN 30, 2024 L2206220000062

DETACH HERE

RON DESANTIS, GOVERNOR MELANIE S. GRIFFIN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
2220299

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: JUN 30, 2024

MEDLINE INDUSTRIES LP
1062 OLD DIXIE HIGHWAY
AUBURNDALE FL 33823

ISSUED: 06/22/2022 DISPLAY AS REQUIRED BY LAW SEQ # L2206220000062

office of supplier DIVERSITY

The Department of Management Services' Office of Supplier Diversity "serves those who serve Florida."

The Office of Supplier Diversity provides resources designed to improve business and economic opportunities for Florida's woman-, veteran- and minority-owned businesses. Learn more about becoming a certified business enterprise at ***dms.myflorida.com/osd*** or call 850-487-0915.

my Florida Market Place

To find out about State of Florida tools supporting statewide centralized procurement activities which have streamlined interactions between vendors and state government entities, please contact or visit the Department of Management Services' MyFloridaMarketPlace at: ***https://vendor.myfloridamarketplace.com***

AC# 3100070

SIGNATURE

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The Department of Business and Professional Regulation (DBPR), issues licenses for many licensed businesses and practitioners in the State of Florida.

DBPR is changing the way you interact with state government. Many of DBPR's services are available online at www.MyFloridaLicense.com. We encourage you to utilize these services to make address changes, licensing changes or to renew your license.

Name changes require legal documentation verifying the name change, which must be mailed to the DBPR. An original, a certified copy or a duplicate copy of an original or certified copy of a document that shows the legal name change will be accepted, unless the DBPR has a question about the authenticity of the document.

If applicable, the DBPR will send a renewal notice to your last known address or email address of record. If you have not received your renewal notice, please call our Customer Contact Center at 850.487.1395 or online at www.MyFloridaLicense.com/contactus.

Please refer to your profession's governing statutes and Administrative codes for further information regarding renewals. These may be accessed from our website.

AC# 3100070

THE OFFICIAL SITE OF THE FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

Florida dbpr Department of Business & Professional Regulation

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LICENSEE DETAILS

3:33:15 PM 10/20/2022

Licensee Information

Name:	**MEDLINE INDUSTRIES LP (Primary Name)**
Main Address:	**THREE LAKES DR 3D WINNETKA Illinois 60093**
County:	**OUT OF STATE**
License Location:	**1062 OLD DIXIE HIGHWAY AUBURNDALE FL 33823**
County:	**POLK**

License Information

License Type:	**Prescription Drug Wholesale Distributor**
Rank:	**Rx Drug Whlslr**
License Number:	**2220299**
Status:	**Current**
Licensure Date:	**06/22/2022**
Expires:	**06/30/2024**

Alternate Names

View Related License Information
View License Complaint

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: Customer Contact Center :: Customer Contact Center: 850.487.1395

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Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our Chapter 455 page to determine if you are affected by this change.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA INC.
540 W. MADISON
CHICAGO, IL 60661

CN101705524-Stnd-GAWUP-22-23 USA

CONTACT NAME: Medline Industries, LP
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: riskmanagement@medline.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Safety National Casualty Corporation	15105
INSURER B : National Fire & Marine Insurance Co	20079
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Medline Industries, LP
3 Lakes Dr
Northfield, IL 60093

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.., Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 46174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD®

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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CAMPBELL,CHASE	Assoc Supv Warehouse	Auburndale, FL C05
DAVID,JOVANNY	Assoc Supv Warehouse	Auburndale, FL C05
WILSON,ANITA	Branch Office Clerk	Auburndale, FL C05
RANDALL,LAWRENCE C	Dir Operations	Auburndale, FL C05
HOLBROOK,KRISTEN TAYLOR	Dispatcher	Auburndale, FL C05
STONE,CHRISTOPHER	Dispatcher	Auburndale, FL C05
BYRD,TIMOTHY RAY	Mgr MedTrans	Auburndale, FL C05
BROYLES,NILE HOSEA	Mgr Warehouse	Auburndale, FL C05
DE JESUS,MIGUEL L.	Mgr Warehouse	Auburndale, FL C05
DUBOSE,BRYANT EUGENE	Mgr Warehouse	Auburndale, FL C05
RIZO,JAVIER	Mgr Warehouse	Auburndale, FL C05
BUTLER,DONNA J.	OPS-Branch Administrator	Auburndale, FL C05
CAMPBELL,TERRIE HALL	OPS-Branch Administrator	Auburndale, FL C05
VEGA,HAZEL	OPS-Branch Administrator	Auburndale, FL C05
BASSETT,MICHAEL SEAN	OPS-Branch Trainer	Auburndale, FL C05
CLECIDOR,NAZE	OPS-Branch Trainer	Auburndale, FL C05
CORTES,LUIS	OPS-Branch Trainer	Auburndale, FL C05
CRUZ,ASTRID W	OPS-Branch Trainer	Auburndale, FL C05
FELICIANO,JAVIER E.	OPS-Branch Trainer	Auburndale, FL C05
FIGUEROA SOSTRE,GIOVANNY	OPS-Branch Trainer	Auburndale, FL C05
FRANKLIN,TACCARA	OPS-Branch Trainer	Auburndale, FL C05
GROVES,NICHOLAS RAY	OPS-Branch Trainer	Auburndale, FL C05
HINSON,LAKIESHA	OPS-Branch Trainer	Auburndale, FL C05
LITTLE,CYNTHIA M	OPS-Branch Trainer	Auburndale, FL C05
LOZADA,MIGUEL	OPS-Branch Trainer	Auburndale, FL C05
LUGO,FRANCISCO	OPS-Branch Trainer	Auburndale, FL C05
MAXIMO,MICHAEL ROBERT	OPS-Branch Trainer	Auburndale, FL C05
MOORE,RYAN	OPS-Branch Trainer	Auburndale, FL C05
ODA,CHINESTA SHERRA	OPS-Branch Trainer	Auburndale, FL C05
PETERSON,LUCAS JON	OPS-Branch Trainer	Auburndale, FL C05
PHILLIPS,KENYATTE KEYAN	OPS-Branch Trainer	Auburndale, FL C05
RODRIGUEZ,ASHLEY	OPS-Branch Trainer	Auburndale, FL C05
ROMAN,MATTHEW	OPS-Branch Trainer	Auburndale, FL C05
WYLIE,CHERI MARIE	OPS-Branch Trainer	Auburndale, FL C05
ALISANDRO,HINARY J	OPS-Delivery Driver	Auburndale, FL C05
BARNGROVER,MATTHEW JOSEPH	OPS-Delivery Driver	Auburndale, FL C05
CAVALCANTI,FABIANO M	OPS-Delivery Driver	Auburndale, FL C05
CHAPPLE,COREY	OPS-Delivery Driver	Auburndale, FL C05
COX,RODRICK J	OPS-Delivery Driver	Auburndale, FL C05
DESJARDINS,JAMES MARTIN	OPS-Delivery Driver	Auburndale, FL C05
FLORESTAL,DUCKENSON	OPS-Delivery Driver	Auburndale, FL C05
GENTISON,RALPH WITHERS	OPS-Delivery Driver	Auburndale, FL C05
GONZALEZ,ELVIS	OPS-Delivery Driver	Auburndale, FL C05
JONES,SELINER MARIE	OPS-Delivery Driver	Auburndale, FL C05
MCMICKLE,KENNETH	OPS-Delivery Driver	Auburndale, FL C05
MONTALVO OQUENDO,LUIS E.	OPS-Delivery Driver	Auburndale, FL C05
RODRIGUEZ,CARLOS ALEJANDRO	OPS-Delivery Driver	Auburndale, FL C05
SANQUICHE,FELIX M	OPS-Delivery Driver	Auburndale, FL C05
SILVERIO,CARLOS	OPS-Delivery Driver	Auburndale, FL C05
SORIA NARANJO,RICHARD L.	OPS-Delivery Driver	Auburndale, FL C05
VILANOVA,JENNIFER MARY	OPS-Delivery Driver	Auburndale, FL C05
ACOSTA-ROSADO,SIXTO L	OPS-Driver II	Auburndale, FL C05

ADAMES,ANGEL L.	OPS-Driver II	Auburndale, FL C05
ADORNO CALDERON,HECTOR MANUE	OPS-Driver II	Auburndale, FL C05
AGUIAR,DAVID ORTELIO	OPS-Driver II	Auburndale, FL C05
ALEXANDER,CURTIS	OPS-Driver II	Auburndale, FL C05
AMARO,BENJAMIN	OPS-Driver II	Auburndale, FL C05
AMEY,CRAIG	OPS-Driver II	Auburndale, FL C05
ARIAS,DONALD	OPS-Driver II	Auburndale, FL C05
BABB,LAWRENCE	OPS-Driver II	Auburndale, FL C05
BEAVER II,JOEL WAYNE	OPS-Driver II	Auburndale, FL C05
BENITEZ,DAMIAN	OPS-Driver II	Auburndale, FL C05
BITTLE,TODD M	OPS-Driver II	Auburndale, FL C05
BOGGAN,JOSEPH EARL	OPS-Driver II	Auburndale, FL C05
BROWN,TOMMY	OPS-Driver II	Auburndale, FL C05
CARUFEL,ROBERT A.	OPS-Driver II	Auburndale, FL C05
CASTRO,WALESKA	OPS-Driver II	Auburndale, FL C05
CHAPPLE,RICHARD DENNIS	OPS-Driver II	Auburndale, FL C05
CLAYTON,TY JAMES	OPS-Driver II	Auburndale, FL C05
COLON RIVERA,ALEX	OPS-Driver II	Auburndale, FL C05
COLON RUIZ,JUAN	OPS-Driver II	Auburndale, FL C05
COLON,NELSON	OPS-Driver II	Auburndale, FL C05
CRIBB,ALVIN M	OPS-Driver II	Auburndale, FL C05
CURRY SR,ALBERT L	OPS-Driver II	Auburndale, FL C05
DONTON,KARYN	OPS-Driver II	Auburndale, FL C05
DUNLAP,ROBERT D	OPS-Driver II	Auburndale, FL C05
DUQUE,JONATHAN CHRIS	OPS-Driver II	Auburndale, FL C05
EDWARDS,OTIS MICHAEL	OPS-Driver II	Auburndale, FL C05
EVANGELISTA VARGAS,HUASCAR AM	OPS-Driver II	Auburndale, FL C05
FELICIANO CRUZ,FERVICK	OPS-Driver II	Auburndale, FL C05
FLEET,MICHAEL R	OPS-Driver II	Auburndale, FL C05
FRISCH JR,DAVID J	OPS-Driver II	Auburndale, FL C05
GARCIA ORTIZ,RAUL	OPS-Driver II	Auburndale, FL C05
GEREAUE,JOHN RICARDO	OPS-Driver II	Auburndale, FL C05
GOITIA JR,JOSE A	OPS-Driver II	Auburndale, FL C05
GONZALEZ VALDERRAMA,JONAS	OPS-Driver II	Auburndale, FL C05
GRAHAM,DAVID	OPS-Driver II	Auburndale, FL C05
GRINSLADE,WILLIAM SHANE	OPS-Driver II	Auburndale, FL C05
GRISSINGER,CHRISTOPHER	OPS-Driver II	Auburndale, FL C05
HUIPIO,MIGUEL ANGEL	OPS-Driver II	Auburndale, FL C05
HUNTER,JAMES HENRY	OPS-Driver II	Auburndale, FL C05
JACKSON,RICKEY JAVAN	OPS-Driver II	Auburndale, FL C05
JAMES,JASON ALEXANDER	OPS-Driver II	Auburndale, FL C05
KIRKPATRICK,ROBERT	OPS-Driver II	Auburndale, FL C05
KONOPINSKI,BRADLEY ELLIOT	OPS-Driver II	Auburndale, FL C05
KRAFT,NICK	OPS-Driver II	Auburndale, FL C05
LAFEEN,TRAVIS	OPS-Driver II	Auburndale, FL C05
LAGUERRE,CHRISTOPHER	OPS-Driver II	Auburndale, FL C05
LEINBERGER,NICHOLAS JON	OPS-Driver II	Auburndale, FL C05
LOPEZ,IVAN	OPS-Driver II	Auburndale, FL C05
LUGO,WILLIAM	OPS-Driver II	Auburndale, FL C05
MALDONADO,HECTOR LUIS	OPS-Driver II	Auburndale, FL C05
MEHU,JEAN	OPS-Driver II	Auburndale, FL C05
MEJIAS-CABRERA,JOSE LUIS	OPS-Driver II	Auburndale, FL C05

NEWTON,ROBERT C	OPS-Driver II	Auburndale, FL C05
NOBLES,JERMANE	OPS-Driver II	Auburndale, FL C05
NORTHCUTT JR. JR,DAVID MICHAEL	OPS-Driver II	Auburndale, FL C05
O'BRIEN,MICHAEL	OPS-Driver II	Auburndale, FL C05
ORTIZ,JAVIER JULIAN	OPS-Driver II	Auburndale, FL C05
ORTIZ,WILBERT	OPS-Driver II	Auburndale, FL C05
PONCE,EDUARDO L	OPS-Driver II	Auburndale, FL C05
RIVERA,FERNANDO	OPS-Driver II	Auburndale, FL C05
ROACH,GEORGE JEFFREY	OPS-Driver II	Auburndale, FL C05
RODRIGUEZ,ANTONIO	OPS-Driver II	Auburndale, FL C05
SANTANA,MIGUEL ANGEL	OPS-Driver II	Auburndale, FL C05
SHULER,JAMINA R	OPS-Driver II	Auburndale, FL C05
SMITH,JORDAN	OPS-Driver II	Auburndale, FL C05
STATON,ERIC	OPS-Driver II	Auburndale, FL C05
STEVENSON,MICHAEL	OPS-Driver II	Auburndale, FL C05
TORRELLI,JOSEPH	OPS-Driver II	Auburndale, FL C05
TORRES,ANGEL ELIU	OPS-Driver II	Auburndale, FL C05
VALENZUELA,JOEL	OPS-Driver II	Auburndale, FL C05
WILEY,NOEL	OPS-Driver II	Auburndale, FL C05
ZIKE,FRANK P	OPS-Driver II	Auburndale, FL C05
CLARK,DOUGLAS E.	OPS-Driver Ld	Auburndale, FL C05
CRUZ-FELICIANO,ANGEL DAVID	OPS-Driver Ld	Auburndale, FL C05
JENNINGS,DAVID EDWARD	OPS-Driver Ld	Auburndale, FL C05
KLEPFER,PATRICIA A.	OPS-Driver Ld	Auburndale, FL C05
MURPHY JR,EPHRAIME	OPS-Driver Ld	Auburndale, FL C05
ROBLES,CARLOS ANTONIO	OPS-Driver Ld	Auburndale, FL C05
SWEAT,ROBERT	OPS-Driver Ld	Auburndale, FL C05
BIXLER,CRYSTAL LEE	OPS-Inventory Control Ld	Auburndale, FL C05
BENNER,JAMES D.	OPS-Inventory Coord	Auburndale, FL C05
BENNER,KELLY ANN	OPS-Inventory Coord	Auburndale, FL C05
CORDERO JORGE,JIMMY JORDAN	OPS-Inventory Coord	Auburndale, FL C05
DILLEY,ASHLEY	OPS-Inventory Coord	Auburndale, FL C05
ESSON,TATANIA	OPS-Inventory Coord	Auburndale, FL C05
POWELL,DASHANN	OPS-Inventory Coord	Auburndale, FL C05
ROMAN,XEIMARA	OPS-Inventory Coord	Auburndale, FL C05
VAZQUEZ,RAFAEL	OPS-Inventory Coord	Auburndale, FL C05
VEGA,JENNIFER	OPS-Inventory Coord	Auburndale, FL C05
REYES,GENARO	OPS-Inventory Coord OST	Auburndale, FL C05
COLON II,EDWIN ANTONIO	OPS-Inventory Coord Sr	Auburndale, FL C05
CAGLE,REBECCA LYNN	OPS-Inventory Coord Sr OST	Auburndale, FL C05
AARON,CYNTHIA DENISE	OPS-Janitor	Auburndale, FL C05
ADAMS,JANICEA JORDAN MARIE	OPS-Janitor	Auburndale, FL C05
CLARKE,JASON TAYLOR	OPS-Janitor	Auburndale, FL C05
LANDY,MARVIN	OPS-Janitor	Auburndale, FL C05
MARCUS,ADOLPHUS JEROME	OPS-Janitor	Auburndale, FL C05
ORTIZ,MIRTA NEREIDA	OPS-Janitor	Auburndale, FL C05
THOMAS,LAUREN JESSICA	OPS-Janitor	Auburndale, FL C05
THOMAS,STANLEY	OPS-Janitor	Auburndale, FL C05
CAMESI,DANIEL	OPS-Maintenance Mechanic I	Auburndale, FL C05
NESBITT SR,BRUCE ELBERT	OPS-Maintenance Mechanic I	Auburndale, FL C05
RODRIGUEZ,CARLOS E	OPS-Maintenance Mechanic I	Auburndale, FL C05
RODRIGUEZ,LUIS DANIEL	OPS-Maintenance Mechanic I	Auburndale, FL C05

SANCHEZ,ALEXEI	OPS-Maintenance Mechanic I	Auburndale, FL C05
VARGAS SR,CELSO JAVIER	OPS-Maintenance Mechanic I	Auburndale, FL C05
CHINIQUE,ERIC	OPS-Maintenance Mechanic II	Auburndale, FL C05
FIGUEROA,JOEL	OPS-Maintenance Mechanic II	Auburndale, FL C05
RODRIGUEZ,RAMIL KENIEL	OPS-Maintenance Mechanic II	Auburndale, FL C05
TORRES,RICHARD	OPS-Maintenance Mechanic Sr	Auburndale, FL C05
BRAVO,HEATHER MARIE	OPS-MedTrans Branch Admin	Auburndale, FL C05
HINGOS,DWAYNE DOUGLAS	OPS-MedTrans Branch Admin	Auburndale, FL C05
FLORES,ROLAND VILLEGAS	OPS-Warehouse Clerk	Auburndale, FL C05
PADRO RIVERA,ELIZABETH	OPS-Warehouse Clerk	Auburndale, FL C05
RIVERA,KARLA REGINA	OPS-Warehouse Clerk	Auburndale, FL C05
ALVAREZ,BRENDA IRIS	OPS-Warehouse Ld	Auburndale, FL C05
CLAYTON,KAVARIS J	OPS-Warehouse Ld	Auburndale, FL C05
ELLISON,JESSICA LYNN	OPS-Warehouse Ld	Auburndale, FL C05
HOLLEY,JOSHUA	OPS-Warehouse Ld	Auburndale, FL C05
HOLLMER,DAVID MICHAEL	OPS-Warehouse Ld	Auburndale, FL C05
LOPEZ,NATASHA JANESSA	OPS-Warehouse Ld	Auburndale, FL C05
MATCHETTE,TERRY	OPS-Warehouse Ld	Auburndale, FL C05
MEJIAS,JIMMY	OPS-Warehouse Ld	Auburndale, FL C05
MIGUEL,LANCE PAULO JUNGCO	OPS-Warehouse Ld	Auburndale, FL C05
MUELLER,AUSTIN TYLER	OPS-Warehouse Ld	Auburndale, FL C05
NICHOLS,BRANDYN	OPS-Warehouse Ld	Auburndale, FL C05
PIEPER,ZAKARIAH O	OPS-Warehouse Ld	Auburndale, FL C05
ROTH,SCOTT A	OPS-Warehouse Ld	Auburndale, FL C05
SAUL,DAVID A.	OPS-Warehouse Ld	Auburndale, FL C05
ABEL,MATTHEW LEE	OPS-Warehouse Operator	Auburndale, FL C05
AGUILERA,LISETTE	OPS-Warehouse Operator	Auburndale, FL C05
AIME,BUTEAU	OPS-Warehouse Operator	Auburndale, FL C05
ALLEN II,ANTHONY L	OPS-Warehouse Operator	Auburndale, FL C05
ALLS,JALIQUA REBECCA	OPS-Warehouse Operator	Auburndale, FL C05
ALVARADO,PEDRO J	OPS-Warehouse Operator	Auburndale, FL C05
ALVAREZ,MARISSA MARIE	OPS-Warehouse Operator	Auburndale, FL C05
ANDRADE,YULIANA	OPS-Warehouse Operator	Auburndale, FL C05
ANGELACOS,GREG SCOTT	OPS-Warehouse Operator	Auburndale, FL C05
ANGLIN,E'QUAVIOUS	OPS-Warehouse Operator	Auburndale, FL C05
ANTOINE,PIERRE RICHARD	OPS-Warehouse Operator	Auburndale, FL C05
ARAQUE,JEAN CARLOS	OPS-Warehouse Operator	Auburndale, FL C05
ARBELO,ARGENIS OMAR	OPS-Warehouse Operator	Auburndale, FL C05
ARMSTRONG,D'ANTA	OPS-Warehouse Operator	Auburndale, FL C05
AVERA,TIMOTHY	OPS-Warehouse Operator	Auburndale, FL C05
AVILES,YADIRA M	OPS-Warehouse Operator	Auburndale, FL C05
AYALA REYES,ENRIQUE	OPS-Warehouse Operator	Auburndale, FL C05
BABERS,SHAMIKA M.	OPS-Warehouse Operator	Auburndale, FL C05
BAEZ,RAISA	OPS-Warehouse Operator	Auburndale, FL C05
BAKSH,HAZIM	OPS-Warehouse Operator	Auburndale, FL C05
BANKS,LATONYA LATRICE	OPS-Warehouse Operator	Auburndale, FL C05
BANOS,JORGE LUIS	OPS-Warehouse Operator	Auburndale, FL C05
BARRIOS,MARIA GUADALUPE	OPS-Warehouse Operator	Auburndale, FL C05
BATTS JR,DAYMOND BATTS	OPS-Warehouse Operator	Auburndale, FL C05
BELLMAN,TATIANA	OPS-Warehouse Operator	Auburndale, FL C05
BELTRAN,WALESKA	OPS-Warehouse Operator	Auburndale, FL C05
BELZIR,ROOKY	OPS-Warehouse Operator	Auburndale, FL C05

BEMBRY IV,EMBRIGE	OPS-Warehouse Operator	Auburndale, FL C05
BENTLEY JR JR,TERRY	OPS-Warehouse Operator	Auburndale, FL C05
BLAKE,JAMES	OPS-Warehouse Operator	Auburndale, FL C05
BOONE,CIERRA CAYLEE	OPS-Warehouse Operator	Auburndale, FL C05
BOUIE,ZARI	OPS-Warehouse Operator	Auburndale, FL C05
BRADY,SADJA	OPS-Warehouse Operator	Auburndale, FL C05
BRAVO,JENNIFER	OPS-Warehouse Operator	Auburndale, FL C05
BRAZLEY,DOMINIQUE SIERRA	OPS-Warehouse Operator	Auburndale, FL C05
BRENES,MAGDIEL ENRIQUE	OPS-Warehouse Operator	Auburndale, FL C05
BROOKINS,RAVEN BRIANN	OPS-Warehouse Operator	Auburndale, FL C05
BROWN,JAMES	OPS-Warehouse Operator	Auburndale, FL C05
BROWN,MELANIE M	OPS-Warehouse Operator	Auburndale, FL C05
BROWNING,DREW MAKAYLA	OPS-Warehouse Operator	Auburndale, FL C05
BRUIN,MIKAYLA	OPS-Warehouse Operator	Auburndale, FL C05
BRUNNEMER,MICHAEL	OPS-Warehouse Operator	Auburndale, FL C05
BURNETT,JERRY	OPS-Warehouse Operator	Auburndale, FL C05
BURTON SR,LEMAR RESHAD	OPS-Warehouse Operator	Auburndale, FL C05
CABRERA,CAMILO	OPS-Warehouse Operator	Auburndale, FL C05
CAMACHO,ALEXIS JAVIER	OPS-Warehouse Operator	Auburndale, FL C05
CAMACHO,LUCIANO	OPS-Warehouse Operator	Auburndale, FL C05
CAMPBELL,MELISSA CAROL	OPS-Warehouse Operator	Auburndale, FL C05
CANALES SELPA JR,PABLO	OPS-Warehouse Operator	Auburndale, FL C05
CANDELARIA,JAVIER J.	OPS-Warehouse Operator	Auburndale, FL C05
CANNON,JORDAN	OPS-Warehouse Operator	Auburndale, FL C05
CARDENAS,IVONNE	OPS-Warehouse Operator	Auburndale, FL C05
CARDONA,LIZA M	OPS-Warehouse Operator	Auburndale, FL C05
CARPENTER,MICHAEL ERIC	OPS-Warehouse Operator	Auburndale, FL C05
CASTILLO,RUBEN	OPS-Warehouse Operator	Auburndale, FL C05
CEDENO,SAMUEL A	OPS-Warehouse Operator	Auburndale, FL C05
CHAPEL,QUANTAS LASHAE	OPS-Warehouse Operator	Auburndale, FL C05
CLAXTON,ANDREW	OPS-Warehouse Operator	Auburndale, FL C05
CLERMONT,FRANTZ	OPS-Warehouse Operator	Auburndale, FL C05
COAKLEY,VINCENT	OPS-Warehouse Operator	Auburndale, FL C05
COLLADO,JENNIFER	OPS-Warehouse Operator	Auburndale, FL C05
COLLAZO,JOELYS MARY	OPS-Warehouse Operator	Auburndale, FL C05
COLON,JOSEPH THOMAS	OPS-Warehouse Operator	Auburndale, FL C05
COOLEY,JEFFREY H	OPS-Warehouse Operator	Auburndale, FL C05
COOPER-MUNCHEL,ASHLEY DOREEN	OPS-Warehouse Operator	Auburndale, FL C05
CORDERO,HECTOR G	OPS-Warehouse Operator	Auburndale, FL C05
CORREA,ESTEFANI	OPS-Warehouse Operator	Auburndale, FL C05
CORTES,JOSEPH	OPS-Warehouse Operator	Auburndale, FL C05
CORTES,LUIS ENRIQUE	OPS-Warehouse Operator	Auburndale, FL C05
COX,ASHAUNTIE	OPS-Warehouse Operator	Auburndale, FL C05
COX,DESHAWN	OPS-Warehouse Operator	Auburndale, FL C05
CRUZ-LUGO,JORGE	OPS-Warehouse Operator	Auburndale, FL C05
CUBILLA,EMMANUELLE	OPS-Warehouse Operator	Auburndale, FL C05
CUEVAS DE LOS SANTOS,EDGABRIEL	OPS-Warehouse Operator	Auburndale, FL C05
CUMBA,MADELINE	OPS-Warehouse Operator	Auburndale, FL C05
CURRY,DANIEL L	OPS-Warehouse Operator	Auburndale, FL C05
DANGELO,JASON PAUL	OPS-Warehouse Operator	Auburndale, FL C05
DANIELS,CARLOS	OPS-Warehouse Operator	Auburndale, FL C05
DAVID,RONALD J	OPS-Warehouse Operator	Auburndale, FL C05

DAVIS,LATESHA	OPS-Warehouse Operator	Auburndale, FL C05
DE JESUS,JOSE E	OPS-Warehouse Operator	Auburndale, FL C05
DELATORRE,JUSTINE LEE	OPS-Warehouse Operator	Auburndale, FL C05
DELGADO,KRISTIAN	OPS-Warehouse Operator	Auburndale, FL C05
DERAZIN,WADSONN	OPS-Warehouse Operator	Auburndale, FL C05
DERY,STACIE SUE	OPS-Warehouse Operator	Auburndale, FL C05
DIBBLE,SHELBY	OPS-Warehouse Operator	Auburndale, FL C05
DIXON-WADE,CAMEO JAVON	OPS-Warehouse Operator	Auburndale, FL C05
DONALDSON,CHRISTOPHER N	OPS-Warehouse Operator	Auburndale, FL C05
DRAGUSTINOVIS,KEVIN	OPS-Warehouse Operator	Auburndale, FL C05
DRAYTON,KYANDRA TASHIELD	OPS-Warehouse Operator	Auburndale, FL C05
DRAYTON,LANCE BERNARD	OPS-Warehouse Operator	Auburndale, FL C05
DUNCAN,LAURA	OPS-Warehouse Operator	Auburndale, FL C05
ELLWOOD,KRISTINE MARIE	OPS-Warehouse Operator	Auburndale, FL C05
ENGLE,JORDAN	OPS-Warehouse Operator	Auburndale, FL C05
ESCARMANT,JEFFCA	OPS-Warehouse Operator	Auburndale, FL C05
ESTIVEN,ILIANA	OPS-Warehouse Operator	Auburndale, FL C05
EUGENE,MARIE STEPHANIE	OPS-Warehouse Operator	Auburndale, FL C05
EVANGELISTA DA MOURA,STELLY	OPS-Warehouse Operator	Auburndale, FL C05
EVANS,TYRELL LAMAR	OPS-Warehouse Operator	Auburndale, FL C05
FALERO,ELVIN YASEL	OPS-Warehouse Operator	Auburndale, FL C05
FELICIANO SANTANA,FRANCISCO NEL	OPS-Warehouse Operator	Auburndale, FL C05
FELICIANO,ALEXIS	OPS-Warehouse Operator	Auburndale, FL C05
FELIX,FLORINE	OPS-Warehouse Operator	Auburndale, FL C05
FERNANDEZ,JOVANNY	OPS-Warehouse Operator	Auburndale, FL C05
FIDALGO,MICHAEL MANUEL	OPS-Warehouse Operator	Auburndale, FL C05
FIGUEROA ROSARIO,MARIAM	OPS-Warehouse Operator	Auburndale, FL C05
FIGUEROA,LUIS	OPS-Warehouse Operator	Auburndale, FL C05
FITZGIBBON,SCOTT JOSEPH	OPS-Warehouse Operator	Auburndale, FL C05
FLUCKER,DARNELL	OPS-Warehouse Operator	Auburndale, FL C05
FORD,KIARA	OPS-Warehouse Operator	Auburndale, FL C05
FOSTER,EVANCHI TICARA	OPS-Warehouse Operator	Auburndale, FL C05
FREI,DILLON	OPS-Warehouse Operator	Auburndale, FL C05
GAMMONS,TAMIKIA	OPS-Warehouse Operator	Auburndale, FL C05
GARCIA MARRERO,EDWIN JONATHAN	OPS-Warehouse Operator	Auburndale, FL C05
GARCIA,SARAH LOPEZ	OPS-Warehouse Operator	Auburndale, FL C05
GASKINS,LATESIA YVETTE	OPS-Warehouse Operator	Auburndale, FL C05
GASKINS,ZARIA ELIZABETH	OPS-Warehouse Operator	Auburndale, FL C05
GASPAR JR,PABLO	OPS-Warehouse Operator	Auburndale, FL C05
GEORGE,RICHARD THOMAS	OPS-Warehouse Operator	Auburndale, FL C05
GIBBS,BRIAN KEITH	OPS-Warehouse Operator	Auburndale, FL C05
GIBBS,JACQUELYN DIANE	OPS-Warehouse Operator	Auburndale, FL C05
GIL ALVAREZ,SORALEX DEYANIRA	OPS-Warehouse Operator	Auburndale, FL C05
GOODINE,TRESTAR	OPS-Warehouse Operator	Auburndale, FL C05
GOODMAN,JASMINE	OPS-Warehouse Operator	Auburndale, FL C05
GRAY,MICHAEL B	OPS-Warehouse Operator	Auburndale, FL C05
GRAYDON,CLAUDINE JEANETTE	OPS-Warehouse Operator	Auburndale, FL C05
GUILLAUME,HERLINE D	OPS-Warehouse Operator	Auburndale, FL C05
GUY,NATHANIEL MITCHELL	OPS-Warehouse Operator	Auburndale, FL C05
GUZMAN,MYRIAM R	OPS-Warehouse Operator	Auburndale, FL C05
HAMPTON JR,ROY DALE	OPS-Warehouse Operator	Auburndale, FL C05
HARRIS,TONYA D	OPS-Warehouse Operator	Auburndale, FL C05

HAWKINS,SHONNIECE	OPS-Warehouse Operator	Auburndale, FL C05
HAYES,DEMEDRA	OPS-Warehouse Operator	Auburndale, FL C05
HENRY,ERMANNE	OPS-Warehouse Operator	Auburndale, FL C05
HERNANDEZ,ALEXIS	OPS-Warehouse Operator	Auburndale, FL C05
HERNANDEZ,LUIS D	OPS-Warehouse Operator	Auburndale, FL C05
HILL,FRANK ALAN	OPS-Warehouse Operator	Auburndale, FL C05
HODGE,REBECCA L	OPS-Warehouse Operator	Auburndale, FL C05
HOLBROOK,HOLLY MICHELLE	OPS-Warehouse Operator	Auburndale, FL C05
HOOD,KELLY	OPS-Warehouse Operator	Auburndale, FL C05
HUERTAS,ANDRES	OPS-Warehouse Operator	Auburndale, FL C05
HUGGINS,HENRY SHAWN	OPS-Warehouse Operator	Auburndale, FL C05
HUNTER,JOHNNA L	OPS-Warehouse Operator	Auburndale, FL C05
HUNTER-STUBBS,JOAN ELAINE	OPS-Warehouse Operator	Auburndale, FL C05
IRIBAR,YESSICA	OPS-Warehouse Operator	Auburndale, FL C05
IVORY,SELISNA O	OPS-Warehouse Operator	Auburndale, FL C05
JACKSON,DANIELLE VONSHAY	OPS-Warehouse Operator	Auburndale, FL C05
JACKSON,SHABRIA	OPS-Warehouse Operator	Auburndale, FL C05
JACKSON,TOWANDA LYNETTE	OPS-Warehouse Operator	Auburndale, FL C05
JAGGERNAUTH,GEEW	OPS-Warehouse Operator	Auburndale, FL C05
JEAN,RALPH EDWIDGE	OPS-Warehouse Operator	Auburndale, FL C05
JENT,WYATT	OPS-Warehouse Operator	Auburndale, FL C05
JIMENEZ,IVONNE	OPS-Warehouse Operator	Auburndale, FL C05
JOHNSON,IRESHA	OPS-Warehouse Operator	Auburndale, FL C05
JOHNSON,NICHOLAS D	OPS-Warehouse Operator	Auburndale, FL C05
JONES,JARON DELMAR	OPS-Warehouse Operator	Auburndale, FL C05
JONES,NANCY KAY	OPS-Warehouse Operator	Auburndale, FL C05
JORDAN,KIMOTHIE	OPS-Warehouse Operator	Auburndale, FL C05
JOSE-ZORRILLA,VICTOR	OPS-Warehouse Operator	Auburndale, FL C05
JUAREZ,LUIS MIGUEL	OPS-Warehouse Operator	Auburndale, FL C05
KAMPER,DEVON	OPS-Warehouse Operator	Auburndale, FL C05
KENNEDY,MATTHEW	OPS-Warehouse Operator	Auburndale, FL C05
KINLOCK,DEANDRE IAN	OPS-Warehouse Operator	Auburndale, FL C05
KNIGHT,ADRIAN MAURICE	OPS-Warehouse Operator	Auburndale, FL C05
KULIKOWSKI,JOSEPH	OPS-Warehouse Operator	Auburndale, FL C05
LACEN,RICHARD	OPS-Warehouse Operator	Auburndale, FL C05
LAMACCHIA,SCOTT MICHAEL	OPS-Warehouse Operator	Auburndale, FL C05
LAPLUME,KENNETH	OPS-Warehouse Operator	Auburndale, FL C05
LAROCHE,RACHELLE	OPS-Warehouse Operator	Auburndale, FL C05
LASALLE FEBUS,BALDNEY	OPS-Warehouse Operator	Auburndale, FL C05
LAURANT,LUCKY	OPS-Warehouse Operator	Auburndale, FL C05
LAURENT,ELOUDE	OPS-Warehouse Operator	Auburndale, FL C05
LEBRON,WANDA IVELISSE	OPS-Warehouse Operator	Auburndale, FL C05
LIGHT,KRYSTAL L	OPS-Warehouse Operator	Auburndale, FL C05
LLOYD,VERONICA T	OPS-Warehouse Operator	Auburndale, FL C05
LOPEZ,GUILLERMO J	OPS-Warehouse Operator	Auburndale, FL C05
LOPEZ,ROBERTO	OPS-Warehouse Operator	Auburndale, FL C05
LOUIS,ROLAND ANDRE	OPS-Warehouse Operator	Auburndale, FL C05
LOVE,TERRY E.	OPS-Warehouse Operator	Auburndale, FL C05
LOZANDIEU,JOHN	OPS-Warehouse Operator	Auburndale, FL C05
LUCIUS,HAROLD	OPS-Warehouse Operator	Auburndale, FL C05
LYNN,CHRISTOPHER M	OPS-Warehouse Operator	Auburndale, FL C05
MALDONADO OQUENDO,RAFAEL JOS	OPS-Warehouse Operator	Auburndale, FL C05

MANGUAL PEREZ,FRANCISCO JOSE	OPS-Warehouse Operator	Auburndale, FL C05
MARCANO,MARIA ALEJANDRA	OPS-Warehouse Operator	Auburndale, FL C05
MARTIN,JOHN	OPS-Warehouse Operator	Auburndale, FL C05
MARTINDALE,DEMARCUS	OPS-Warehouse Operator	Auburndale, FL C05
MARTINEZ JR,MARIO	OPS-Warehouse Operator	Auburndale, FL C05
MARTINEZ RODRIGUEZ,DIMAS	OPS-Warehouse Operator	Auburndale, FL C05
MARTINEZ,JAVIER	OPS-Warehouse Operator	Auburndale, FL C05
MARTINEZ,ZORAIDA	OPS-Warehouse Operator	Auburndale, FL C05
MARTINEZ-MOLINA,DALMA I	OPS-Warehouse Operator	Auburndale, FL C05
MATTHEWS,DENNIS BERNARD	OPS-Warehouse Operator	Auburndale, FL C05
MATTHEWS,HEMIL	OPS-Warehouse Operator	Auburndale, FL C05
MCCLELLAN,ALISON M	OPS-Warehouse Operator	Auburndale, FL C05
MCCORMICK,AARON GLEN	OPS-Warehouse Operator	Auburndale, FL C05
MCCOY,JAMES ELROD	OPS-Warehouse Operator	Auburndale, FL C05
MCDERMOTT,ROBERT A	OPS-Warehouse Operator	Auburndale, FL C05
MCKINLEY,KEMEISHA	OPS-Warehouse Operator	Auburndale, FL C05
MCKINLEY,MEILING O	OPS-Warehouse Operator	Auburndale, FL C05
MELENDEZ VELAZQUEZ,LUIS ANDRES	OPS-Warehouse Operator	Auburndale, FL C05
MELO JR,DIONISIO	OPS-Warehouse Operator	Auburndale, FL C05
MERCADO SR,MARISEL	OPS-Warehouse Operator	Auburndale, FL C05
MERKLE,JAMES EDWARD	OPS-Warehouse Operator	Auburndale, FL C05
MILES,TIFFANY LYNN	OPS-Warehouse Operator	Auburndale, FL C05
MILLS,ANGALA KALEA	OPS-Warehouse Operator	Auburndale, FL C05
MILTON II,KENNETH LEONARD	OPS-Warehouse Operator	Auburndale, FL C05
MIMS,ANTONIO RONNELL	OPS-Warehouse Operator	Auburndale, FL C05
MITCHELL,KATINA	OPS-Warehouse Operator	Auburndale, FL C05
MOHAMMED,GARVIN FERAAZ	OPS-Warehouse Operator	Auburndale, FL C05
MOJICA,FRANCISCA	OPS-Warehouse Operator	Auburndale, FL C05
MOLINA BORDOY,PEDRO ARMANDO	OPS-Warehouse Operator	Auburndale, FL C05
MOLINA,CHERLYAN	OPS-Warehouse Operator	Auburndale, FL C05
MONTANEZ,JOSE M	OPS-Warehouse Operator	Auburndale, FL C05
MOORE,BYRON T	OPS-Warehouse Operator	Auburndale, FL C05
MORALES,THAISHIRA	OPS-Warehouse Operator	Auburndale, FL C05
MORALES-TORRES,JULIO ANGEL	OPS-Warehouse Operator	Auburndale, FL C05
MORRIS,ERICKA LASHAWN	OPS-Warehouse Operator	Auburndale, FL C05
MOSELY,LATOYIA QUINTEYLLE	OPS-Warehouse Operator	Auburndale, FL C05
MUNOZ,ROBERTO	OPS-Warehouse Operator	Auburndale, FL C05
NARVAEZ NEGRON,EDWIN A.	OPS-Warehouse Operator	Auburndale, FL C05
NEGRON JR,JORGE NELSON	OPS-Warehouse Operator	Auburndale, FL C05
NEGRON SERRANO,ANTHONY	OPS-Warehouse Operator	Auburndale, FL C05
NELSON,KEION JA'MEL	OPS-Warehouse Operator	Auburndale, FL C05
NERIS,MARIA DE LOURDES	OPS-Warehouse Operator	Auburndale, FL C05
NIEVES SERRANO,JEREMY RAMSEL	OPS-Warehouse Operator	Auburndale, FL C05
NIEVES,DAMARIS	OPS-Warehouse Operator	Auburndale, FL C05
NOGUERAS,NELSON NEMUEL	OPS-Warehouse Operator	Auburndale, FL C05
NUNEZ,ANGELA GAMBINO	OPS-Warehouse Operator	Auburndale, FL C05
OCHOA,LAQUISHA S	OPS-Warehouse Operator	Auburndale, FL C05
OLIVERA RIVERA,JOHNNIEL	OPS-Warehouse Operator	Auburndale, FL C05
ORTIZ,EDGARDO	OPS-Warehouse Operator	Auburndale, FL C05
ORTIZ,TERESITA	OPS-Warehouse Operator	Auburndale, FL C05
OSHMAN,DYNA	OPS-Warehouse Operator	Auburndale, FL C05
PACHECO,DAVID	OPS-Warehouse Operator	Auburndale, FL C05

PADILLA,JULIO ENRIQUE	OPS-Warehouse Operator	Auburndale, FL C05
PAGAN COLON,BRYAN Y.	OPS-Warehouse Operator	Auburndale, FL C05
PAL,RAHUL	OPS-Warehouse Operator	Auburndale, FL C05
PAULINO SANTIAGO,JUAN PABLO	OPS-Warehouse Operator	Auburndale, FL C05
PERDOMO,EMILY MARIE	OPS-Warehouse Operator	Auburndale, FL C05
PEREZ AYALA,LUIS ARNALDO	OPS-Warehouse Operator	Auburndale, FL C05
PEREZ RIVERA,REBECCA MINERVA	OPS-Warehouse Operator	Auburndale, FL C05
PEREZ VELAZQUEZ,LUZ	OPS-Warehouse Operator	Auburndale, FL C05
PEREZ,FRANCES M	OPS-Warehouse Operator	Auburndale, FL C05
PEREZ,JUAN E	OPS-Warehouse Operator	Auburndale, FL C05
PEREZ,ROBERT	OPS-Warehouse Operator	Auburndale, FL C05
PHILIPPE,EZECHIEL	OPS-Warehouse Operator	Auburndale, FL C05
PIERRE,BEDSLEY	OPS-Warehouse Operator	Auburndale, FL C05
PIERRE-LOUIS,MAGDA	OPS-Warehouse Operator	Auburndale, FL C05
QUINONES,KARLA M	OPS-Warehouse Operator	Auburndale, FL C05
RAMIREZ VEGA,LIZA MARIE	OPS-Warehouse Operator	Auburndale, FL C05
RAMIREZ,JUAN	OPS-Warehouse Operator	Auburndale, FL C05
RAMOS,ANGEL	OPS-Warehouse Operator	Auburndale, FL C05
RAMSDELL,LANEL	OPS-Warehouse Operator	Auburndale, FL C05
RAY,DESHON DARREL	OPS-Warehouse Operator	Auburndale, FL C05
REDDICK,SHIRLEY D	OPS-Warehouse Operator	Auburndale, FL C05
REYES JR,RAMON ANTONIO	OPS-Warehouse Operator	Auburndale, FL C05
RICHARDS,DEVON MORRIS	OPS-Warehouse Operator	Auburndale, FL C05
RICHARDSON,AQUILE IYANA	OPS-Warehouse Operator	Auburndale, FL C05
RICHARDSON,ASJUIR LAMAR	OPS-Warehouse Operator	Auburndale, FL C05
RIVERA BURGOS,SABRINA	OPS-Warehouse Operator	Auburndale, FL C05
RIVERA,CARLOS LUGO	OPS-Warehouse Operator	Auburndale, FL C05
RIVERA,FRANCISCO	OPS-Warehouse Operator	Auburndale, FL C05
RIVERA,MITCHEL ENRIQUE	OPS-Warehouse Operator	Auburndale, FL C05
ROBINSON,VONSHA LATRIECE	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ CRUZ,JIMMY	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ LOPEZ,NEFTALI	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ RIVERA,KIANI	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,ASHLEY	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,DAVID O	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,EMMA MYRIAM	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,KATRINA	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,RAYMOND	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,STEVEN MANUEL	OPS-Warehouse Operator	Auburndale, FL C05
RODRIGUEZ,YENIA Y	OPS-Warehouse Operator	Auburndale, FL C05
ROSALES,IREYDISA	OPS-Warehouse Operator	Auburndale, FL C05
ROSEMOND,EVELYNE	OPS-Warehouse Operator	Auburndale, FL C05
ROSQUETE,DIEGO	OPS-Warehouse Operator	Auburndale, FL C05
ROSS,ANTEKA	OPS-Warehouse Operator	Auburndale, FL C05
RUDAKIEWICZ-CRAVEY,SASHA M	OPS-Warehouse Operator	Auburndale, FL C05
RUIZ,JUAN MANUEL	OPS-Warehouse Operator	Auburndale, FL C05
RUIZ,JUSTIN	OPS-Warehouse Operator	Auburndale, FL C05
RUIZ,PAULA CECILIA	OPS-Warehouse Operator	Auburndale, FL C05
SAINTLOUIS,GILDA ERICA	OPS-Warehouse Operator	Auburndale, FL C05
SALAZAR,MARIA ISABELA	OPS-Warehouse Operator	Auburndale, FL C05
SALAZAR,MARIELI	OPS-Warehouse Operator	Auburndale, FL C05
SAMUELS,CHARLES ALEX	OPS-Warehouse Operator	Auburndale, FL C05

SANCHEZ MOYET,MILKA	OPS-Warehouse Operator	Auburndale, FL C05
SANCHEZ-RIVERA,SHAURYLIANE	OPS-Warehouse Operator	Auburndale, FL C05
SANTANA II,NEY ALEJANDRO	OPS-Warehouse Operator	Auburndale, FL C05
SANTIAGO JR,JOSE A	OPS-Warehouse Operator	Auburndale, FL C05
SANTIAGO,BARBARA	OPS-Warehouse Operator	Auburndale, FL C05
SANTOS,JULIO C.	OPS-Warehouse Operator	Auburndale, FL C05
SCHEPPER,KAITLEN ELIZABETH	OPS-Warehouse Operator	Auburndale, FL C05
SEERAJ,BASIL	OPS-Warehouse Operator	Auburndale, FL C05
SEERAJ,DENNIS	OPS-Warehouse Operator	Auburndale, FL C05
SERRANO,RAYMOND	OPS-Warehouse Operator	Auburndale, FL C05
SHARP,GRAYSON SCOTT	OPS-Warehouse Operator	Auburndale, FL C05
SHAW,EBONY CHARMAINE	OPS-Warehouse Operator	Auburndale, FL C05
SIERRA,IRIS LISSETTE	OPS-Warehouse Operator	Auburndale, FL C05
SILVAGNOLI,WALDEMAR ANTONIO	OPS-Warehouse Operator	Auburndale, FL C05
SLATTERY,MERANDA M	OPS-Warehouse Operator	Auburndale, FL C05
SMITH JR,DUKE	OPS-Warehouse Operator	Auburndale, FL C05
SMITH,DAVID KYREESE	OPS-Warehouse Operator	Auburndale, FL C05
SNOWDEN,JEANETTE	OPS-Warehouse Operator	Auburndale, FL C05
SOUTHALL,CHARLENE	OPS-Warehouse Operator	Auburndale, FL C05
SPAHALIC,SAMUEL JASON	OPS-Warehouse Operator	Auburndale, FL C05
SPANN,TAVARES	OPS-Warehouse Operator	Auburndale, FL C05
SPOONLEY,WILLIAM ARTHUR	OPS-Warehouse Operator	Auburndale, FL C05
STOKES,RYSHAWNN KASEEM	OPS-Warehouse Operator	Auburndale, FL C05
STORR,COREY	OPS-Warehouse Operator	Auburndale, FL C05
SUAREZ,BRIAN	OPS-Warehouse Operator	Auburndale, FL C05
SULLIVAN,DAMON LENARD	OPS-Warehouse Operator	Auburndale, FL C05
TANNER,DEBBIE SUE	OPS-Warehouse Operator	Auburndale, FL C05
TAVERAS,HEYLIN	OPS-Warehouse Operator	Auburndale, FL C05
TAYLOR,ERIC	OPS-Warehouse Operator	Auburndale, FL C05
TAYLOR,KELLIE DANIELLE	OPS-Warehouse Operator	Auburndale, FL C05
TAYLOR,TEKEIA	OPS-Warehouse Operator	Auburndale, FL C05
THOMAS,AUZREE	OPS-Warehouse Operator	Auburndale, FL C05
THOMAS,STEVE	OPS-Warehouse Operator	Auburndale, FL C05
TORRES,ALEJANDRO	OPS-Warehouse Operator	Auburndale, FL C05
TORRES,AMELQUI	OPS-Warehouse Operator	Auburndale, FL C05
TORRES,BRYAN ENRIQUE	OPS-Warehouse Operator	Auburndale, FL C05
TORRES,EVELYN	OPS-Warehouse Operator	Auburndale, FL C05
TORRES,JAIME JUNIOR	OPS-Warehouse Operator	Auburndale, FL C05
TUCKER,DERREK LAMAR	OPS-Warehouse Operator	Auburndale, FL C05
VANG,BEE	OPS-Warehouse Operator	Auburndale, FL C05
VAZQUEZ,YOMAR EMANUEL	OPS-Warehouse Operator	Auburndale, FL C05
VEGA,GIARDI A	OPS-Warehouse Operator	Auburndale, FL C05
VEGA,LUIS	OPS-Warehouse Operator	Auburndale, FL C05
VELASQUEZ IV,REYMUNDO	OPS-Warehouse Operator	Auburndale, FL C05
VELEZ,ISRAEL	OPS-Warehouse Operator	Auburndale, FL C05
VELEZ,KYNEISHA	OPS-Warehouse Operator	Auburndale, FL C05
WALKER,STEPHANIE	OPS-Warehouse Operator	Auburndale, FL C05
WEAVER,MARY	OPS-Warehouse Operator	Auburndale, FL C05
WEBB JR,ERIC LEE	OPS-Warehouse Operator	Auburndale, FL C05
WESLEY,DARIUS LENOLD	OPS-Warehouse Operator	Auburndale, FL C05
WHITE,YASMINE XYARRA	OPS-Warehouse Operator	Auburndale, FL C05
WILLIAMS JR,DESMOND GEORGE	OPS-Warehouse Operator	Auburndale, FL C05

WILLIAMS,ALICIA	OPS-Warehouse Operator	Auburndale, FL C05
WILLIAMS,JACOB	OPS-Warehouse Operator	Auburndale, FL C05
WILLIAMS,JAMAURIA TRENAE	OPS-Warehouse Operator	Auburndale, FL C05
WILSON,LATISHIA	OPS-Warehouse Operator	Auburndale, FL C05
WRIGHTSMAN,ANGELA	OPS-Warehouse Operator	Auburndale, FL C05
ZIMERO,NAPHTALY NAHBIHA	OPS-Warehouse Operator	Auburndale, FL C05
CRUZ RODRIGUEZ,ELVIN A	OPS-Warehouse Operator OST	Auburndale, FL C05
DIMARCO,MADELINE I	OPS-Warehouse Operator OST	Auburndale, FL C05
DURR,DESHANNA T	OPS-Warehouse Operator OST	Auburndale, FL C05
DUTTON,MICHAEL RICHARD	OPS-Warehouse Operator OST	Auburndale, FL C05
HUERTAS JR,ANDRES	OPS-Warehouse Operator OST	Auburndale, FL C05
LEE,PHONG	OPS-Warehouse Operator OST	Auburndale, FL C05
MOLINA,HECTOR L	OPS-Warehouse Operator OST	Auburndale, FL C05
WILSON,MERISSA NATOYA	OPS-Warehouse Operator OST	Auburndale, FL C05
MARTINEZ,EDWIN A.	Sr Mgr Medtrans	Auburndale, FL C05
JESKE,JAMES ARTHUR	Sr Supv Warehouse	Auburndale, FL C05
THOMAS,LEON LAYTON	Sr Supv Warehouse	Auburndale, FL C05
TUFANO,MARIO	Sr Supv Warehouse	Auburndale, FL C05
ZIARKO,MELISSA	Supv Inventory Ctrl	Auburndale, FL C05
FURMAN,STEVEN RICHARD	Supv Maintenance	Auburndale, FL C05
DIOSSA,JEAN PIERRE	Supv MedTrans	Auburndale, FL C05
MAYWHORT,CRAIG JON	Supv MedTrans	Auburndale, FL C05
REYES,ROBERTO	Supv MedTrans	Auburndale, FL C05
ATKINSON,TANNER	Supv Warehouse	Auburndale, FL C05
COUTURE,TRAVIS	Supv Warehouse	Auburndale, FL C05
KENT,PATRICK S	Supv Warehouse	Auburndale, FL C05
O'NEIL,JOHNATHON DAVID	Supv Warehouse	Auburndale, FL C05
ORTIZ,XAVIER ANGEL	Supv Warehouse	Auburndale, FL C05
PEIRSON,JOHN S	Supv Warehouse	Auburndale, FL C05
PEREZ-LOPEZ,HAROLD ANTONIO	Supv Warehouse	Auburndale, FL C05
PRIETO,YOLIANE PAULETTE	Supv Warehouse	Auburndale, FL C05
QUIGGINS,TABITHA MARIE	Supv Warehouse	Auburndale, FL C05
REIS,RILEY CHRISTIAN	Supv Warehouse	Auburndale, FL C05
SANTANA-SOTO,LUIS ALBERTO	Supv Warehouse	Auburndale, FL C05
STRAIGHT,JERMAINE	Supv Warehouse	Auburndale, FL C05
TEWKSBURY,KYLE	Supv Warehouse	Auburndale, FL C05
VARGAS,OMAR ERIK	Supv Warehouse	Auburndale, FL C05
WIGGINS,JARED R	Supv Warehouse	Auburndale, FL C05
WOOTEN,MICHAEL	Supv Warehouse	Auburndale, FL C05
ZAVALA,JEANETTE	Supv Warehouse	Auburndale, FL C05
MCNALLY,NATHAN ALLEN	Systems Spec LUM	Auburndale, FL C05

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lawrence Middle Carlton Last Randall

Alias(es, nicknames, name changes, etc.) Larry

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Hartle Groves Place Apt [redacted]

City Clermont State FL Zip 34711

Telephone [redacted] Email Lrandall@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 439.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Saint Joseph's College		09/84 - 05/05	
Address	**City**	**State**	**Zip**
278 Whites Bridge Rd	Standish	ME	04084
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Lake Region High School		09/76 - 06/80	
Address	**City**	**State**	**Zip**
1877 Roosevelt Trail	Naples	ME	04055
Diploma/Degree obtained, if any			
General			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2018 - Current	[redacted] Hartle Groves Place Apt [redacted]	Clermont	FL	34711
10/2014 - 7/2018	[redacted] Golf Brook Circle Apt# [redacted]	Longwood	FL	32779
1998 - 2014	[redacted] Arthur Dr	Mc Donough	GA	30252

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP "Formerly Medline Inustries, Inc."			5/2017 - Current
Business Address	**City**	**State**	**Zip**
1062 Old Dixie Highway	Auburndale	FL	33823
Phone	**Title**	**Number of Employed Hours**	
863-337-4797	Director of Operations	40 + hours weekly	
Description of Duties			
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.			

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/12/2022
Date

I, Lawrence Randall, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. LR I am at least 21 years of age;
3. LR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lawrence Randall
Print Name (First, Last)

LC Randall
Original Signature (electronic, copies or stamps not accepted)

12/12/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Randall
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/12/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lawrence Randall, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/12/2022
Date

Subscribed and Sworn to before me this 12 day of December 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

LAWRENCE C. RANDALL

[redacted] Hartle Groves Place, Apt 109, Clermont, FL 34711 [redacted]
[redacted]

SALES/OPERATIONS/LOGISTICS MANAGEMENT – MULTI MILLION DOLLAR REVENUE

25 year plus experience in distribution center and supply chain management - distinguished by accelerated and continued advancements.

Successful in both startup and turnaround management roles - propelled multiple stores to excellence in sales and customer satisfaction while lowering shrink and staff turnover

Comprehensive background in leading all aspects of wholesale & supply chain operations

Top ranked sales professional - proven history of success in the wholesale industry. Adept at building a strong bond with customers through consultative, solution based approach.

EXPERIENCE

07/14/2014 – PRESENT

DIRECTOR OF OPERATIONS, MEDLINE INDUSTRIES, LP – AUBURNDALE, FL

- Manage a team composed of Managers and Warehouse Associates within an 800,000 SQ FT distribution center.
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.
- Developed a warehouse schedule that diminished overtime and reduced shipping times.
- Lead monthly meetings with staff to communicate and ensure goals are being met.

05/2010 – 07/2014

MANAGER, DISTRIBUTION AND LOGISTICS, PIEDMONT HEALTHCARE CORPORATION – ATLANTA, GA

- Plan, direct and administer all aspects of the Piedmont Healthcare Distribution Center. Ensure productivity targets are met through leveraging warehouse and inventory management system, distribution center layout. Develop and maintain key performance/financial indicators focused on cost reduction, customer and staff satisfaction and operational performance.
- Partnered with site leaders at acute care centers and key supply chain personnel to identify productivity initiatives, cost savings potential, and service enhancements.
- Successfully implement ERP initiative.
- Developed and enhanced procedures relating to customer returns, inventory control, space utilization and time management for warehouse personnel.

- Reduced personnel expense by converting from a 6 to 5 day work week, as well as reduced delivery expense to 5 acute care hospitals, all without impact to the customer.
- First department within supply chain operations to change from a fixed to variable cost center.
- Implemented a previously non-existent safety program for the distribution center
- Responsible for establishing and maintaining logistics for 100 plus physicians clinics throughout the Metro Atlanta area.

02/2008 – 10/2009

BRANCH SALES/OPERATIONS MANAGER, REXEL USA – COLLEGE PARK, GA

- Oversee daily sales and operations. Manage and direct all departments (warehouse, sales & quotations), enforce sound merchandising and loss control strategies. Execute corporate programs and policies, and motivate optimal customer satisfaction, associate productivity and P&L results.
- Exceeded sales and gross profit goals by 30% and 19% respectively in the first year. Excelled in recruiting, training and motivating quality personnel. Developed many entry level associates into top performing team members.
- Improved customer account profitability while reducing outstanding account balance and minimizing debt exposure.
- Developed strong relationships with executive level management of top customers.

05/2004 – 02/2008

BRANCH SALES/OPERATIONS MANAGER, HD SUPPLY, A DIVISION OF HOME DEPOT – MCDONOUGH, GA

- Provided strategic, operational and fiscal leadership and maintained excellent service standards.
- Propelled a near worst to first turn around, transforming one the district's lowest ranked stores to top ten finish in sales and improved bottom line profitability.
- Analyzed and implemented price matrix improvements to maximize branches' profitability while maintaining competitive edge.
- Created sales campaigns that catapulted market share gains to dominate specialized markets within the industry.

09/1985 – 05/2004

DISTRIBUTION CENTER MANAGER, HUGHES SUPPLY, INC. – FOREST PARK, GA

- Promoted to manage all aspects of 180,000 square foot distribution center with annual sales of $90 million, supported by an average inventory of $9 million.
- Accomplished sales growth of 20% by directing team members in daily operations to ensure high degree of safety, service and quality (implementation of RF system).
- Executed the efficient and timely flow of merchandise delivery to over l 00 locations in the U.S. on a daily basis through planning and effective management resources, as wells as developing key relationships with the company's logistics team and core carriers.

EDUCATION

BACHELOR OF SCIENCE – MAJOR IN ACCOUNTING, SAINT JOSEPH'S COLLEGE – WINDHAM, ME

SKILLS

- P&L Management
- Budgeting & Cost Controls
- Shrink Reduction/Loss Control
- Process Improvement
- Customer Service Excellence
- Team Building/Training/Supervision
- Inventory Management

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lawrence Middle Carlton Last Randall

Alias(es, nicknames, name changes, etc.) Larry

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Hartle Groves Place Apt [redacted]

City Clermont State FL Zip 34711

Telephone [redacted] Email lrandall@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Saint Joseph's College		09/1981 - 5/1985	
Address	**City**	**State**	**Zip**
278White Bridge Rd	Standish	ME	04084
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Lake Region High School		09/1976 - 06/1980	
Address	**City**	**State**	**Zip**
1877 Roosevelt Trail	Naples	ME	04055
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2018 - Current	[redacted]Hartle Groves Place Apt #[redacted]	Clermont	FL	34711
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2014 - 7/2018	[redacted]Golf Brook Circle Apt #[redacted]	Longwood	FL	32779
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1998 - 2014	[redacted]Arthur Drive	Mc Donough	GA	30252
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			5/2017 - Current	
Business Address		**City**	**State**	**Zip**
1062 Old Dixie Highway		Auburndale	FL	33823
Phone	**Title**		**Number of Employed Hours**	
863-337-4797	Director of Operations		40 + hours weekly	
Description of Duties				
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.				

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/24/2023
Date

I, Lawrence Randall, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. LR Have a high school diploma or its equivalent;
2. LR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. LR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. LR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Randall
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/2023
Date

Board Use Only	Date Received: 3-2-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 9/15/22

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 9/15/22

Subscribed and Sworn to before me this 19 day of September, 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024
(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

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Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 9/15/22

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) 02668

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Drive	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979-1983	
Address	**City**	**State**	**Zip**
6823 St.Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1985 - Current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials AM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J . Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials AM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (If different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			
Description of Duties				
Member of Executive Team, responsible for leading the Finance organization.				

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			
Description of Duties				
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1062 Old Dixie Highway

City Auburndale State FL Zip 33823

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	Chief Operating Officer			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name N/A			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (~~electronic, copies~~ or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY _____

Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 251 Hilton Drive

City: Jeffersonville State: IN Zip: 47130

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Filomena Kropiwiec

Licensing Company Email: ralicensing@medline.com DR Email: mkropiwiec@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Mary K Leonard

Original Signature (electronic, copies or stamps not accepted)

10/26/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

Board Use Only	Date Received: 12·29·22	Amount: 1000.00 CK -0100055685

12/19/22

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address	DOB
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022	[redacted]
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035	[redacted]
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004	[redacted]
President - QA/RA	Lara N. Simmons	[redacted] Cobblestone Rd Elkhorn WI 53121	[redacted]

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

SEAL OF THE STATE OF ILLINOIS
AUG. 26TH 1818

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002488A	09/30/2024

Medline Industries, LP

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002488A	09/30/2024

Medline Industries, LP

Signature _____

State of Indiana

DEMOGRAPHIC INFORMATION

Name: Medline Industries, LP

ADDRESS INFORMATION

Line 1: 251 Hilton Dr
Line 2:
City/State/Zip: Jeffersonville IN 47130
County: Clark

LICENSE INFORMATION

Lic #:	48002488A	Profession:	Pharmacy Board	Type:	Wholesale Drug Distributor	Secondary:	
Status:	Active	Issued:	10/1/2021	Expiration:	9/30/2024		
Method:	Change of Ownership						

DISCIPLINE INFORMATION

RELATED LICENSES

No Related Licenses

IN.gov

State of Indiana

Demographic Information

Name: Medline Industries, LP

Address Information

Line 1:	3770 Hogum Bay Rd NE
Line 2:	
City/State/Zip:	Lacey WA 98516
County:	Thurston

License Information

Lic #:	48002569A	Profession:	Pharmacy Board	Type:	Wholesale Drug Distributor	Secondary:	
Status:	Active	Issued:	12/7/2022	Expiration:	9/30/2024		
Method:	Application						

Discipline Information

-

Related Licenses

No Related Licenses

Close Window

NABP
National Association of Boards of Pharmacy

Main Menu

Accredited Drug Distributors

Find an Accredited Drug Distributor

Facility Name

State (All)

Search Reset

Current list of 18 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

<<Previous 1 2

Name	Address	Accreditation Date
Medline Industries, LP	251 Hilton Drive Jeffersonville, IN 47130	Reaccreditation in process
Medline Industries, LP	1062 Old Dixie Highway Auburndale, FL 33823	10/27/19
Medline Industries, LP	1401 N Universal Ave Kansas City, MO 64120	03/05/21
Medline Industries, LP	2200 Cornerstone Parkway Grayslake, IL 60030	04/01/21
Medline Industries, LP	1040 Enterprise Parkway West Jefferson, OH 43162	07/15/21
Medline Industries, LP	81 Campanelli Drive Uxbridge, MA 01569	08/26/21
Medline Industries, LP	3446 Highway 51 N Southaven, MS 38672	06/28/21
Medline Industries, LP	239 Belvidere Road Perryville, MD 21903	08/17/22

<<Previous 1 2

NABP
National Association of Boards of Pharmacy

1600 Feehanville Dr Mount Prospect, IL 60056

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NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

251 Hilton Drive, Jeffersonville, IN 47130

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/15/2019 - 04/14/2022
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000 $
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y N/A If yes, describe under DESCRIPTION OF OPERATIONS below			LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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KROPIWIEC,FILOMENA	Dir Operations	Jefferson, IN C89
UNDERWOOD,CHRISTOPHER M.	Dir Operations	Jefferson, IN C89
HODGE,JEFFRY A	Mgr Maintenance	Jefferson, IN C89
ROBERTSON,JOSEPH	Mgr Maintenance	Jefferson, IN C89
BATTS,DANIEL	Mgr Warehouse	Jefferson, IN C89
IRWIN,MICHAEL STEVEN	Mgr Warehouse	Jefferson, IN C89
SHELTON,RICHARD ALLAN	Mgr Warehouse	Jefferson, IN C89
BELL,AMY M	OPS-Branch Admin Sr	Jefferson, IN C89
CLARK,MICHAEL HAYDEN	OPS-Branch Administrator	Jefferson, IN C89
HEIL,CHRISTINE M.	OPS-Branch Administrator	Jefferson, IN C89
REDD HUDGINS,ERICA BRENDA LEE	OPS-Branch Administrator	Jefferson, IN C89
ELLIOTT II,WILLIAM WAYNE	OPS-Branch Trainer	Jefferson, IN C89
FORD,JEROD TROY	OPS-Branch Trainer	Jefferson, IN C89
HENDRICK,JAMES DAKOTA	OPS-Branch Trainer	Jefferson, IN C89
HOFF,MARK J. M.	OPS-Branch Trainer	Jefferson, IN C89
LEGER,JEFFREY ALLEN.	OPS-Branch Trainer	Jefferson, IN C89
LEWIS,KEVIN T	OPS-Branch Trainer	Jefferson, IN C89
LIVELY,MICHAEL	OPS-Branch Trainer	Jefferson, IN C89
MAULLER,LANAY MARIE	OPS-Branch Trainer	Jefferson, IN C89
NUNEZ-SANTIAGO,LINELLY	OPS-Branch Trainer	Jefferson, IN C89
RANSOM,TIFFANY	OPS-Branch Trainer	Jefferson, IN C89
ROOS,JACOB LEE	OPS-Branch Trainer	Jefferson, IN C89
WILSON JR,EDWOND FITZGERALD	OPS-Branch Trainer	Jefferson, IN C89
OMALLEY,SANTIAGO DAVID	OPS-Delivery Driver	Jefferson, IN C89
SMITH,IAN MICHAEL	OPS-Delivery Driver	Jefferson, IN C89
BAXTER,ADAM	OPS-Inventory Coord	Jefferson, IN C89
JOHNSON,MICHAEL P.	OPS-Inventory Coord	Jefferson, IN C89
JONES,TRACY LYNN	OPS-Inventory Coord	Jefferson, IN C89
MACK,FRANK ADAM	OPS-Inventory Coord	Jefferson, IN C89
MANNING,BRIAN JAMES	OPS-Inventory Coord	Jefferson, IN C89
SCHORK,LISA NICOLE	OPS-Inventory Coord	Jefferson, IN C89
SPENCER,KYLE L	OPS-Inventory Coord	Jefferson, IN C89
HOGUE,JEROME S.	OPS-Inventory Coord Sr	Jefferson, IN C89
KALINICH,NICHOLAS	OPS-Inventory Coord Sr	Jefferson, IN C89
VANHAVERBEKE,REVONA	OPS-Inventory Coord Sr	Jefferson, IN C89
MARTIN,THOMAS WAYNE	OPS-Maintenance Apprentice	Jefferson, IN C89
DENNIS,JOSEPH STEPHEN	OPS-Maintenance Mechanic I	Jefferson, IN C89
WATTS,JUSTEN	OPS-Maintenance Mechanic I	Jefferson, IN C89
WEBBER,RUSSELL GEORGE-BENJAMIN	OPS-Maintenance Mechanic I	Jefferson, IN C89
MOHR,BRIAN DAVID	OPS-Maintenance Mechanic Sr	Jefferson, IN C89
ROSS,ERIC RICHARD	OPS-MedTrans Branch Admin	Jefferson, IN C89
BRADLEY,RYAN TYRONE	OPS-Warehouse Ld	Jefferson, IN C89
COX,DWIGHT D.	OPS-Warehouse Ld	Jefferson, IN C89
DURAN,KRISTY N	OPS-Warehouse Ld	Jefferson, IN C89
FORD,ISAAC KOEHN	OPS-Warehouse Ld	Jefferson, IN C89
GATLIFF,JONATHAN	OPS-Warehouse Ld	Jefferson, IN C89
LONG,BRITTANY	OPS-Warehouse Ld	Jefferson, IN C89
SMITH,SHANNON LEE	OPS-Warehouse Ld	Jefferson, IN C89
ABDULAHI,ALI HASSAN	OPS-Warehouse Operator	Jefferson, IN C89
ADAM,SEAN	OPS-Warehouse Operator	Jefferson, IN C89
ALLEN,PAUL ANTHONY	OPS-Warehouse Operator	Jefferson, IN C89
ANDERSON,JEAN VERGARA	OPS-Warehouse Operator	Jefferson, IN C89

ARCENEAUX,COURTNEY	OPS-Warehouse Operator	Jefferson, IN C89
ARMPRIESTER JR,ROBERT COURTLAND	OPS-Warehouse Operator	Jefferson, IN C89
ATCHLEY,JESSIKA LA-NAE	OPS-Warehouse Operator	Jefferson, IN C89
AUTRY,RYAN BLAKE	OPS-Warehouse Operator	Jefferson, IN C89
AYRES,TABBATHA	OPS-Warehouse Operator	Jefferson, IN C89
BACKUS,KARLA SUE	OPS-Warehouse Operator	Jefferson, IN C89
BAILEY,KEITH C	OPS-Warehouse Operator	Jefferson, IN C89
BAKER,REGINALD LEE	OPS-Warehouse Operator	Jefferson, IN C89
BALLARD,DEWAYNE	OPS-Warehouse Operator	Jefferson, IN C89
BARNHART,LESA M	OPS-Warehouse Operator	Jefferson, IN C89
BAXTER,AMANDA MICHELLE	OPS-Warehouse Operator	Jefferson, IN C89
BAYNES,SHELBY	OPS-Warehouse Operator	Jefferson, IN C89
BEAN,DYLAN	OPS-Warehouse Operator	Jefferson, IN C89
BEAUCHANE,TATUM RAE	OPS-Warehouse Operator	Jefferson, IN C89
BERGER,BRENLEY	OPS-Warehouse Operator	Jefferson, IN C89
BERKENMEYER,STACEY LYNN	OPS-Warehouse Operator	Jefferson, IN C89
BISCONER,SHELBY JENAE	OPS-Warehouse Operator	Jefferson, IN C89
BISSIG,KATIE JO ANN	OPS-Warehouse Operator	Jefferson, IN C89
BISSIG,RONALD W	OPS-Warehouse Operator	Jefferson, IN C89
BLAISE I,JEAN ODIRA	OPS-Warehouse Operator	Jefferson, IN C89
BLAKLEY,TYLER	OPS-Warehouse Operator	Jefferson, IN C89
BOONE,HONOR KORIN	OPS-Warehouse Operator	Jefferson, IN C89
BOTTO,BONNIE H	OPS-Warehouse Operator	Jefferson, IN C89
BOUBAG,OLIVIER G	OPS-Warehouse Operator	Jefferson, IN C89
BOWER,JONATHAN EDWARD	OPS-Warehouse Operator	Jefferson, IN C89
BOWSER,BENJAMIN LEE	OPS-Warehouse Operator	Jefferson, IN C89
BRASHEARS,JOE ALLEN	OPS-Warehouse Operator	Jefferson, IN C89
BREWER,NICHOLE RENEE	OPS-Warehouse Operator	Jefferson, IN C89
BROWN,BETHANY PAIGE	OPS-Warehouse Operator	Jefferson, IN C89
BROWN,BRIONA MICHELLE	OPS-Warehouse Operator	Jefferson, IN C89
BROWN,DEVIN	OPS-Warehouse Operator	Jefferson, IN C89
BROWN,DRAKE DESHUN	OPS-Warehouse Operator	Jefferson, IN C89
BRYANT IV IV,GEORGE ROGER	OPS-Warehouse Operator	Jefferson, IN C89
BUCHANAN,JOSH	OPS-Warehouse Operator	Jefferson, IN C89
BURDEN,KEGAN SCOTT	OPS-Warehouse Operator	Jefferson, IN C89
BURGIN,NICK W.	OPS-Warehouse Operator	Jefferson, IN C89
CAMPBELL II,RANDAL C	OPS-Warehouse Operator	Jefferson, IN C89
CAMPBELL,HANNAH	OPS-Warehouse Operator	Jefferson, IN C89
CAMPOS,ANNA LYNN	OPS-Warehouse Operator	Jefferson, IN C89
CAMPOS,ROBYN	OPS-Warehouse Operator	Jefferson, IN C89
CANDERS,EASTER	OPS-Warehouse Operator	Jefferson, IN C89
CANN,GINA DARLENE	OPS-Warehouse Operator	Jefferson, IN C89
CARDENAS,JOSE MARTIN	OPS-Warehouse Operator	Jefferson, IN C89
CARRILLO MANCERA,MARIA CRISTAL	OPS-Warehouse Operator	Jefferson, IN C89
CARROLL,XAVIER T.	OPS-Warehouse Operator	Jefferson, IN C89
CASE,AMBER BROOKE	OPS-Warehouse Operator	Jefferson, IN C89
CASH,AARON BENJAMIN	OPS-Warehouse Operator	Jefferson, IN C89
CHAMBERS,CHRISTOPHER LEE	OPS-Warehouse Operator	Jefferson, IN C89
CHAMBERS,GRANT HUGH	OPS-Warehouse Operator	Jefferson, IN C89
CHAPMAN,DAVONTAE	OPS-Warehouse Operator	Jefferson, IN C89
CHAVEZ,JUSTIN DANIEL	OPS-Warehouse Operator	Jefferson, IN C89
CHEATEM,BRENDA	OPS-Warehouse Operator	Jefferson, IN C89

CHOL MANUER,ROSA STEPHEN	OPS-Warehouse Operator	Jefferson, IN C89
CLARK,KATEESHA MARIE	OPS-Warehouse Operator	Jefferson, IN C89
CONNOLLY,ELIA JANE	OPS-Warehouse Operator	Jefferson, IN C89
COOK,ANGEL NICOLE	OPS-Warehouse Operator	Jefferson, IN C89
COTTRELL,WANDA	OPS-Warehouse Operator	Jefferson, IN C89
CRONE,ASHLEY LUANN	OPS-Warehouse Operator	Jefferson, IN C89
CURETON,BRITTANIE NICOLE	OPS-Warehouse Operator	Jefferson, IN C89
CURRY,NATHAN GOREE	OPS-Warehouse Operator	Jefferson, IN C89
DAGENHART,KENNETH R	OPS-Warehouse Operator	Jefferson, IN C89
DAILEY,SHAWN MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
DAINS,JAELON JAMAL	OPS-Warehouse Operator	Jefferson, IN C89
DALE,ARREIAN	OPS-Warehouse Operator	Jefferson, IN C89
DANIELS,STEVEN PAUL	OPS-Warehouse Operator	Jefferson, IN C89
DAUGHERTY,NAMON RICARDO	OPS-Warehouse Operator	Jefferson, IN C89
DAVIS,DANIEL KEITH	OPS-Warehouse Operator	Jefferson, IN C89
DAVIS,RILEY	OPS-Warehouse Operator	Jefferson, IN C89
DEARK,JULIA M	OPS-Warehouse Operator	Jefferson, IN C89
DEARK,TERRY FRANCIS	OPS-Warehouse Operator	Jefferson, IN C89
DELGADO SR,RAMON LUIS	OPS-Warehouse Operator	Jefferson, IN C89
DEMAR,MARLENA	OPS-Warehouse Operator	Jefferson, IN C89
DENKHOFF JR,JAMES ANTHONY	OPS-Warehouse Operator	Jefferson, IN C89
DENSON,ANITA KENDEL	OPS-Warehouse Operator	Jefferson, IN C89
DERMODY,DONALD LEE	OPS-Warehouse Operator	Jefferson, IN C89
DESGRANGES,RONISHA	OPS-Warehouse Operator	Jefferson, IN C89
DESPIRITO,ELENA	OPS-Warehouse Operator	Jefferson, IN C89
DILWORTH,CARLA	OPS-Warehouse Operator	Jefferson, IN C89
DOLAN,JEANNE	OPS-Warehouse Operator	Jefferson, IN C89
DOTY,CYNTHIA ANN	OPS-Warehouse Operator	Jefferson, IN C89
DOWNS,EVAN ALEXANDER	OPS-Warehouse Operator	Jefferson, IN C89
DUNN,AARON	OPS-Warehouse Operator	Jefferson, IN C89
DUNN,CHARLITA	OPS-Warehouse Operator	Jefferson, IN C89
DURBIN,BLAKE ANTHONEY	OPS-Warehouse Operator	Jefferson, IN C89
DURBIN,JOSHUA D	OPS-Warehouse Operator	Jefferson, IN C89
DURBIN,SHAWN TYLER	OPS-Warehouse Operator	Jefferson, IN C89
EDDINGS,HOWARD MITCHELL	OPS-Warehouse Operator	Jefferson, IN C89
EDWARDS,JACOB CHRISTOPHER	OPS-Warehouse Operator	Jefferson, IN C89
ELBARBARY,HOSSAM YOUSEF	OPS-Warehouse Operator	Jefferson, IN C89
ELDER,JUAN	OPS-Warehouse Operator	Jefferson, IN C89
ELMORE,MELISA	OPS-Warehouse Operator	Jefferson, IN C89
ENDACOTT,MATTHEW LEE	OPS-Warehouse Operator	Jefferson, IN C89
FAISON,MICHAEL DELANEY	OPS-Warehouse Operator	Jefferson, IN C89
FELDKAMP,GERALD J	OPS-Warehouse Operator	Jefferson, IN C89
FERGUSON,ROBERT	OPS-Warehouse Operator	Jefferson, IN C89
FERNANDEZ,LEONARDO	OPS-Warehouse Operator	Jefferson, IN C89
FILBURN,CHERRY AMOR	OPS-Warehouse Operator	Jefferson, IN C89
FITZ,ADAM	OPS-Warehouse Operator	Jefferson, IN C89
FLEENOR,OLIVIA MARIE	OPS-Warehouse Operator	Jefferson, IN C89
FLEMING,SCOTT ANDREW	OPS-Warehouse Operator	Jefferson, IN C89
FOLEY,SYDNEY MADELYN MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
FORD,JACOB MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
FOUTS,CHARLES	OPS-Warehouse Operator	Jefferson, IN C89
FRANKLIN,DENZEL ANTHONY	OPS-Warehouse Operator	Jefferson, IN C89

FRIERSON,RODNEY LEWIS	OPS-Warehouse Operator	Jefferson, IN C89
FUNDORA,FERNANDO ALEXIS	OPS-Warehouse Operator	Jefferson, IN C89
GATER,JEREMIAH BLAINE	OPS-Warehouse Operator	Jefferson, IN C89
GELIN,TAHJ JOVON	OPS-Warehouse Operator	Jefferson, IN C89
GENTRY,APRIL	OPS-Warehouse Operator	Jefferson, IN C89
GILBERT,SHAWN C	OPS-Warehouse Operator	Jefferson, IN C89
GILLESPIE,AMBER	OPS-Warehouse Operator	Jefferson, IN C89
GLENN,CASEY MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
GOGEL,MASSON RANDALL	OPS-Warehouse Operator	Jefferson, IN C89
GOMAR,MARIE INEZ	OPS-Warehouse Operator	Jefferson, IN C89
GOMEZ,ALEXI JESUS	OPS-Warehouse Operator	Jefferson, IN C89
GOMEZ,NOEMI SORAYA	OPS-Warehouse Operator	Jefferson, IN C89
GORDON,SHAQUILLE ALEXANDER ELIJA	OPS-Warehouse Operator	Jefferson, IN C89
GRAY,CARRIE ANN	OPS-Warehouse Operator	Jefferson, IN C89
GREEN,TAYLOR ANDREA	OPS-Warehouse Operator	Jefferson, IN C89
GREENE,DENAISHA RENEE	OPS-Warehouse Operator	Jefferson, IN C89
GREER,PATRICIA	OPS-Warehouse Operator	Jefferson, IN C89
GRESHAM,PRAYLIE	OPS-Warehouse Operator	Jefferson, IN C89
GRIFFIN II,WILLIAM EDWARD	OPS-Warehouse Operator	Jefferson, IN C89
GRIM,ALEX M	OPS-Warehouse Operator	Jefferson, IN C89
GRISMER,TROY W	OPS-Warehouse Operator	Jefferson, IN C89
GROSE,SCOTT EDWARD	OPS-Warehouse Operator	Jefferson, IN C89
GUERRA,TABATHA	OPS-Warehouse Operator	Jefferson, IN C89
GULLION,KENDALL JAMES	OPS-Warehouse Operator	Jefferson, IN C89
GUTOWSKI,CONNIE	OPS-Warehouse Operator	Jefferson, IN C89
HAGAN,DAVID MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
HALCOMB,JUANITA MARIE	OPS-Warehouse Operator	Jefferson, IN C89
HALL,MATTHEW AARON	OPS-Warehouse Operator	Jefferson, IN C89
HALL,NANCY JOAN	OPS-Warehouse Operator	Jefferson, IN C89
HALSELL JR,ROMONT ERVIN	OPS-Warehouse Operator	Jefferson, IN C89
HARDY,AMEYA VICTORIA	OPS-Warehouse Operator	Jefferson, IN C89
HARTMAN,ARAMIS JAMES	OPS-Warehouse Operator	Jefferson, IN C89
HATEGEKIMANA,GUIDO	OPS-Warehouse Operator	Jefferson, IN C89
HAUGE,CHRISTOPHER L	OPS-Warehouse Operator	Jefferson, IN C89
HAVENS,JASON PAUL	OPS-Warehouse Operator	Jefferson, IN C89
HAYS,STEVEN ALEXANDER	OPS-Warehouse Operator	Jefferson, IN C89
HEMPHILL,LEVESTER T.	OPS-Warehouse Operator	Jefferson, IN C89
HENDERSON,ERNEST	OPS-Warehouse Operator	Jefferson, IN C89
HENDRICKS,LISA GAIL	OPS-Warehouse Operator	Jefferson, IN C89
HERNANDEZ,LUIS ERNESTO	OPS-Warehouse Operator	Jefferson, IN C89
HERRICK,ISAAC	OPS-Warehouse Operator	Jefferson, IN C89
HERTHEL,CHARLES MARK	OPS-Warehouse Operator	Jefferson, IN C89
HICKERSON JR,THOMAS LEE	OPS-Warehouse Operator	Jefferson, IN C89
HICKS,KEVIN	OPS-Warehouse Operator	Jefferson, IN C89
HIGDON JR,WADE THOMAS	OPS-Warehouse Operator	Jefferson, IN C89
HODGE,ASHLEY	OPS-Warehouse Operator	Jefferson, IN C89
HODGE,TERRAL M	OPS-Warehouse Operator	Jefferson, IN C89
HODGES,JAZMEN MASHELL	OPS-Warehouse Operator	Jefferson, IN C89
HOGAN,KAYCEE ROSE	OPS-Warehouse Operator	Jefferson, IN C89
HOLLAND,JARRED B	OPS-Warehouse Operator	Jefferson, IN C89
HOSTETLER,HANNA MARIE	OPS-Warehouse Operator	Jefferson, IN C89
HUBERT,CHARITY MARIE	OPS-Warehouse Operator	Jefferson, IN C89

HUFF,TRAVIS ALDEN	OPS-Warehouse Operator	Jefferson, IN C89
HULSEY,JAMIE JANAE	OPS-Warehouse Operator	Jefferson, IN C89
HUNTER,JAY DEE	OPS-Warehouse Operator	Jefferson, IN C89
HURST,JEDEDIAH BLAKE	OPS-Warehouse Operator	Jefferson, IN C89
HUTCHINS,DEIDRA ANN	OPS-Warehouse Operator	Jefferson, IN C89
HUTT,BROCK	OPS-Warehouse Operator	Jefferson, IN C89
IBRAHIM,MOHAMED ABUKAR	OPS-Warehouse Operator	Jefferson, IN C89
IRVINE,BRANDON	OPS-Warehouse Operator	Jefferson, IN C89
JACKSON,BRITTANY ANN	OPS-Warehouse Operator	Jefferson, IN C89
JAMES,CEASAR ADRIAN	OPS-Warehouse Operator	Jefferson, IN C89
JAMES,JACQUELINE	OPS-Warehouse Operator	Jefferson, IN C89
JAWORSKI,WILLIAM K	OPS-Warehouse Operator	Jefferson, IN C89
JENRETTE,BLAINE KEENEN	OPS-Warehouse Operator	Jefferson, IN C89
JENSEN,KIRK ADAM	OPS-Warehouse Operator	Jefferson, IN C89
JONES,JOHN PAUL	OPS-Warehouse Operator	Jefferson, IN C89
JONES,KATHERINE	OPS-Warehouse Operator	Jefferson, IN C89
JORDAN II,CHRISTOPHER SCOTT	OPS-Warehouse Operator	Jefferson, IN C89
KALENGA,TUMUSIFU	OPS-Warehouse Operator	Jefferson, IN C89
KANKONDE,JEANCY NGANDU	OPS-Warehouse Operator	Jefferson, IN C89
KANNAPEL,DOUGLAS ALLEN	OPS-Warehouse Operator	Jefferson, IN C89
KELLY,JULIA	OPS-Warehouse Operator	Jefferson, IN C89
KEMP,MIKEL	OPS-Warehouse Operator	Jefferson, IN C89
KENNEDY BROWN,LISA DAWN	OPS-Warehouse Operator	Jefferson, IN C89
KENNEDY,TITUS LEE	OPS-Warehouse Operator	Jefferson, IN C89
KING,CHRISTA MICHELLE	OPS-Warehouse Operator	Jefferson, IN C89
KING,JASON	OPS-Warehouse Operator	Jefferson, IN C89
KINNAMON,CLAYTON LEE	OPS-Warehouse Operator	Jefferson, IN C89
KNIGHT,JACOB	OPS-Warehouse Operator	Jefferson, IN C89
KNOEBEL,NOLAN ANDREW	OPS-Warehouse Operator	Jefferson, IN C89
KNOTT,JOSEPH DEAN	OPS-Warehouse Operator	Jefferson, IN C89
LACEY,JAIDEN	OPS-Warehouse Operator	Jefferson, IN C89
LEEZER,HEATHER	OPS-Warehouse Operator	Jefferson, IN C89
LEWIS,DEVIN ANTWAN	OPS-Warehouse Operator	Jefferson, IN C89
LEWIS,NEALA KAY	OPS-Warehouse Operator	Jefferson, IN C89
LLOYD,ANTHONY	OPS-Warehouse Operator	Jefferson, IN C89
LOGSDON,JANICE	OPS-Warehouse Operator	Jefferson, IN C89
LONGWITH,JAMIE LELAND	OPS-Warehouse Operator	Jefferson, IN C89
LOVE,TODD A	OPS-Warehouse Operator	Jefferson, IN C89
LYONS,WILLIAM PATRICK	OPS-Warehouse Operator	Jefferson, IN C89
MAGGARD,MICHAEL WAYNE	OPS-Warehouse Operator	Jefferson, IN C89
MALONE,ALTHEA D.	OPS-Warehouse Operator	Jefferson, IN C89
MAMBUNI,BADIAZOKA	OPS-Warehouse Operator	Jefferson, IN C89
MARKER,GRANT WILLIAM	OPS-Warehouse Operator	Jefferson, IN C89
MARKER,SOPHIE FAITH	OPS-Warehouse Operator	Jefferson, IN C89
MARKS,BRANDON TYLER	OPS-Warehouse Operator	Jefferson, IN C89
MARTIN,KAYCEE MARIE	OPS-Warehouse Operator	Jefferson, IN C89
MARTIN,TASEAN DOUGLAS	OPS-Warehouse Operator	Jefferson, IN C89
MARTIN,ZACHARY THOMAS	OPS-Warehouse Operator	Jefferson, IN C89
MARTINEZ,VICTORIA	OPS-Warehouse Operator	Jefferson, IN C89
MASTERSON,BRAYDEN JOEL	OPS-Warehouse Operator	Jefferson, IN C89
MATTINGLY,TAMMY RUTH	OPS-Warehouse Operator	Jefferson, IN C89
MAULLER,SETH MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89

MCCOWAN,ALLEN RAY	OPS-Warehouse Operator	Jefferson, IN C89
MCDOWELL,BRIAN LAMAR	OPS-Warehouse Operator	Jefferson, IN C89
MCGAREN,ADAM LEE	OPS-Warehouse Operator	Jefferson, IN C89
MCINTOSH,DANIEL C	OPS-Warehouse Operator	Jefferson, IN C89
MCKINLEY,COREY S	OPS-Warehouse Operator	Jefferson, IN C89
MCKINNEY,JOHN DANIEL	OPS-Warehouse Operator	Jefferson, IN C89
MCKINNEY,KAREN ELIZABETH ANN	OPS-Warehouse Operator	Jefferson, IN C89
MCLEAN,MELISSA JUNE	OPS-Warehouse Operator	Jefferson, IN C89
MELTON,JACKIE	OPS-Warehouse Operator	Jefferson, IN C89
MENDOZA,DAMARIS E	OPS-Warehouse Operator	Jefferson, IN C89
MEREDITH,MELISSA K	OPS-Warehouse Operator	Jefferson, IN C89
MEREDITH,TIMOTHY LEE	OPS-Warehouse Operator	Jefferson, IN C89
MHU,KHIN E	OPS-Warehouse Operator	Jefferson, IN C89
MIKLOSH,DAVID JOSEPH	OPS-Warehouse Operator	Jefferson, IN C89
MILLION,SAMANTHA ARLENE	OPS-Warehouse Operator	Jefferson, IN C89
MOHAMED-SALEM,ALI	OPS-Warehouse Operator	Jefferson, IN C89
MONROE,SAUNDRA M	OPS-Warehouse Operator	Jefferson, IN C89
MORELAND,CHASE	OPS-Warehouse Operator	Jefferson, IN C89
MORRIS,JAMES EDWARD	OPS-Warehouse Operator	Jefferson, IN C89
MORRIS,SCOTT ANTHONY	OPS-Warehouse Operator	Jefferson, IN C89
MOSLEY,OTISSARE O	OPS-Warehouse Operator	Jefferson, IN C89
MULLINEAUX,PATRICK DAVID	OPS-Warehouse Operator	Jefferson, IN C89
MURPHY,DESTINY	OPS-Warehouse Operator	Jefferson, IN C89
MURPHY,JACAURE MALIK	OPS-Warehouse Operator	Jefferson, IN C89
MURRELL,LALESIA	OPS-Warehouse Operator	Jefferson, IN C89
NANNEY,MATTHEW ALLEN	OPS-Warehouse Operator	Jefferson, IN C89
NDARUHUTSE,FREDERIC	OPS-Warehouse Operator	Jefferson, IN C89
NDIAYE,SOUKEYNA	OPS-Warehouse Operator	Jefferson, IN C89
NEWBOLT,MARTRELL L	OPS-Warehouse Operator	Jefferson, IN C89
NEWMAN,DALTON CHARLES	OPS-Warehouse Operator	Jefferson, IN C89
NEWTON,LACEY	OPS-Warehouse Operator	Jefferson, IN C89
NGENDAHAYO,DANIEL	OPS-Warehouse Operator	Jefferson, IN C89
NICHOLS I,VICTOR EUGENE	OPS-Warehouse Operator	Jefferson, IN C89
NIKITENKO,OLGA	OPS-Warehouse Operator	Jefferson, IN C89
NKURUNZIZA SR,OLIVIER MUPENZI	OPS-Warehouse Operator	Jefferson, IN C89
NUNN,LISA A	OPS-Warehouse Operator	Jefferson, IN C89
O'BANNON,RONALD	OPS-Warehouse Operator	Jefferson, IN C89
O'BANNON,YUN A	OPS-Warehouse Operator	Jefferson, IN C89
OBRIGHT,MARIA GAIL SHARMANE	OPS-Warehouse Operator	Jefferson, IN C89
OLSON,JEFFREY	OPS-Warehouse Operator	Jefferson, IN C89
OMALLEY,BRENDA LEE	OPS-Warehouse Operator	Jefferson, IN C89
ONESPHOR,RIZIKI	OPS-Warehouse Operator	Jefferson, IN C89
OTIS,KARA	OPS-Warehouse Operator	Jefferson, IN C89
OVERSTREET,JESSE TYLER	OPS-Warehouse Operator	Jefferson, IN C89
OVERTON,STEVEN L	OPS-Warehouse Operator	Jefferson, IN C89
OYUGI,ARTHUR OTIENO	OPS-Warehouse Operator	Jefferson, IN C89
PARKER,BEN	OPS-Warehouse Operator	Jefferson, IN C89
PARKER,VERONICA LEE	OPS-Warehouse Operator	Jefferson, IN C89
PATEL,ROBIN VINODKUMAR	OPS-Warehouse Operator	Jefferson, IN C89
PENICK,MICHAEL L	OPS-Warehouse Operator	Jefferson, IN C89
PENICK,TYRONE L	OPS-Warehouse Operator	Jefferson, IN C89
PERKINS,THERESA	OPS-Warehouse Operator	Jefferson, IN C89

PETITFRERE,KENSLEY	OPS-Warehouse Operator	Jefferson, IN C89
PHIPPS,WAUKEE	OPS-Warehouse Operator	Jefferson, IN C89
PLAZA,JOSUE	OPS-Warehouse Operator	Jefferson, IN C89
POOL,HALLIE MARIE	OPS-Warehouse Operator	Jefferson, IN C89
PRESSEL,TERESA LYNN	OPS-Warehouse Operator	Jefferson, IN C89
PROFITT,ALEXANDER MICHEAL	OPS-Warehouse Operator	Jefferson, IN C89
QUIOH,KIRWEAH KELVIN	OPS-Warehouse Operator	Jefferson, IN C89
RADER,KELSEY DARLENE	OPS-Warehouse Operator	Jefferson, IN C89
RAILEY,YOLANDA	OPS-Warehouse Operator	Jefferson, IN C89
RAMIREZ- TREJO,SAMANTHA	OPS-Warehouse Operator	Jefferson, IN C89
RAMOS,JOSUE	OPS-Warehouse Operator	Jefferson, IN C89
RATCLIFF,MICHELLE DIANE	OPS-Warehouse Operator	Jefferson, IN C89
REAMS,LINDSEY	OPS-Warehouse Operator	Jefferson, IN C89
REISERT,JOSHUA	OPS-Warehouse Operator	Jefferson, IN C89
REYNOLDS,MATTHEW M	OPS-Warehouse Operator	Jefferson, IN C89
REYNOLDS,STEPHEN J	OPS-Warehouse Operator	Jefferson, IN C89
RILEY,TAMMY	OPS-Warehouse Operator	Jefferson, IN C89
RIOS,MARICELLA D	OPS-Warehouse Operator	Jefferson, IN C89
ROBERSON,DEVON L	OPS-Warehouse Operator	Jefferson, IN C89
ROBERTS,JENNIFER LYNN	OPS-Warehouse Operator	Jefferson, IN C89
ROBERTS,JULIANA L.	OPS-Warehouse Operator	Jefferson, IN C89
ROBY,BRANDON	OPS-Warehouse Operator	Jefferson, IN C89
RODRIGUEZ OCHOA,ELENA ABIGAIL	OPS-Warehouse Operator	Jefferson, IN C89
RONEY,AUSTIN ANTHONY	OPS-Warehouse Operator	Jefferson, IN C89
ROOKS,NATASHA DAWN	OPS-Warehouse Operator	Jefferson, IN C89
ROSENBERGER,JACOB MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
ROSS,LAURIN	OPS-Warehouse Operator	Jefferson, IN C89
SADIQ,NIHMA A	OPS-Warehouse Operator	Jefferson, IN C89
SAINT FELIX,DAKOLBY	OPS-Warehouse Operator	Jefferson, IN C89
SANCHEZ FRAUSTO,MARIA	OPS-Warehouse Operator	Jefferson, IN C89
SANCHEZ,ADA L	OPS-Warehouse Operator	Jefferson, IN C89
SANDERS,KRYSTIN NICOLE	OPS-Warehouse Operator	Jefferson, IN C89
SCHANIE,NICHOLAS A.	OPS-Warehouse Operator	Jefferson, IN C89
SCHIESS,LOWRY JOSEPH	OPS-Warehouse Operator	Jefferson, IN C89
SCIFRES,ANTHONY W.	OPS-Warehouse Operator	Jefferson, IN C89
SCOTT,SHARON ROSE	OPS-Warehouse Operator	Jefferson, IN C89
SENA,AGUSTIN	OPS-Warehouse Operator	Jefferson, IN C89
SENG,WILLIAM STEWART	OPS-Warehouse Operator	Jefferson, IN C89
SHARPENSTEIN,DENISE RENEE	OPS-Warehouse Operator	Jefferson, IN C89
SHELTON,JEFFERY SCOTT	OPS-Warehouse Operator	Jefferson, IN C89
SHIRCLIFF,KAILYN DANAE	OPS-Warehouse Operator	Jefferson, IN C89
SIEMON,ANDREW JOSEPH	OPS-Warehouse Operator	Jefferson, IN C89
SILVA,KLIZMARIE	OPS-Warehouse Operator	Jefferson, IN C89
SIMRELL,VERNON PATRICK	OPS-Warehouse Operator	Jefferson, IN C89
SKAGGS,HALEIGH LYNN	OPS-Warehouse Operator	Jefferson, IN C89
SMITH,BOBBIE R.	OPS-Warehouse Operator	Jefferson, IN C89
SMITH,CORTEZ	OPS-Warehouse Operator	Jefferson, IN C89
SMITH,DAIMAR NATHAN	OPS-Warehouse Operator	Jefferson, IN C89
SMITH,JEFFREY	OPS-Warehouse Operator	Jefferson, IN C89
SNEED,WHITNEY	OPS-Warehouse Operator	Jefferson, IN C89
SORENSON,GREG E	OPS-Warehouse Operator	Jefferson, IN C89
SPALDING,AARON MATTHEW	OPS-Warehouse Operator	Jefferson, IN C89

ST FELIX,BRANDON	OPS-Warehouse Operator	Jefferson, IN C89
STIVERS,TORI DIANNE	OPS-Warehouse Operator	Jefferson, IN C89
STUART,WILLIAM BLAKE	OPS-Warehouse Operator	Jefferson, IN C89
SWIFT,AUSTIN MICHAEL	OPS-Warehouse Operator	Jefferson, IN C89
SWIFT,KATHLEEN	OPS-Warehouse Operator	Jefferson, IN C89
TARVIN,VICKI	OPS-Warehouse Operator	Jefferson, IN C89
TAYLOR,MICAH	OPS-Warehouse Operator	Jefferson, IN C89
TERHUNE,JOHN SCOTT	OPS-Warehouse Operator	Jefferson, IN C89
TERRY,AMY LYNN	OPS-Warehouse Operator	Jefferson, IN C89
TERRY,ETHAN	OPS-Warehouse Operator	Jefferson, IN C89
THOMAS,LASHAY	OPS-Warehouse Operator	Jefferson, IN C89
THOMAS,LORI D	OPS-Warehouse Operator	Jefferson, IN C89
THOMASSON,CRYSTAL LYNN	OPS-Warehouse Operator	Jefferson, IN C89
THOMPSON,BELINDA ANN	OPS-Warehouse Operator	Jefferson, IN C89
THOMPSON,JOSEPH NATHANIEL	OPS-Warehouse Operator	Jefferson, IN C89
THOMPSON,MELISSA	OPS-Warehouse Operator	Jefferson, IN C89
THOMPSON,REGINALD DANILE	OPS-Warehouse Operator	Jefferson, IN C89
THOMPSON,TONY	OPS-Warehouse Operator	Jefferson, IN C89
THORNBERRY JR,KELLY GODFREY	OPS-Warehouse Operator	Jefferson, IN C89
THROCKMORTON,JUSTIN RO8ERT	OPS-Warehouse Operator	Jefferson, IN C89
THURMAN,TERESA LYNN	OPS-Warehouse Operator	Jefferson, IN C89
TOOLE,LAPORICA	OPS-Warehouse Operator	Jefferson, IN C89
TOOLE,LATORIA	OPS-Warehouse Operator	Jefferson, IN C89
TRAVIS,ADAM R	OPS-Warehouse Operator	Jefferson, IN C89
TREVINO,CHRISTIAN DANIEL	OPS-Warehouse Operator	Jefferson, IN C89
TREVINO,JUAN JOSE	OPS-Warehouse Operator	Jefferson, IN C89
TUCKER,CHERYL	OPS-Warehouse Operator	Jefferson, IN C89
UNDERWOOD,RAVEN MARIE	OPS-Warehouse Operator	Jefferson, IN C89
VANCLEVE,TRUMAN ELMER	OPS-Warehouse Operator	Jefferson, IN C89
VANDERSALL,DREW SCOTT	OPS-Warehouse Operator	Jefferson, IN C89
VAUGHN,JORDAN	OPS-Warehouse Operator	Jefferson, IN C89
VAUGHN,ROCKALE	OPS-Warehouse Operator	Jefferson, IN C89
VELAZQUEZ OLIVIERI,ALEXANDER	OPS-Warehouse Operator	Jefferson, IN C89
VIBBERT,GARRETT PAUL	OPS-Warehouse Operator	Jefferson, IN C89
WALKER,YASHAWA	OPS-Warehouse Operator	Jefferson, IN C89
WARFIELD,EVANDER R	OPS-Warehouse Operator	Jefferson, IN C89
WESTON,JOSHUA WAYNE	OPS-Warehouse Operator	Jefferson, IN C89
WHALEY,RONNETTE ROCHELLE	OPS-Warehouse Operator	Jefferson, IN C89
WIGHT,ASHLEY	OPS-Warehouse Operator	Jefferson, IN C89
WILLIAMS,DAVID RYAN	OPS-Warehouse Operator	Jefferson, IN C89
WILLIAMS,JEREMY SHANE	OPS-Warehouse Operator	Jefferson, IN C89
WILLIAMS,LARRY	OPS-Warehouse Operator	Jefferson, IN C89
WILLIAMS,RILEY K.	OPS-Warehouse Operator	Jefferson, IN C89
WILLIAMS,TIMOTHY DUANE	OPS-Warehouse Operator	Jefferson, IN C89
WILLIS,TIMOTHY S	OPS-Warehouse Operator	Jefferson, IN C89
WILSON,TIMOTHY	OPS-Warehouse Operator	Jefferson, IN C89
WOOD,DAVID THOMAS	OPS-Warehouse Operator	Jefferson, IN C89
WOODFORD,CASSANDRA DELORES	OPS-Warehouse Operator	Jefferson, IN C89
WOOLDRIDGE,BRENDA LEA	OPS-Warehouse Operator	Jefferson, IN C89
WOOLDRIDGE,RICHARD	OPS-Warehouse Operator	Jefferson, IN C89
WORKMAN,BRIANNA	OPS-Warehouse Operator	Jefferson, IN C89
WRAY,ERIC	OPS-Warehouse Operator	Jefferson, IN C89

YAR,MYO ZAY	OPS-Warehouse Operator	Jefferson, IN C89
YEARNS,MARTIN THOMAS	OPS-Warehouse Operator	Jefferson, IN C89
MONTIEL,LUIS ALEXANDER	OPS-Warehouse Operator OST	Jefferson, IN C89
TATGENHORST,CYNTHIA	OPS-Warehouse Operator OST	Jefferson, IN C89
YOUNG,PAUL	OPS-Warehouse Operator OST	Jefferson, IN C89
SCHWEIGER,KYLE	Supv MedTrans	Jefferson, IN C89
BARRETT,JAMIE D.	Supv Warehouse	Jefferson, IN C89
CLIZBE,MICHAEL DAVID	Supv Warehouse	Jefferson, IN C89
COX,SUZAN L.	Supv Warehouse	Jefferson, IN C89
CRADY,MATTHEW	Supv Warehouse	Jefferson, IN C89
FREESTONE,BRAD CHARLES	Supv Warehouse	Jefferson, IN C89
HICKS,TYLER SCOTT	Supv Warehouse	Jefferson, IN C89
KENWORTHY,HANNAH	Supv Warehouse	Jefferson, IN C89
KOVACH,MICHAEL WILLIAM	Supv Warehouse	Jefferson, IN C89
LEEZER JR,BRIAN LEE	Supv Warehouse	Jefferson, IN C89
LEWIS,EMILY ELAINE	Supv Warehouse	Jefferson, IN C89
MCDONOUGH,DEVIN PETER	Supv Warehouse	Jefferson, IN C89
PUNANCY JR,EDWIN	Supv Warehouse	Jefferson, IN C89
RENNIRT,STEVEN	Supv Warehouse	Jefferson, IN C89
RETZLAFF JR,CRAIG LEE	Supv Warehouse	Jefferson, IN C89
SHORTRIDGE,AILEEN SANTOS	Supv Warehouse	Jefferson, IN C89
SWILLINGER,ZACHARY RYAN	Supv Warehouse	Jefferson, IN C89
VIBBERT,BRYSON CLAY	Supv Warehouse	Jefferson, IN C89
WHITE,FELICIA E.	Supv Warehouse	Jefferson, IN C89
ZIMMERMAN,NICHOLAS BURKE	Supv Warehouse	Jefferson, IN C89

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 251 Hilton Drive

City Jeffersonville State IN Zip 47130

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Filomena Middle _____ Last Kropiwiec

Alias(es, nicknames, name changes, etc.) Mena

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] N Ridge Street

City Wauconda State IL Zip 60084

Telephone 847-774-3621 Email mkropiwiec@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 7: A designated representative must provide proof that he or she has been employed for [illegible],000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the [illegible] above.

Business Name		From - To (MM/YY – MM/YY)
Medline Industries, LP		9/2022 - Present
Business Address	**City**	**State / Zip**
251 Hilton Dr	Jeffersonville	IN 47130
Phone	**Title**	**Number of Employed Hours**
812-256-2199	Director of Operations	40 + hours weekly

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name		From - To (MM/YY – MM/YY)
Medline Industries, LP "Formerly Medline Industries, Inc."		8/2019 - 9/2022
Business Address	**City**	**State / Zip**
2200 Cornerstone Parkway	Grayslake	IL 60030
Phone	**Title**	**Number of Employed Hours**
224-327-8826	Associate Director of Operations	40 + hours weekly

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily, Compliance.

Business Name		From - To (MM/YY – MM/YY)
Medline Industries, LP "Formerly Medline Industries"		2/2019 - 8/2019
Business Address	**City**	**State / Zip**
1501 Harris Rd	Libertyville	IL 60048
Phone	**Title**	**Number of Employed Hours**
847-643-4922	Warehouse Manager	40 + hours weekly

Description of Duties

Handling, distribution, and shipping of prescription drugs and devices, responsible for the management for daily Warehouse Operators.

Business Name		From - To (MM/YY – MM/YY)
Medline Industries, Inc.		11/11- 2/2019
Business Address	**City**	**State / Zip**
1 Medline Place	Mundelein	IL 60060
Phone	**Title**	**Number of Employed Hours**
847-643-4922	Warehouse Manager	40 + hours weekly

Description of Duties

Handling, distribution and shipping of prescription drugs and devices, responsible for the management for daily Warehouse Operators.

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1999	
Address	City	State	Zip
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
B.S in Finance/ Accounting			

School Name		From - To (MM/YY – MM/YY)	
College of Lake County		1996	
Address	City	State	Zip
19351 W Washington St.	Grayslake	IL	60030
Diploma/Degree obtained, if any			
A.S. Accounting			

School Name		From - To (MM/YY – MM/YY)	
Carmel Catholic High School		1990-1994	
Address	City	State	Zip
1 Carmel Parkway	Mundelein	IL	60060
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2004 - Current	[redacted] N. Ridge Street	Wauconda	IL	60084
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please See Attached Disciplinary Report

Tatanera Krupnicic

Original Signature (electronic, copies or stamps not accepted)

12-12-22

Date

I, Filomena Kropiwiec, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. FK I am at least 21 years of age;
3. FK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. FK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. FK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Filomena Kropiwiec
Print Name (First, Last)

Filomena Kropiwiec
Original Signature (electronic, copies or stamps not accepted)

12-12-22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Filomena Kropiwiec
Print Name (First, Last)

Filomena Kropiwiec
Original Signature (electronic, copies or stamps not accepted)

12-12-22
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Filomena Kropiwiec, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Filomena Kropiwiec
Original Signature

12-12-22
Date

Subscribed and Sworn to before me this 12 day of December 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

FILOMENA KROPIWIEC

[redacted] N Ridge Road • Wauconda IL, 60084

[redacted]

CORE COMPETENCIES

Distribution Center Professional who is flexible, versatile, and demonstrates capabilities of operating in a fast growing and changing environment.

Management: Manage daily operations efficiently and safely to reduce operational costs.

Team Leadership: Provide direction and guidance to supervisors and team members as an approachable manager.

Customer Service: Ensure customer service through accuracy and on-time deliveries.

Tech Proficiency: Goods to Person Automation System, SAP, Catalyst 10.3, Pro-Track, Outlook, Excel, Word, PowerPoint, Kronos, PeopleSoft, Logic Tools.

Certifications: Florida Pharmacy State Board Shipping License.

California Pharmacy State Board Shipping License.

PROFESSIONAL EXPERIENCE

Medline Industries

Director of Operations — Sep 2022 - Present

Jeffersonville, IN

- Responsible for the management of the Warehouse Operations and Sales of $800 Million.
- Direct and manage 3 Warehouse Managers.
- Manage the P&L controllable costs to meet overall Operations cost objectives.
- Compliance with regulatory agencies and customers audits.
  - VAWD, Medicare, Optum, Humana and Walgreens

Associate Director of Operations — Aug 2019 - Sep2022

Grayslake, IL

- Responsible for the management of the Warehouse Operations and Sales of $1.2 billion.
- Direct and manage 6 Warehouse Managers.
- Manage the P&L controllable costs to meet overall Operations cost objectives.
- Compliance with regulatory agencies and customers audits.
  - VAWD, Medicare, Optum and Walgreens

Warehouse Manager — Nov 2011 – Aug 2019

Libertyville, IL

- Responsible for the management of the daily Warehouse Operations.
- Direct and manage 2 supervisors and 75 hourly team members.
- Ensure customers receive their orders accurately and on time.
- Handling, distribution, shipping of prescription drugs.
- Identify process improvements to help reduce costs and meet monthly KPIs.
  - Total Performance, In-bound service, Turnover, Errors per Ten Thousand Lines.
- Manage the safety program for the facility.
- Travel to other facilities to train local management or assist in implementing new systems.

- A.S., Accounting - College of Lake County, 1990

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 251 Hilton Drive

City Jeffersonville State IN Zip 47130

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Filomena Middle _____ Last Kropiwiec

Alias(es, nicknames, name changes, etc.) Mena

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] N Ridge Street

City Wauconda State IL Zip 60084

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 630.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1999	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
B. S. in Finance/ Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
College of Lake County		1996	
Address	**City**	**State**	**Zip**
19351 W Washington St	Grayslake	IL	60030
Diploma/Degree obtained, if any			
A.S. Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Carmel Catholic High School		1990-1994	
Address	**City**	**State**	**Zip**
1 Carmel Parkway	Mundelein	IL	60060
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2004 - Current	[redacted] N Ridge Street	Wauconda	IL	60084
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			9/2022 - Current
Business Address	**City**	**State**	**Zip**
251 Hilton Dr	Jeffersonville	IN	47130
Phone	**Title**	**Number of Employed Hours**	
812-256-2199	Director of Operations	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			8/2019 - 9/2022
Business Address	**City**	**State**	**Zip**
2200 Cornerstone Parkway	Grayslake	IL	60030
Phone	**Title**	**Number of Employed Hours**	
224-327-8826	Associate Director of Operations	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			11/11 - 2/2019
Business Address	**City**	**State**	**Zip**
1 Medline Place	Mundelein	IL	60060
Phone	**Title**	**Number of Employed Hours**	
847-643-4922	Warehouse Manager	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/20/23
Date

I, Filomena Kropiwiec, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. FK Have a high school diploma or its equivalent;
2. FK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. FK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. FK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Filomena Kropiwiec
Print Name (First, Last)

Filomena Kropiwiec
Original Signature (electronic, copies or stamps not accepted)

2/20/23
Date

Board Use Only	Date Received: 3-2-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 251 Hilton Drive

City Jeffersonville State IN Zip 47130

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside			1986-1991	
Address		**City**	**State**	**Zip**
900 Wood Rd		Kenosha	WI	53144
Diploma/Degree obtained, if any				
BA in Economics				
School Name			**From - To (MM/YY – MM/YY)**	
Waterford Union High School			1982-1986	
Address		**City**	**State**	**Zip**
611 W Main St		Waterford	WI	53185
Diploma/Degree obtained, if any				
Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1991 - Present	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liabilty company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 9/19/22

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date**: 9/19/22

Subscribed and Sworn to before me this 19 day of September, 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 251 Hilton Drive

City Jeffersonville State IN Zip 47130

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Cornell University			1979-1984	
Address	**City**		**State**	**Zip**
616 Thurston Avenue	Ithaca		NY	14853
Diploma/Degree obtained, if any				
Undergrad in 1983 and Masters in 1984				

School Name			From - To (MM/YY – MM/YY)	
New Trier West High School			1975-1979	
Address	**City**		**State**	**Zip**
7 Happ Road	Northfield		IL	60093
Diploma/Degree obtained, if any				
Diploma				

School Name			From - To (MM/YY – MM/YY)	
N/A				
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
N/A				
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
N/A				
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.	1986 - Current

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	CEO

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 251 Hilton Drive

City Jeffersonville State IN Zip 47130

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			
Description of Duties				
Member of Executive Team, responsible for leading the Finance organization.				

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			
Description of Duties				
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 251 Hilton Drive

City: Jeffersonville State: IN Zip: 47130

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James Middle: D Last: Abrams

Alias(es, nicknames, name changes, etc.): Jimmy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Email: ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

JDA
Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY: _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2024

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December , 2021 , before me personally appeared Peter S. Forker , known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America , the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

411

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1500 Medline Place

City: McDonough State: GA Zip: 30253

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Carl Celsetine

Licensing Company Email: ralicensing@medline.com DR Email: ccelestine@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Leonard

Original Signature (electronic, copies or stamps not accepted)

10/26/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:
Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/24/22

Date

Board Use Only	Date Received: 12-19-22	Amount: 1000.00 CK-100054728 12/19/22

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 --- 401 Commerce Blvd. Oldsmar, FL 34677 --- 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted] Cobblestone Rd Elkhorn, WI 53121

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1500 Medline Place, McDonough, GA 30253

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

07/05/2020 - 07/04/2023
Period of Accreditation

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005218 Status: Active

Medline Industries LP
1500 Medline Place
McDonough GA 30253

Expires: 06/30/2023
Issued: 12/01/2021

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005218 Status: Active
Medline Industries LP
Attn: RA Licensing - 3D
Three Lakes Drive
Winnetka IL 60093

Expires: 06/30/2023
Issued: 12/01/2021
Real-time license verification is available at gadch.mylicense.com/verification

Licensee Information

Name: Medline Industries LP

Owner:

DBA:

Address: 1500 Medline Place
McDonough GA 30253

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH005218	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	12/1/2021	**Expiration Date:**	6/30/2023	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: December 5, 2022 11:45:4
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate		1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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BARKLEY,DESHAWN TY ADRIAN	Assoc Supv Warehouse	McDonough, GA C03
PECHART,DUSTIN KYLE	Assoc Supv Warehouse	McDonough, GA C03
CELESTINE JR,CARL	Dir Operations	McDonough, GA C03
MANN,GWENDOLYN S.	Dispatcher	McDonough, GA C03
FITZPATRICK,DONNA	Logistics Coord	McDonough, GA C03
RAY,KEVIN	Mgr Maintenance	McDonough, GA C03
HARRINGTON,THOMAS E.	Mgr MedTrans	McDonough, GA C03
ELLIS JR,JAMES A	Mgr Warehouse	McDonough, GA C03
HILL JR,DELAFAYETTE DIONTE	Mgr Warehouse	McDonough, GA C03
SCHETTINO,CYNTHIA	Mgr Warehouse	McDonough, GA C03
TASKER,ROBERT	Mgr Warehouse	McDonough, GA C03
DOAKS,ANGELA MARIE	OPS-Branch Administrator	McDonough, GA C03
ROSS,SHARON	OPS-Branch Administrator	McDonough, GA C03
VERNAVA,YOOTHA T	OPS-Branch Administrator	McDonough, GA C03
BECKLES,MIKHAIL	OPS-Branch Trainer	McDonough, GA C03
CRAWFORD,LADARIUS DEONTE	OPS-Branch Trainer	McDonough, GA C03
CURTIS,EDWARD LOUIS	OPS-Branch Trainer	McDonough, GA C03
EDWARDS,ROMEL	OPS-Branch Trainer	McDonough, GA C03
FOSTER,GAVIN	OPS-Branch Trainer	McDonough, GA C03
MILLER,MELANIE DAWN	OPS-Branch Trainer	McDonough, GA C03
MORROW SR,AARON K.	OPS-Branch Trainer	McDonough, GA C03
PATRICK,JOKNOWLE A.	OPS-Branch Trainer	McDonough, GA C03
STINSON,RALPH LOZZIE	OPS-Branch Trainer	McDonough, GA C03
THOMAS,CAREN	OPS-Branch Trainer	McDonough, GA C03
VILLALOBOS,JOSE	OPS-Branch Trainer	McDonough, GA C03
BREECHER,KARLYN KAE	OPS-Delivery Driver	McDonough, GA C03
CHAMPION JR,DONALD	OPS-Delivery Driver	McDonough, GA C03
DENMARK,TRAVIS K	OPS-Delivery Driver	McDonough, GA C03
ELLEN,BRANDON DEWELL	OPS-Delivery Driver	McDonough, GA C03
TOBLER,GENERO TOBLER	OPS-Delivery Driver	McDonough, GA C03
VOORHEIS,PAUL JEFFREY	OPS-Delivery Driver	McDonough, GA C03
WOODS,KINJAMAS	OPS-Delivery Driver	McDonough, GA C03
CURRY,TIMOTHY	OPS-Driver I	McDonough, GA C03
GILBERT SR,JOHNNIE	OPS-Driver I	McDonough, GA C03
REYNOLDS,ROBERT	OPS-Driver I	McDonough, GA C03
BARTLETT,KENNETH BRIAN	OPS-Driver II	McDonough, GA C03
BLOODWORTH,GREGORY M	OPS-Driver II	McDonough, GA C03
BRIDGEWATER III,JAMES MONR	OPS-Driver II	McDonough, GA C03
CALLAWAY,ROBERT SHAUN	OPS-Driver II	McDonough, GA C03
COCHRAN,STEVE KELVIN	OPS-Driver II	McDonough, GA C03
COOPER,KENDRICK	OPS-Driver II	McDonough, GA C03
COWARD,RAYNARD	OPS-Driver II	McDonough, GA C03
DANIEL,FREDERICK	OPS-Driver II	McDonough, GA C03
DAVIS,JEREMIAH LAMONTE	OPS-Driver II	McDonough, GA C03
DOUGLAS,JEROME	OPS-Driver II	McDonough, GA C03
DOWDY,JAMES E	OPS-Driver II	McDonough, GA C03
FARROW,ALFRADO F	OPS-Driver II	McDonough, GA C03
FISHER,EDWARD KEITH	OPS-Driver II	McDonough, GA C03
GRAY,ARIAN KENDALL	OPS-Driver II	McDonough, GA C03
GRAY,JOHNNY MELTON	OPS-Driver II	McDonough, GA C03
JOHNSON,CHARLES D	OPS-Driver II	McDonough, GA C03
KENERLY,TIM	OPS-Driver II	McDonough, GA C03

LEWIS,CLARENCE C	OPS-Driver II	McDonough, GA C03
MCCULLOUGH,STEVEN	OPS-Driver II	McDonough, GA C03
MCGILL,SIERRA	OPS-Driver II	McDonough, GA C03
MCNEAL,CRAIG LEMAR	OPS-Driver II	McDonough, GA C03
MOORE,MICHAEL	OPS-Driver II	McDonough, GA C03
MORGAN,DAVARRIS	OPS-Driver II	McDonough, GA C03
OLIVERA,WALTER E	OPS-Driver II	McDonough, GA C03
PARDO,ROBERT B	OPS-Driver II	McDonough, GA C03
PINDER,LATHARIO	OPS-Driver II	McDonough, GA C03
PITTS,COURTNEY MAURICE	OPS-Driver II	McDonough, GA C03
RENFROE JR,BOBBY GENE	OPS-Driver II	McDonough, GA C03
ROBINSON,ANTHONY	OPS-Driver II	McDonough, GA C03
ROBINSON,HENRY JEROME	OPS-Driver II	McDonough, GA C03
SCHUMAN,ROGER JOSEPH	OPS-Driver II	McDonough, GA C03
SHAVERS,PRESTON F	OPS-Driver II	McDonough, GA C03
SIMPSON,WILLIE JOE	OPS-Driver II	McDonough, GA C03
TOLBERT,KENYATTA MARTINEZ	OPS-Driver II	McDonough, GA C03
WEBB,DARMIOUS	OPS-Driver II	McDonough, GA C03
WHITE,TROY	OPS-Driver II	McDonough, GA C03
WHITFIELD,TERRENCE C	OPS-Driver II	McDonough, GA C03
WILLIAMS,CHUMA KOLON	OPS-Driver II	McDonough, GA C03
YOUNG,JONATHAN	OPS-Driver II	McDonough, GA C03
MORGAN,JEFFREY DAVID	OPS-Driver Ld	McDonough, GA C03
NICHOLS,JAMES EDWARD	OPS-Driver Ld	McDonough, GA C03
PFOHL,CHRISTOPHER CHARLES	OPS-Driver Ld	McDonough, GA C03
REED,KARLOS ROBERT	OPS-Driver Ld	McDonough, GA C03
SUTERMEISTER,BRIAN	OPS-Driver Ld	McDonough, GA C03
SHAIKH,MAHEEN AHMED	OPS-Engineer II	McDonough, GA C03
CHHOM,TIMOTHY M.	OPS-Inventory Coord	McDonough, GA C03
GUERRIER,JOSMENE	OPS-Inventory Coord	McDonough, GA C03
JOHNSON,NELSON K.	OPS-Inventory Coord	McDonough, GA C03
LEWIS,RAZIYA ROMAE	OPS-Inventory Coord	McDonough, GA C03
NDIAYE,MAHI	OPS-Inventory Coord	McDonough, GA C03
NORMAN,MORGAN	OPS-Inventory Coord	McDonough, GA C03
SPENCE,JEROME	OPS-Inventory Coord	McDonough, GA C03
JONES,TED EUGENE	OPS-Inventory Coord OST	McDonough, GA C03
BREWSTER,TAMARA IVORI	OPS-Inventory Coord Sr	McDonough, GA C03
HERNANDEZ,JUANA	OPS-Inventory Coord Sr	McDonough, GA C03
RANDOLPH,IAN J	OPS-Inventory Coord Sr	McDonough, GA C03
BOTNEM,ETIENNE ROGER	OPS-Janitor	McDonough, GA C03
CUNNINGHAM,ELIZABETH MARI	OPS-Janitor	McDonough, GA C03
DENNIS,ALEXIS JOEL	OPS-Janitor	McDonough, GA C03
FLEURANVIL,JAMES	OPS-Janitor	McDonough, GA C03
IVORY,BENJAMIN RAY	OPS-Janitor	McDonough, GA C03
JAMES,DASHAWN DEMETRICK	OPS-Janitor	McDonough, GA C03
JONES,HIRAM B.	OPS-Janitor	McDonough, GA C03
KNOWLES,TONY RANDOLPH	OPS-Janitor	McDonough, GA C03
LEMONS,LARRY G	OPS-Janitor	McDonough, GA C03
MCBRIDE,JULIUS V.	OPS-Janitor	McDonough, GA C03
TRICE,PHILIP MALCOLM	OPS-Janitor	McDonough, GA C03
CARRICO,KYLE	OPS-Maintenance Mechanic I	McDonough, GA C03
MARTINEZ,ELIUD	OPS-Maintenance Mechanic I	McDonough, GA C03

TAMAYO,ISRAEL	OPS-Maintenance Mechanic I	McDonough, GA C03
TREMONTE,DAVID R.	OPS-Maintenance Mechanic I	McDonough, GA C03
DORTON,MICHAEL KENNETH	OPS-Maintenance Mechanic II	McDonough, GA C03
MEO,JOHN P.	OPS-Maintenance Mechanic II	McDonough, GA C03
TORDSEN,DARRELL KEITH	OPS-Maintenance Mechanic Sr	McDonough, GA C03
ALLEN,TIFFANY	OPS-MedTrans Branch Admin	McDonough, GA C03
REEVES,LISA MICHELLE	OPS-MedTrans Branch Admin	McDonough, GA C03
BEARD,GABRIELA	OPS-Warehouse Clerk	McDonough, GA C03
COX,LINDSEY MARIE	OPS-Warehouse Clerk	McDonough, GA C03
HARRIS,SELENA	OPS-Warehouse Clerk	McDonough, GA C03
PROSSER,MELODY	OPS-Warehouse Clerk	McDonough, GA C03
RTABI,GHITA	OPS-Warehouse Clerk	McDonough, GA C03
AVITIA RIVAS,LUIS GUSTAVO	OPS-Warehouse Ld	McDonough, GA C03
EDWARDS,OTHEL	OPS-Warehouse Ld	McDonough, GA C03
HERNANDEZ,ALEX	OPS-Warehouse Ld	McDonough, GA C03
HUERTA UVINA,JOSE GAMALIEL	OPS-Warehouse Ld	McDonough, GA C03
JONES,CHAKA	OPS-Warehouse Ld	McDonough, GA C03
TEICH,NICHOLAS	OPS-Warehouse Ld	McDonough, GA C03
TETTEY JR,SOLOMON PABIE	OPS-Warehouse Ld	McDonough, GA C03
TOOKES,JOSHUA	OPS-Warehouse Ld	McDonough, GA C03
ALIMA NOAH,RAISSA INES	OPS-Warehouse Operator	McDonough, GA C03
ARCE JR,EDWIN	OPS-Warehouse Operator	McDonough, GA C03
ARMSTRONG,DAVON LYNDON	OPS-Warehouse Operator	McDonough, GA C03
AWATE,SAMUEL	OPS-Warehouse Operator	McDonough, GA C03
AYITTAH,DOMINIC GEORGE	OPS-Warehouse Operator	McDonough, GA C03
BANKSTON,CHRISTOPHER SCOT	OPS-Warehouse Operator	McDonough, GA C03
BARBER,ANGELA L	OPS-Warehouse Operator	McDonough, GA C03
BARGE I,BRANDON ROGER	OPS-Warehouse Operator	McDonough, GA C03
BARGE,JAMIE T	OPS-Warehouse Operator	McDonough, GA C03
BARKER,SANDRA S	OPS-Warehouse Operator	McDonough, GA C03
BARKLEY,LATIFIAH	OPS-Warehouse Operator	McDonough, GA C03
BARKSDALE,BRIDGETTE	OPS-Warehouse Operator	McDonough, GA C03
BARKSDALE,JAMES	OPS-Warehouse Operator	McDonough, GA C03
BARR JR,DAVID JEROME	OPS-Warehouse Operator	McDonough, GA C03
BASILE,JUSTIN PATRICK	OPS-Warehouse Operator	McDonough, GA C03
BAXTER,MICHAEL C	OPS-Warehouse Operator	McDonough, GA C03
BAYLOR JR,MICHAEL D	OPS-Warehouse Operator	McDonough, GA C03
BAZILE,JIMKENNY	OPS-Warehouse Operator	McDonough, GA C03
BELL,NADAIJA	OPS-Warehouse Operator	McDonough, GA C03
BELLAMY,ANTUANETTE TENEE	OPS-Warehouse Operator	McDonough, GA C03
BORDEN,ELI'JAH DESMON	OPS-Warehouse Operator	McDonough, GA C03
BOSTON,DANIELLE	OPS-Warehouse Operator	McDonough, GA C03
BREWER,CARRIBBEAN	OPS-Warehouse Operator	McDonough, GA C03
BROWN,DASIA	OPS-Warehouse Operator	McDonough, GA C03
BROWN,LAMONT	OPS-Warehouse Operator	McDonough, GA C03
BRUNSON,ROSSIE	OPS-Warehouse Operator	McDonough, GA C03
CALDWELL,KIMYATTA LAUREN	OPS-Warehouse Operator	McDonough, GA C03
CARGLE,VIVIAN	OPS-Warehouse Operator	McDonough, GA C03
CARR,JENTERIA	OPS-Warehouse Operator	McDonough, GA C03
CARTER,KELVIN ALLEN	OPS-Warehouse Operator	McDonough, GA C03
CASON III,ALFRED	OPS-Warehouse Operator	McDonough, GA C03
CHAMBLISS,NATALIE	OPS-Warehouse Operator	McDonough, GA C03

CHANDLER,IRISH	OPS-Warehouse Operator	McDonough, GA C03
CLARK III,EMMETT LEONARD	OPS-Warehouse Operator	McDonough, GA C03
CLEMONS,VALENCIA BYRESHA	OPS-Warehouse Operator	McDonough, GA C03
COBB,JORDEN LAMAR	OPS-Warehouse Operator	McDonough, GA C03
COBB,LAVELLE D	OPS-Warehouse Operator	McDonough, GA C03
COLQUITT,TITAYONA N	OPS-Warehouse Operator	McDonough, GA C03
CONNELL,TONY L	OPS-Warehouse Operator	McDonough, GA C03
CORLEY,STEPHEN ALLEN	OPS-Warehouse Operator	McDonough, GA C03
CORNELIO,JOSHUA	OPS-Warehouse Operator	McDonough, GA C03
CURTIS,PRISCILLA	OPS-Warehouse Operator	McDonough, GA C03
DAE,KHALIL RAKIN	OPS-Warehouse Operator	McDonough, GA C03
DANIEL JR,SWANCEY LEE	OPS-Warehouse Operator	McDonough, GA C03
DAVIS JR,CARLTON	OPS-Warehouse Operator	McDonough, GA C03
DENNIS,DON DIEGO	OPS-Warehouse Operator	McDonough, GA C03
DEWBERRY,XERYOUS DEVONTA	OPS-Warehouse Operator	McDonough, GA C03
DIAZ,LUIS ALAN	OPS-Warehouse Operator	McDonough, GA C03
DRIVER,JASMINE EURELE	OPS-Warehouse Operator	McDonough, GA C03
DUFFEY,DAVID ELIJAH	OPS-Warehouse Operator	McDonough, GA C03
DUVERGE,DJERRY	OPS-Warehouse Operator	McDonough, GA C03
EDMONDS,UGANDA L	OPS-Warehouse Operator	McDonough, GA C03
EDWARDS,DONNA	OPS-Warehouse Operator	McDonough, GA C03
EDWARDS,TAMEKIA LATRELL	OPS-Warehouse Operator	McDonough, GA C03
ELAM,CLARENCE	OPS-Warehouse Operator	McDonough, GA C03
ELBREISUS,BEATRICE YARLY	OPS-Warehouse Operator	McDonough, GA C03
ELLIS,JAMAAL	OPS-Warehouse Operator	McDonough, GA C03
ESPINAL,SHARON ANN	OPS-Warehouse Operator	McDonough, GA C03
EURICH,LOYD E	OPS-Warehouse Operator	McDonough, GA C03
EZZARD,DYLAN A	OPS-Warehouse Operator	McDonough, GA C03
FARMER,RONALD BLAKE	OPS-Warehouse Operator	McDonough, GA C03
FELDER,BRANDON	OPS-Warehouse Operator	McDonough, GA C03
FERGUSON,NAVOTNEY CARTEZ	OPS-Warehouse Operator	McDonough, GA C03
FLOWERS JR,EDDIE LEE	OPS-Warehouse Operator	McDonough, GA C03
FORNEY,SHAKA	OPS-Warehouse Operator	McDonough, GA C03
FORREST,DUNTE ANTOINE	OPS-Warehouse Operator	McDonough, GA C03
FOSTER,DENETRICE LASHAY	OPS-Warehouse Operator	McDonough, GA C03
FRUGOLI,JAYCUB	OPS-Warehouse Operator	McDonough, GA C03
GARNER,MICHAEL	OPS-Warehouse Operator	McDonough, GA C03
GIBSON,KEINDRICK	OPS-Warehouse Operator	McDonough, GA C03
GOGGINS,SHAMIYA JAMMONE	OPS-Warehouse Operator	McDonough, GA C03
GOLSON SR,TERRENCE DELON	OPS-Warehouse Operator	McDonough, GA C03
GOMEZ,MARTHA	OPS-Warehouse Operator	McDonough, GA C03
GRAHAM SR,ERNEST	OPS-Warehouse Operator	McDonough, GA C03
GRAY,CONSTANCE	OPS-Warehouse Operator	McDonough, GA C03
GRAY,KATURA	OPS-Warehouse Operator	McDonough, GA C03
GRAY,NEIKO LASHUN	OPS-Warehouse Operator	McDonough, GA C03
GREEN,XAVIER T.	OPS-Warehouse Operator	McDonough, GA C03
GRIER,ANGELA BENITA	OPS-Warehouse Operator	McDonough, GA C03
GRIFFIN,JAYLEN DECOREY	OPS-Warehouse Operator	McDonough, GA C03
GRISWOLD,GLENN JAVALE	OPS-Warehouse Operator	McDonough, GA C03
GUDE,SCOTTY	OPS-Warehouse Operator	McDonough, GA C03
HAIRSTON,NAKIA	OPS-Warehouse Operator	McDonough, GA C03
HALL JR,CORNELIUS	OPS-Warehouse Operator	McDonough, GA C03

HALL,IDA D	OPS-Warehouse Operator	McDonough, GA C03
HALLS,JEROME	OPS-Warehouse Operator	McDonough, GA C03
HAMMONDS,LAQUANDA	OPS-Warehouse Operator	McDonough, GA C03
HARMON,COURTNEY	OPS-Warehouse Operator	McDonough, GA C03
HARPER,SEMAJ	OPS-Warehouse Operator	McDonough, GA C03
HARPS,KENNETH	OPS-Warehouse Operator	McDonough, GA C03
HARRIS,ANTONIO SHARRON	OPS-Warehouse Operator	McDonough, GA C03
HARRIS,MELVIN	OPS-Warehouse Operator	McDonough, GA C03
HARRIS,QUADIR	OPS-Warehouse Operator	McDonough, GA C03
HARRIS,SHANNA	OPS-Warehouse Operator	McDonough, GA C03
HAYES,HELEN	OPS-Warehouse Operator	McDonough, GA C03
HAYES,TYRONE	OPS-Warehouse Operator	McDonough, GA C03
HECTOR,NICHOLAS	OPS-Warehouse Operator	McDonough, GA C03
HENLEY,MARTAVIUS	OPS-Warehouse Operator	McDonough, GA C03
HERNANDEZ,MARIO G	OPS-Warehouse Operator	McDonough, GA C03
HIGHTOWER,MARCUS REGINALI	OPS-Warehouse Operator	McDonough, GA C03
HIGHTOWER,TORI	OPS-Warehouse Operator	McDonough, GA C03
HOLMES,AARON TIMOTHY JAM/	OPS-Warehouse Operator	McDonough, GA C03
HOWARD,MARIAH DANIELLE	OPS-Warehouse Operator	McDonough, GA C03
HOWARD,MARVIN L	OPS-Warehouse Operator	McDonough, GA C03
HULL,BRENT LAMAR	OPS-Warehouse Operator	McDonough, GA C03
HUNT,ALEXIS STARR	OPS-Warehouse Operator	McDonough, GA C03
HUNT,SHANAE	OPS-Warehouse Operator	McDonough, GA C03
HURT,JANNA	OPS-Warehouse Operator	McDonough, GA C03
HURT,TAMARA L.	OPS-Warehouse Operator	McDonough, GA C03
HUTTON,MICHAEL COREY	OPS-Warehouse Operator	McDonough, GA C03
HUTTON,SAMETRIUS	OPS-Warehouse Operator	McDonough, GA C03
JACKSON,ASHLEY	OPS-Warehouse Operator	McDonough, GA C03
JACKSON,CHRISTOPHER LEE	OPS-Warehouse Operator	McDonough, GA C03
JENKINS,JERELL J	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON JR,SHAWN MAURICE	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON,BRANDAVIOUS JEROD	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON,DA'JOUR	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON,JAYQUAN	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON,SUSIE A	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON-HAWKINS,BRITTNEY D	OPS-Warehouse Operator	McDonough, GA C03
JOHNSON-LOVETT,MALIK	OPS-Warehouse Operator	McDonough, GA C03
JONES III,LEROY JERMAINE	OPS-Warehouse Operator	McDonough, GA C03
JONES,CAELAN MYLES	OPS-Warehouse Operator	McDonough, GA C03
KARR,CHERISHTON	OPS-Warehouse Operator	McDonough, GA C03
KELLY,DEMETRIUS D	OPS-Warehouse Operator	McDonough, GA C03
KEMP,LISA MARIA	OPS-Warehouse Operator	McDonough, GA C03
KENT,BRYAN	OPS-Warehouse Operator	McDonough, GA C03
LAGUDA,TOBECHUKWU SAMUE	OPS-Warehouse Operator	McDonough, GA C03
LEE,DEIDRE	OPS-Warehouse Operator	McDonough, GA C03
LEMON,MARGARETTA T	OPS-Warehouse Operator	McDonough, GA C03
LEONARD,DUERY	OPS-Warehouse Operator	McDonough, GA C03
LEWIS,COURTNEY JEROME	OPS-Warehouse Operator	McDonough, GA C03
LITTLE,SHAWNTAVIA ANDREIKK/	OPS-Warehouse Operator	McDonough, GA C03
MACON,JUANITA M.	OPS-Warehouse Operator	McDonough, GA C03
MARCHMAN,TERRY	OPS-Warehouse Operator	McDonough, GA C03
MARLOW,JAMES PAUL	OPS-Warehouse Operator	McDonough, GA C03

MATA,CARLOS IVAN	OPS-Warehouse Operator	McDonough, GA C03
MAYS,SHEREE	OPS-Warehouse Operator	McDonough, GA C03
MCCRARY,SHERLANDA LOUISE	OPS-Warehouse Operator	McDonough, GA C03
MCDONALD,SELENA MICHELLE	OPS-Warehouse Operator	McDonough, GA C03
MEARS,DARIUS	OPS-Warehouse Operator	McDonough, GA C03
MELTON,AMANDA SUMMER	OPS-Warehouse Operator	McDonough, GA C03
MIGHTY,ADRIAN FITZROY	OPS-Warehouse Operator	McDonough, GA C03
MIGHTY,D'MITRE	OPS-Warehouse Operator	McDonough, GA C03
MITCHELL,GLENTWAN	OPS-Warehouse Operator	McDonough, GA C03
MITCHELL,KOREY	OPS-Warehouse Operator	McDonough, GA C03
MOORE,ALEXIS D.	OPS-Warehouse Operator	McDonough, GA C03
MOORE,HOWARD	OPS-Warehouse Operator	McDonough, GA C03
MOORE,STIRLING A	OPS-Warehouse Operator	McDonough, GA C03
MURPHY,SARA E	OPS-Warehouse Operator	McDonough, GA C03
MURPHY,WINSTON THARLES	OPS-Warehouse Operator	McDonough, GA C03
MURRY,ROBERT	OPS-Warehouse Operator	McDonough, GA C03
NELSON,SHUNKEYTIA	OPS-Warehouse Operator	McDonough, GA C03
NESTOR,ALVA	OPS-Warehouse Operator	McDonough, GA C03
NETTLES,JAMES	OPS-Warehouse Operator	McDonough, GA C03
NEWTON,CASSANDRA NICHOLE	OPS-Warehouse Operator	McDonough, GA C03
NOBLE,KENNETH RYAN	OPS-Warehouse Operator	McDonough, GA C03
ODEN,LEE T	OPS-Warehouse Operator	McDonough, GA C03
OFILI,EMMANUEL EREMOSELE	OPS-Warehouse Operator	McDonough, GA C03
OWEREGBULEM,CHINEDU MISH	OPS-Warehouse Operator	McDonough, GA C03
PARIS,TARAS	OPS-Warehouse Operator	McDonough, GA C03
PARKER,CHRIS KENTON	OPS-Warehouse Operator	McDonough, GA C03
PARKER,DEXTER	OPS-Warehouse Operator	McDonough, GA C03
PATE,LAFOLSON K	OPS-Warehouse Operator	McDonough, GA C03
PERKINS,SHAMONICA LENEA	OPS-Warehouse Operator	McDonough, GA C03
PICHARDO,ICELSA	OPS-Warehouse Operator	McDonough, GA C03
PLUMMER,MATTHEW ALEXAND	OPS-Warehouse Operator	McDonough, GA C03
POMMELLS,ANDRE R.	OPS-Warehouse Operator	McDonough, GA C03
PONTOO,MARCUS ALEXANDER	OPS-Warehouse Operator	McDonough, GA C03
PONTOO,RANDALL KHAUL	OPS-Warehouse Operator	McDonough, GA C03
PRICE,TIMOTHY	OPS-Warehouse Operator	McDonough, GA C03
RACHAL,JUSTIN MALIK	OPS-Warehouse Operator	McDonough, GA C03
REESE,KHANIA	OPS-Warehouse Operator	McDonough, GA C03
RHINE,JANDA R	OPS-Warehouse Operator	McDonough, GA C03
RICHARDSON,RONJE	OPS-Warehouse Operator	McDonough, GA C03
RICHARDSON,SHARITA KNOX	OPS-Warehouse Operator	McDonough, GA C03
ROACH,CURTIS	OPS-Warehouse Operator	McDonough, GA C03
ROBERSON,MARSHUN D	OPS-Warehouse Operator	McDonough, GA C03
RUSSELL,DESTINY	OPS-Warehouse Operator	McDonough, GA C03
SANCHEZ,LUIS M	OPS-Warehouse Operator	McDonough, GA C03
SANCHEZ,PAVEL	OPS-Warehouse Operator	McDonough, GA C03
SANDERS II,IRAN	OPS-Warehouse Operator	McDonough, GA C03
SANDERS,ALEXIS LYNETTE	OPS-Warehouse Operator	McDonough, GA C03
SCOTT,GENEVA	OPS-Warehouse Operator	McDonough, GA C03
SCOTT,XAVIER	OPS-Warehouse Operator	McDonough, GA C03
SCURRY,CHRISTEN	OPS-Warehouse Operator	McDonough, GA C03
SHIELDS,DEONTRE'	OPS-Warehouse Operator	McDonough, GA C03
SIKKING,MICHELE LYNN	OPS-Warehouse Operator	McDonough, GA C03

SIMMONS,ANDRE DESHUN	OPS-Warehouse Operator	McDonough, GA C03
SIMS,JAMESIA	OPS-Warehouse Operator	McDonough, GA C03
SMITH,CAROL T	OPS-Warehouse Operator	McDonough, GA C03
SMITH,JORDAN	OPS-Warehouse Operator	McDonough, GA C03
SMITH,KOMERETTE V	OPS-Warehouse Operator	McDonough, GA C03
SMITH,MANDALE	OPS-Warehouse Operator	McDonough, GA C03
SMITH,RYAN LYNN	OPS-Warehouse Operator	McDonough, GA C03
SMITH,SHABRIELL	OPS-Warehouse Operator	McDonough, GA C03
SNEED,THOROYAL	OPS-Warehouse Operator	McDonough, GA C03
SOLORZANO,CHICO	OPS-Warehouse Operator	McDonough, GA C03
SOUTH,WARREN C	OPS-Warehouse Operator	McDonough, GA C03
ST.HILAIRE-MANIGAT,LINDA	OPS-Warehouse Operator	McDonough, GA C03
STANDIFER,TEMEKA	OPS-Warehouse Operator	McDonough, GA C03
STEWART,ALIYA	OPS-Warehouse Operator	McDonough, GA C03
TAYLOR,OTIS	OPS-Warehouse Operator	McDonough, GA C03
TAYLOR,PICASSO JERON	OPS-Warehouse Operator	McDonough, GA C03
TERRY II,CHRISTOPHER MICHAE	OPS-Warehouse Operator	McDonough, GA C03
THOMAS,PHILLIP MICHAEL	OPS-Warehouse Operator	McDonough, GA C03
THOMAS,ROBERT LEE	OPS-Warehouse Operator	McDonough, GA C03
THOMPSON JR,NELSON	OPS-Warehouse Operator	McDonough, GA C03
THOMPSON,LAQUANA L	OPS-Warehouse Operator	McDonough, GA C03
TURNER,JUSTIN	OPS-Warehouse Operator	McDonough, GA C03
VELASCO,FRANZ ANTEMIO	OPS-Warehouse Operator	McDonough, GA C03
VIOLENES,FABIAN	OPS-Warehouse Operator	McDonough, GA C03
WADE,VINICKI MONIQUE	OPS-Warehouse Operator	McDonough, GA C03
WALKER JR,DERRY LENARD	OPS-Warehouse Operator	McDonough, GA C03
WALKER,ARJORGIO	OPS-Warehouse Operator	McDonough, GA C03
WALKER,PATRICK	OPS-Warehouse Operator	McDonough, GA C03
WASHINGTON JR,ERIC JEROME	OPS-Warehouse Operator	McDonough, GA C03
WASHINGTON,CHRISTOPHER LA	OPS-Warehouse Operator	McDonough, GA C03
WELCH,ANGELA S	OPS-Warehouse Operator	McDonough, GA C03
WELCH,FRANK	OPS-Warehouse Operator	McDonough, GA C03
WESTBROOK,TEQULIA T	OPS-Warehouse Operator	McDonough, GA C03
WHITE,ENJOLI DESHAWN	OPS-Warehouse Operator	McDonough, GA C03
WHITE,LATYSHA	OPS-Warehouse Operator	McDonough, GA C03
WHITE,QUINCY	OPS-Warehouse Operator	McDonough, GA C03
WHITEHEAD,KEITH	OPS-Warehouse Operator	McDonough, GA C03
WHITFIELD,KIANNA	OPS-Warehouse Operator	McDonough, GA C03
WILKERSON JR,TYWAN RODRICK	OPS-Warehouse Operator	McDonough, GA C03
WILKES-WILLIAMS SR,LASHAWN	OPS-Warehouse Operator	McDonough, GA C03
WILLIAMS,ALLEN	OPS-Warehouse Operator	McDonough, GA C03
WILLIAMS,DERRICK	OPS-Warehouse Operator	McDonough, GA C03
WILLIAMS,MARCUS PRICE	OPS-Warehouse Operator	McDonough, GA C03
WILLIAMS,SHACOYIA DENISE	OPS-Warehouse Operator	McDonough, GA C03
WILLIS,ODYSSEY	OPS-Warehouse Operator	McDonough, GA C03
WILLIS,TWANISSHA TOMERA	OPS-Warehouse Operator	McDonough, GA C03
WILSON JR,WILLIE JAMES	OPS-Warehouse Operator	McDonough, GA C03
WILSON,WELDON REMON	OPS-Warehouse Operator	McDonough, GA C03
WILTZ,JORGE DAVID	OPS-Warehouse Operator	McDonough, GA C03
WOODARD,AMETRIA	OPS-Warehouse Operator	McDonough, GA C03
WRIGHT,SOPHIA L	OPS-Warehouse Operator	McDonough, GA C03
YOUNG,TAMELIA JAQUETTE	OPS-Warehouse Operator	McDonough, GA C03

GRAY,SHEKELA	OPS-Warehouse Operator OST	McDonough, GA C03
JESTER,SHERIKA	OPS-Warehouse Operator OST	McDonough, GA C03
MARTINEZ,ROCIO	OPS-Warehouse Operator OST	McDonough, GA C03
SCHETTINO,JAMES W	Sr Dir Operations	McDonough, GA C03
MILLER,I.D. MCGILVRAY	Sr Mgr Maintenance	McDonough, GA C03
EIGER,DAVID A.	Sr Mgr Operations	McDonough, GA C03
MOORE,MICHAEL DEVIN	Sr Supv Warehouse	McDonough, GA C03
DRAPER,LAURA ANN	Supv Inventory Ctrl	McDonough, GA C03
DENNERY,VERNON ASHLEY	Supv MedTrans	McDonough, GA C03
HUNT,DAVID J	Supv MedTrans	McDonough, GA C03
TRUSSELL,REID BRENNEN	Supv Training Facility	McDonough, GA C03
ALBERT,ABRAHAM	Supv Warehouse	McDonough, GA C03
BARTLETT,JENNIFER	Supv Warehouse	McDonough, GA C03
BUTLER,EARL J	Supv Warehouse	McDonough, GA C03
ENGRAM JR,FREDDIE	Supv Warehouse	McDonough, GA C03
GLOVER,KIARYA	Supv Warehouse	McDonough, GA CD3
GOUGH,TYLER J	Supv Warehouse	McDonough, GA C03
HILL,JEROME	Supv Warehouse	McDonough, GA C03
HUFF,BENJAMIN L	Supv Warehouse	McDonough, GA C03
LIDDELL,PORTIA	Supv Warehouse	McDonough, GA C03
MICHELITCH,TODD	Supv Warehouse	McDonough, GA C03
MITCHELL,JAMAR R.	Supv Warehouse	McDonough, GA C03
NEAL,HERMAN SCOTT	Supv Warehouse	McDonough, GA C03
NGOM,EL HADJI MALICK	Supv Warehouse	McDonough, GA C03
SPRINGS IV,LEVI	Supv Warehouse	McDonough, GA C03
VILLALOBOS,JORGE ALEJANDRO	Supv Warehouse	McDonough, GA C03
WADE,KRAIG RESHAN	Supv Warehouse	McDonough, GA C03
WRIGHT,JAMON	Supv Warehouse	McDonough, GA C03
UTKIN,MIKHAIL A.	System Spec Sr LUM	McDonough, GA CD3
SHERTEN,TOMEKA CHADDELL	Yard Driver	McDonough, GA C03

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 1500 Medline Place

City McDonough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Carl Middle _____ Last Celestine

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Windpher Ridge

City Hampton State GA Zip 30228

Telephone [redacted] Email ccelestine@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		11-8-2009	
Address	**City**	**State**	**Zip**
4035 S Riverpoint Pkwy	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
AAB			

School Name		From - To (MM/YY – MM/YY)	
Nichols State University		1998 - 2000	
Address	**City**	**State**	**Zip**
906 East 1st St	Thibodaux	LA	70301
Diploma/Degree obtained, if any			
Certificate			

School Name		From - To (MM/YY – MM/YY)	
Donaldson's Real Estate			
Address	**City**	**State**	**Zip**
2601 N Hullen St	Metairie	LA	70002
Diploma/Degree obtained, if any			
Certificate			

School Name		From - To (MM/YY – MM/YY)	
Fontainbleau High School		1994-1998	
Address	**City**	**State**	**Zip**
100 Bulldog Dr	Mandeville	LA	70471
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2017- Current	[redacted] Windpher Ridge	Hampton	GA	30228
10/2016 - 9/2017	[redacted] Windpher Ridge	Hampton	GA	30228
8/2015 - 10/2016	[redacted] Paul Eells Dr Apt [redacted]	North Little Rock	AR	72113
4/2014 - 7/2015	[redacted] Green Mountain Dr Apt [redacted]	Little Rock	AR	72211
11/2011 - 3/2013	[redacted] Pond Dr NW	North Canton	OH	44720

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record-keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP "Formerly Medline Industries, Inc."			10/2016 - Current
Business Address	**City**	**State**	**Zip**
1500 Medline Place	McDonough	GA	30253
Phone	**Title**		**Number of Employed Hours**
770-320-7037	Director of Operations		40 + hours weekly

Description of Duties

Assisted in developing to ensure pickers were picking items correctly. Developed and mainained picker shifts and schedules.
Ensures facility is maintained in accordance with all Pharmacy Board Regulations, Oversees all incoming and outging shipments of all Rx drugs and Rx devices.

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

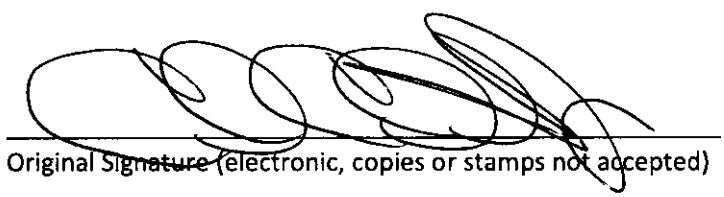
Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please See Attached Disciplinary Report



Original Signature (electronic, copies or stamps not accepted)

12/9/2022

Date

I, Carl Celestine, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CC I am at least 21 years of age;
3. CC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Carl Celestine
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/9/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carl Celestine

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/19/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of DeKalb

I, Diedra N. Malone, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/19/2022

Date

Subscribed and Sworn to before me this 14 day of December, 2022

Notary Public Signature

(Seal)

D.C. Shipping Manager, The Home Depot, Baton Rouge/Hammond, LA
June 2004-April 2006

- Reports to the Operations Manager, responsible for managing all aspects of the shipping operations for a 300,000 SF distribution center with a 100+ member staff.
- Reduced voluntary turnover by 10% and involuntary turnover by 5% in first quarter through more thorough hiring/training and morale building practices.
- Increased part time head count to 15% of total staffing in third quarter, which helped increase productivity metrics, and reduced overtime needs during peak hours.
- Improved and maintained shipping accuracy to 99.95% in 2004. (previous goal 99.90%)
- Reduced overtime to less than 5% of total hours worked in 2005.
- Significantly reduced transportation costs through several KPI's .
- Implemented several process improvements in key functional departments.

Operations Assistant Manager, The Home Depot, Mandeville, LA
June 2003-June 2004

- Reported to the Operations Manager, responsible for managing all aspects of the operations including: shipping, receiving, inventory, returns administration, and administrative for a 100, 000 SF distribution center with a 60+ member staff.
- Assisted in the strategic planning of a thorough facility layout of a new 90,000 SF facility in Hammond, LA which placed emphasis on receiving fast moving items, while also focusing on driving cost saving measures into this operation.
- Lead project manager in the complete shutdown of two facilities with primary objective to combine into single facility.

D.C. Department Supervisor, LCR-M Corporation, Mandeville, LA
February 2000-June 2003

- Reported to the Operations Assistant Manger, responsible for supervising daily UPS shipments with a 20+ member staff.
- Daily responsibilities consisted of ensuring same day shipping on every order, consistently increasing productivity, and ensuring that freight damages remained under 2%.
- Consistently focused on improving packaging methods to limit freight damage and expenses to a minimum.

CERTIFICATIONS

- Florida Certified Designated Representative
- Double walk rider, Dock Stocker, Order Picker, and Reach Truck
- CPR/First Aid; AED; Blood Borne Pathogens

EDUCATION

University of Phoenix	AAB	11-8-2009
Nicholls State University		1998-2000
Donaldson's Real Estate	Certificate	Spring 2001
Fontainebleau High School	Diploma	1994-1998

CARL CELESTINE

[redacted]Windpher Ridge, Hampton, GA 30228 [redacted]

SUMMARY OF QUALIFICATIONS

Extensive experience with successfully managing, **(20+ years),** all aspects of a large distribution center including selecting, managing, and training staff; managing costs; implementing efficiencies/improvements; establishing and monitoring/driving productivity goals; and leading cross-functional teams on key projects. Direct role in the start up of a new distribution facility which includes the organization, processes/procedures, and staffing.

PROFESSIONAL EXPERIENCE

Director of Operations, Medline Industries, McDonough, GA
Branch Manager, Medline Industries, Maumelle, AR
Warehouse Manager, Medline Industries, Canton, OH
Warehouse Supervisor, Medline Industries, Covington, LA

January 2008- Present

- Plans, manages, and measures daily objectives in all departments of 1.1M SF distribution facility with $450MM annual sales and 170 employees. **(Direct management role in complete start up of this facility)**
- Significant inventory management improvement versus prior fiscal year.
- Consistent improvement in overall OSI's reported and shipping accuracy versus prior year.
- Considerable improvement in total performance versus prior year.
- Prepares and performs all performance evaluations and disciplinary actions for associates, lead, and supervisory personnel.
- Handles all the recruiting, hiring, and training process for all levels of the warehouse staffing.
- Ensures facility is maintained in a hygienic manner in accordance with all Pharmacy Board regulations and VAWD compliance.
- Effectively coordinates with outside sales team and customer service in providing quality customer service.
- Coordinates with transportation team in managing Medtrans truck delivery routing for both existing and potential business.
- Vital role in the acquisition, transfer, and start up of physician office business; $12m annual sales.
- Member of both RRT and Catalyst 10.3 upgrade team.
- Promotes an environment that is conducive to positive employee relations.

D.C. Manager, Southeast Hardwood Flooring Dist, Mandeville, LA
May 2006-August 2006

- Reports directly to the Senior Operations/HR Manager; responsible for managing all aspects of multi location Distribution Center.
- Key responsibilities included but not limited to fleet management, which consists of 2 large overnight trucks, 3 intermediate vehicles, 3 CDL drivers, and 1 local sort driver. Responsible for maintenance, driver trip logs, and over the road expenses to include fuel, hotel accommodations, and meals.
- Shipping territory covered four states (LA, MS, AL, FL)
- Coordinated daily with inside sales team to ensure quality and accuracy with local and long haul deliveries
- Responsible for managing and improving operational overhead and expenses through the use of P&L statements.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 1500 Medline Place

City Mc Donough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Carl Middle _____ Last Celestine Jr.

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Windpher Ridge

City Hampton State GA Zip 30228

Telephone [redacted] Email ccelestine@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		11-8-2009	
Address	**City**	**State**	**Zip**
4035 S Riverpoint Pkwy	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
AAB			

School Name		From - To (MM/YY – MM/YY)	
Nichols State University		1998-2000	
Address	**City**	**State**	**Zip**
906 East 1st St.	Thibodaux	LA	70301
Diploma/Degree obtained, if any			
Certificate			

School Name		From - To (MM/YY – MM/YY)	
Donaldson's Real Estate		1998	
Address	**City**	**State**	**Zip**
2601 N Hullen St	Metairie	LA	70002
Diploma/Degree obtained, if any			
Certificate			

School Name		From - To (MM/YY – MM/YY)	
Fountainbleu High School		1994 -1998	
Address	**City**	**State**	**Zip**
100 Bulldog Dr	Mandeville	LA	70471
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2017 - Current	[redacted] Windpher Ridge	Hampton	GA	30228
10/2016 - 9/2017	[redacted] Windpher Ridge	Hampton	GA	30228
8/2015 - 10/2016	[redacted] Paul Eells Dr Apt [redacted]	North Little Rock	AR	72113
4/2014 - 7/2015	[redacted] Green Mountain Dr Apt [redacted]	Little Rock	AR	72211
11/2011 - 3/2013	[redacted] Pond Dr NW	North Canton	OH	44720
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			10/2016 - Current	
Business Address		**City**	**State**	**Zip**
1500 Medline Place		McDonough	GA	30253
Phone	**Title**		**Number of Employed Hours**	
770- 320 -7037	Director of Operations		40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
			40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

I, Carl Celestine, **certify that as the MDEG Administrator for**

_____,

that I (initial that you have read and meet the following requirements):

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carl Celestine
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/28/2023
Date

Board Use Only	Date Received: _____

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/28/2023
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1500 Medline Place

City McDonough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 9/19/22

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 9/19/22

Subscribed and Sworn to before me this 19 day of September 2022.

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1500 Medline Place

City McDonough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1500 Medline Place

City McDonough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/05 - 06/20	[redacted]. Ashford Lane	Arlington Heights	IL	60004
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			

Description of Duties

Member of Executive Team, responsible for leading the Finance organization.

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			

Description of Duties

Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1500 Medline Place

City McDonough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1500 Medline Place

City McDonough State GA Zip 30253

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) Andy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr.	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979 - 1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.	1992 - Current

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
947-949-5500	President

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 9/15/22

Applicant's initials AM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials AM

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY: _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 10th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice Prasident, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 494 State Route 416

City: Montgomery State: NY Zip: 12549

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Thomas Fallon III

Licensing Company Email: ralicensing@medline.com DR Email: tfallon@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Leonard

Original Signature (electronic, copies or stamps not accepted)

10/26/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓ *	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓*	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓ *	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓*	✓
* • **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	* ✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

Board Use Only	Date Received: 1·4·23	Amount: 1000	Check # 0100054486

PROCESSED 1·5·23 LS

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address	DOB
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022	[redacted]
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035	[redacted]
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004	[redacted]
President - QA/RA	Lara N. Simmons	[redacted] Cobblestone Rd Elkhorn WI 53121	[redacted]

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2021-24

NAME OF SUPERVISOR
THOMAS J. FALLON III

THIS IS TO CERTIFY

MEDLINE INDUSTRIES, L.P.
494 ST ROUTE 416
MONTGOMERY, NY 12549

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE TWENTY-THIRD DAY OF DECEMBER, 2021.
THIS CERTIFICATE EXPIRES ON THE THIRTIETH DAY OF NOVEMBER, 2024.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
039262

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NYSED.gov

OP LOGO

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

10/20/2022

Type : WHOLESALER
Legal Name : MEDLINE INDUSTRIES, L.P.
Trade Name :
Street Address :
494 ST ROUTE 416
MONTGOMERY, NY 12549-0000

Registration No : 039262
Date First Registered : 12/23/21
Registration Begins : 12/23/21
Registered through : 11/30/24
Supervisor : FALLON III THOMAS J
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

Seal of the State Education Department

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

494 State Route 416, Montgomery, NY 12549

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

09/22/2022 - 09/21/2025
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
CN101705524-Stnd-GAWUP-22-23 USA	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER A :** Safety National Casualty Corporation 15105 **INSURER B :** National Fire & Marine Insurance Co 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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Employee	Job Title	Location
ACEVEDO MIRANDA,JUSTIN	OPS-Warehouse Operator	MONTGOMERY
ACEVEDO,ALEXIS ANSELMO	OPS-Warehouse Operator	MONTGOMERY
ACEVEDO,JOANNA	OPS-Warehouse Operator	MONTGOMERY
ADAMS,ISAJAH G	OPS-Warehouse Operator	MONTGOMERY
AGUILAR,MERCEDES	OPS-Warehouse Operator	MONTGOMERY
ALARCON,MIGUEL ANGEL	OPS-Driver II	MONTGOMERY
ALEMAN,HENRY	OPS-Driver II	MONTGOMERY
ALFRED JR,GARY	OPS-Warehouse Operator	MONTGOMERY
ALICEA,FELIPE	OPS-Driver I	MONTGOMERY
AMADOR,FLOR	OPS-Warehouse Operator	MONTGOMERY
AMOS,CORNELIUS	OPS-Driver I	MONTGOMERY
ANDERSON,VICTOR	OPS-Warehouse Operator	MONTGOMERY
ARANA,ALFRED	OPS-Warehouse Operator	MONTGOMERY
AREVALO ARICHABALA,SILVANA MERCED	OPS-Warehouse Operator	MONTGOMERY
ARGYLE,NIGEL C	OPS-Warehouse Operator	MONTGOMERY
ARISTHENE,CLAUDY	OPS-Warehouse Operator	MONTGOMERY
ARNE JR,RICHARD STEVEN	OPS-Warehouse Ld	MONTGOMERY
ARNE,GREGORY PHILIP	OPS-Branch Trainer	MONTGOMERY
AROCHO LOPEZ,CRYSTAL M.	OPS-Warehouse Operator	MONTGOMERY
ARTHUR,ANDREW FRANCIS	OPS-Janitor	MONTGOMERY
ARTHUR,DAVID LEE	OPS-Janitor	MONTGOMERY
ASAMOAH I,WALTER MAWUFEMOR	OPS-Warehouse Operator	MONTGOMERY
ATKINS,ASHANTI	OPS-Warehouse Operator	MONTGOMERY
AVILES,RICARDO	OPS-Driver II	MONTGOMERY
AYALA,MICHAEL CHARLES	OPS-Warehouse Operator	MONTGOMERY
AZCARRAGA,BARUCH JOAQUIN	OPS-Warehouse Operator	MONTGOMERY
BACA,JESUS	OPS-Warehouse Operator	MONTGOMERY
BAEZ,JOSHUA	OPS-Warehouse Operator	MONTGOMERY
BAEZ,NICHOLAS JEREMY	OPS-Warehouse Operator	MONTGOMERY
BAILEY,GLENROY	OPS-Driver I	MONTGOMERY
BAILOR,TERRY ALAN	OPS-Warehouse Operator	MONTGOMERY
BAISLEY,ANASTASIA EFUET	OPS-Warehouse Operator	MONTGOMERY
BALTAZAR NAVA,SAMANTHA	OPS-Warehouse Operator	MONTGOMERY
BARBER,AIDA IRIS	OPS-Warehouse Operator	MONTGOMERY
BARBER,JASON D	OPS-Warehouse Operator	MONTGOMERY
BARKSDALE,TIMOTHY THOMAS	OPS-Driver II	MONTGOMERY
BARRY II,CHARLES ANTHONY	OPS-Warehouse Operator	MONTGOMERY
BASALONE,CHRISTOPHER M	OPS-Warehouse Operator	MONTGOMERY
BATYKEFER,CARL	OPS-Branch Trainer	MONTGOMERY
BAUTISTA,CRISTIAN MARTINEZ	OPS-Warehouse Operator	MONTGOMERY
BAYLIS,DAVID	OPS-Warehouse Operator	MONTGOMERY
BAYRON,JULIO	OPS-Warehouse Operator	MONTGOMERY
BECKER,TIMOTHY	OPS-Driver I	MONTGOMERY
BEEN,ESTER ELIZABETH	OPS-Warehouse Clerk	MONTGOMERY
BELSITO,DERICK EDWARD	OPS-Warehouse Operator	MONTGOMERY
BENEDICT,ELIZABETH	OPS-Warehouse Operator	MONTGOMERY
BENNETT,CARL WASHINGTON	OPS-Driver II	MONTGOMERY
BERNSTEIN,ADAM COBURN	OPS-Driver II	MONTGOMERY
BERTUCCI,DANIEL E.	OPS-Warehouse Operator	MONTGOMERY
BILDHAUER,PETER J	OPS-Driver II	MONTGOMERY
BIRK,LANCE	OPS-Warehouse Operator	MONTGOMERY

BIRKETT,RANDY	OPS-Warehouse Operator	MONTGOMERY
BIRTCH,PATRICK MICHAEL	OPS-Warehouse Operator	MONTGOMERY
BISHOP,JAMES	OPS-Warehouse Operator	MONTGOMERY
BISNATH,RUNA	OPS-Warehouse Operator	MONTGOMERY
BLAKENEY,MICHAEL CARSON	OPS-Warehouse Operator	MONTGOMERY
BONNEAU,VERNON BRIAN	OPS-Warehouse Operator	MONTGOMERY
BONNELL,AMY BETH	OPS-Warehouse Operator	MONTGOMERY
BORBOR,JESSE	OPS-Inventory Coord	MONTGOMERY
BOWENS,RAHEEM JAMES	OPS-Warehouse Operator	MONTGOMERY
BRESSI,JERRY C	OPS-Warehouse Operator	MONTGOMERY
BROWN III,GERALD LLOYD	Supv Warehouse	MONTGOMERY
BRUNO,DAVID	OPS-Warehouse Operator	MONTGOMERY
BURKE,JESSE J.	OPS-Warehouse Operator	MONTGOMERY
BURNETTE,JAMES D	OPS-Driver II	MONTGOMERY
BURRIS,DAVID	OPS-Warehouse Operator	MONTGOMERY
CABRERA,MARIA DEL CARMEN	OPS-Warehouse Operator	MONTGOMERY
CACEDA,CHRISTIAN M	OPS-Warehouse Operator	MONTGOMERY
CALLANAN,CRISTINE	OPS-Branch Administrator	MONTGOMERY
CALTENCO,ALEXIA	OPS-Warehouse Operator	MONTGOMERY
CANDELO,JIMMY FABIAN	OPS-Warehouse Operator	MONTGOMERY
CANO,JUAN MIGUEL	OPS-Driver II	MONTGOMERY
CARBARIN,GEOVANNI	OPS-Delivery Driver	MONTGOMERY
CAREY,DARRELL H	Supv Warehouse	MONTGOMERY
CARIAS JR,JULIO C	OPS-Driver I	MONTGOMERY
CARINO,STEVEN	OPS-Warehouse Operator	MONTGOMERY
CARROLL,CHRISTOPHER RYAN	OPS-Warehouse Operator	MONTGOMERY
CARROLL,THERESA LUCILLE	OPS-Branch Administrator	MONTGOMERY
CARSON,CARLYLE ALAN	OPS-Warehouse Operator	MONTGOMERY
CARTER,SHALIYAH ANNA	OPS-Warehouse Operator	MONTGOMERY
CASAS,ALBA EMILIA	OPS-Warehouse Clerk	MONTGOMERY
CASTILLO SR,JOSE LEONARDO	OPS-Warehouse Operator	MONTGOMERY
CASTILLO-RAMOS,MARISOL	OPS-Warehouse Operator	MONTGOMERY
CASTRO,MARIA DE LOURDES	OPS-Warehouse Operator	MONTGOMERY
CENTORCILLI,MICHAEL ANTHONY	OPS-Janitor	MONTGOMERY
CEPEDA GARCIA,JOSE ANGEL	OPS-Driver II	MONTGOMERY
CHARDON,BRIAN ANTHONY	OPS-Branch Trainer	MONTGOMERY
CHECO SR,JOSE A	OPS-Warehouse Operator	MONTGOMERY
CHRISPIN,MAXWELL	OPS-Warehouse Operator	MONTGOMERY
CHRISTOPHERSEN,DOLORES CRYSTAL	OPS-Branch Administrator	MONTGOMERY
CHUKWU,KINGSLEY CHIDI	OPS-Warehouse Operator	MONTGOMERY
CIFUENTES,ADRIAN	OPS-Warehouse Operator	MONTGOMERY
CINTRON,HERBERT FRANK	OPS-Driver I	MONTGOMERY
CLAIRMONT,KAYLA	OPS-Warehouse Operator	MONTGOMERY
CLASS,OMAR	OPS-Driver II	MONTGOMERY
CLOW,CHRISTOPHER LLOYD	OPS-Warehouse Ld	MONTGOMERY
COCHRANE,ARNOLD ANTHONY	OPS-Janitor	MONTGOMERY
COHEN,SHANELL D	OPS-Warehouse Operator	MONTGOMERY
COLON,ALLEN	OPS-Driver II	MONTGOMERY
COLON,JOSE ANTHONY	OPS-Delivery Driver	MONTGOMERY
COLON,RICHARD	OPS-Driver II	MONTGOMERY
COLWELL,MICHAEL EARL	OPS-Janitor	MONTGOMERY
CONCEPCION WERKEMA,CHANDRA SAGE	OPS-Warehouse Operator	MONTGOMERY

CONKLIN JR,WARREN JOHN	OPS-Warehouse Operator	MONTGOMERY
CONNELLY,ROBERT	OPS-Warehouse Operator	MONTGOMERY
CORDOVA,JUANA	OPS-Warehouse Operator	MONTGOMERY
CORTEZ MERCADO,JOSE M	OPS-Driver Ld	MONTGOMERY
CORTEZ,WILFREDO	OPS-Driver II	MONTGOMERY
COSH,KIMBERLEY	OPS-Warehouse Operator	MONTGOMERY
COSTA,LARRY	Supv Warehouse	MONTGOMERY
CRUZ,VICTOR	OPS-Warehouse Operator	MONTGOMERY
CUEVAS JR,JOHN	OPS-Warehouse Operator	MONTGOMERY
CUEVAS,EDDY A	OPS-Warehouse Operator	MONTGOMERY
CULP,RONALD D.	OPS-Maintenance Mechanic Sr	MONTGOMERY
CUMMINGS,BRIAN	Supv Warehouse	MONTGOMERY
CUSACK,JOSHUA MICHAEL	OPS-Warehouse Operator	MONTGOMERY
DANCIL,MARQUISE T	OPS-Warehouse Operator	MONTGOMERY
DANDRIDGE,SEAN	OPS-Warehouse Operator	MONTGOMERY
DANIELS,JOAN MARIE	OPS-MedTrans Branch Admin	MONTGOMERY
DAVEY JR,FRANK HARRY	OPS-Maintenance Mechanic II	MONTGOMERY
DAVIES,KAITLYN	OPS-Warehouse Operator	MONTGOMERY
DE LA PAZ,ZACKARIE ANIBAL	OPS-Branch Trainer	MONTGOMERY
DECEMBRE,JEAN DAVID N/A	OPS-Warehouse Operator	MONTGOMERY
DECKER,STEVEN T.	OPS-Driver II	MONTGOMERY
DEJESUS,THOMAS	OPS-Delivery Driver	MONTGOMERY
DEL GROSSO,NICHOLAS	OPS-Driver II	MONTGOMERY
D'ELIA,DONALD	OPS-Warehouse Operator	MONTGOMERY
DELMORAL,CARMELLA	OPS-Warehouse Operator	MONTGOMERY
DELVECCHIO,FRANCESCO	OPS-Janitor	MONTGOMERY
DESCHAMPS,EDDIE	OPS-Driver II	MONTGOMERY
DESRISSEAU,JEAN JUNIOR	OPS-Warehouse Operator	MONTGOMERY
DEVALUE,DAVID JOHN	Supv Warehouse	MONTGOMERY
DIAZ PEREZ I,MARISOL M	OPS-Warehouse Operator	MONTGOMERY
DOLMAN,JAMES BRIAN	OPS-Driver I	MONTGOMERY
DONAHUE,THOMAS P	OPS-Warehouse Operator	MONTGOMERY
DOONER,TRAVIS MICHAEL	OPS-Warehouse Operator	MONTGOMERY
DRAGIEV,STIVIYAN YAVOROV	OPS-Warehouse Operator	MONTGOMERY
DUNLAP,DAVONNE	OPS-Driver II	MONTGOMERY
DURR,KAREN	OPS-Warehouse Clerk	MONTGOMERY
DUTCHER JR,ROGER LEE	OPS-Warehouse Operator	MONTGOMERY
EASTMAN,SHENIECE	OPS-Warehouse Operator	MONTGOMERY
EASTMAN,SHENIEKAAH	OPS-Warehouse Operator	MONTGOMERY
ECHI,ISRAEL	Supv Warehouse	MONTGOMERY
EDMINSTER,ANTHONY	OPS-Warehouse Operator	MONTGOMERY
ELSIBAI,BOB	OPS-Driver I	MONTGOMERY
ENRIQUEZ,JONATHAN	OPS-Warehouse Operator	MONTGOMERY
ESPOSITO JR,PHILIP JAMES	OPS-Warehouse Operator	MONTGOMERY
ESPOSITO,CHRISTOPHER J	OPS-Driver I	MONTGOMERY
ESPOSITO,CORY	OPS-Warehouse Operator	MONTGOMERY
ETIENNE,DYLAN NATHANIEL	OPS-Warehouse Operator	MONTGOMERY
EUSSE,JOSE DANILO	OPS-Warehouse Operator	MONTGOMERY
EVANS,MACIELE	OPS-Warehouse Operator	MONTGOMERY
FALLON,THOMAS J.	Dir Operations	MONTGOMERY
FARMER III,ANTHONY	OPS-Warehouse Operator	MONTGOMERY
FARRIOR,GORDON STEPHAN	OPS-Warehouse Operator	MONTGOMERY

FASANARO,HEATHER	OPS-Warehouse Operator	MONTGOMERY
FELIX JR,BUFFON	OPS-Driver II	MONTGOMERY
FERRADA,PABLO ANDRES	OPS-Warehouse Operator	MONTGOMERY
FERRI,MAXIMILIAN	OPS-Warehouse Operator	MONTGOMERY
FICHTER III,GEORGE W	OPS-Driver II	MONTGOMERY
FIGUEROA,AREN	OPS-Warehouse Operator	MONTGOMERY
FLORES MARTINEZ,PATY	OPS-Warehouse Operator	MONTGOMERY
FLORES SR,JORGE HUMBERTO	OPS-Warehouse Operator	MONTGOMERY
FLORES,FRANCISCO JAVIER	Mgr Maintenance	MONTGOMERY
FLORES,ZOSIMO IVAN	OPS-Delivery Driver	MONTGOMERY
FLUDD,CHERYCE	OPS-Warehouse Operator	MONTGOMERY
FLUDD,CHYNICE	OPS-Warehouse Operator	MONTGOMERY
FONTES REYES,CHRISTIAN	OPS-Warehouse Operator	MONTGOMERY
FRAZITA,ANDREW	OPS-Warehouse Operator	MONTGOMERY
FREDERICKS,JEFFREY	OPS-Driver I	MONTGOMERY
FREER,MATTHEW G.	OPS-Warehouse Operator	MONTGOMERY
FRYE,KALINDA	OPS-Warehouse Clerk	MONTGOMERY
GALARZA,JUAN	OPS-Driver II	MONTGOMERY
GALAVIZ,ARELY	OPS-Warehouse Clerk	MONTGOMERY
GANNON,MICHAEL P.	Supv MedTrans	MONTGOMERY
GARCIA CHAVEZ,NERY A.	OPS-Warehouse Operator	MONTGOMERY
GARCIA I,AMAIRANY	OPS-Warehouse Operator	MONTGOMERY
GARCIA,ALEXA YARITZA	OPS-Warehouse Operator	MONTGOMERY
GARCIA,ANDY BLADIMIR	OPS-Warehouse Operator	MONTGOMERY
GARCIA,BEATRIZ	OPS-Branch Trainer	MONTGOMERY
GARCIA,FRANCISCO	OPS-Warehouse Operator	MONTGOMERY
GARCIA,MARIA Y	OPS-Warehouse Operator	MONTGOMERY
GARCIA,SHARAY S	OPS-Warehouse Operator	MONTGOMERY
GARCIA-HERRERA,BENNY	OPS-Warehouse Operator	MONTGOMERY
GAYLORD,FRANKLIN CHARLES	OPS-Warehouse Ld	MONTGOMERY
GEAGLEY,CHRISTIAN C	OPS-Warehouse Operator	MONTGOMERY
GEER,CHRISTOPHER C	OPS-Janitor	MONTGOMERY
GERSTEL,BENJAMIN	OPS-Warehouse Operator	MONTGOMERY
GIGANTI,JOHN	OPS-Janitor	MONTGOMERY
GILDEA,THOMAS	OPS-Branch Trainer	MONTGOMERY
GILLIAM,EZRA	OPS-Warehouse Operator	MONTGOMERY
GIRON,JONY P	OPS-Warehouse Operator	MONTGOMERY
GLATLEY,SCOTT	Supv Warehouse	MONTGOMERY
GLOUDON,REYNOLD MARTIN	OPS-Warehouse Operator	MONTGOMERY
GLOVER,MICHAEL	OPS-Warehouse Operator	MONTGOMERY
GODINEZ,ANGELA ISABEHT	OPS-Warehouse Operator	MONTGOMERY
GODINEZ-RAMOS,ANA AIDA	OPS-Warehouse Operator	MONTGOMERY
GOGGIN,MELISSA L	OPS-Warehouse Operator	MONTGOMERY
GOMES,SAMANTHA LEIGH	OPS-Warehouse Operator	MONTGOMERY
GOMEZ GONZALEZ,NICOLAS	OPS-Branch Trainer	MONTGOMERY
GOMEZ,BENJAMIN	OPS-Warehouse Operator	MONTGOMERY
GOMEZ,MONICA PATRICIA	OPS-Warehouse Operator	MONTGOMERY
GOMEZ,RAULIN CALIN	OPS-Warehouse Operator	MONTGOMERY
GOMEZ-PUELLO,CRISTIAN	OPS-Warehouse Operator	MONTGOMERY
GONZALES,OSIRIS Y	OPS-Warehouse Operator	MONTGOMERY
GONZALEZ COATL,JOCELYN	OPS-Warehouse Operator	MONTGOMERY
GONZALEZ TELLEZ,JESUS	OPS-Warehouse Operator	MONTGOMERY

GONZALEZ,ANDREW	OPS-Warehouse Operator	MONTGOMERY
GONZALEZ,CRYSTALIE	OPS-Warehouse Operator	MONTGOMERY
GONZALEZ,EDWIN	OPS-Warehouse Operator	MONTGOMERY
GONZALEZ,KIMBERLY	OPS-Driver II	MONTGOMERY
GONZALEZ,LISSETTE	OPS-Warehouse Operator	MONTGOMERY
GONZALEZ,ROSA CHRISTIAN	OPS-Warehouse Operator	MONTGOMERY
GORHAM,ANTHONY STEPHEN	OPS-Janitor	MONTGOMERY
GORIS,MIRIAM LORENA	OPS-Warehouse Operator	MONTGOMERY
GOTAY,CHRISTINA M	OPS-Warehouse Operator	MONTGOMERY
GOUDREAU,SCOTT R	OPS-Shuttle Driver	MONTGOMERY
GOULBOURNE,DESCHANEL	OPS-Delivery Driver	MONTGOMERY
GRANATA,CHRISTOPHER MICHAEL	OPS-Warehouse Operator	MONTGOMERY
GRAY,QUENISHA M	OPS-Warehouse Operator	MONTGOMERY
GREEN SR,CHRISTOPHER J	OPS-Warehouse Operator	MONTGOMERY
GREEN,KEVIN ANTHONY	OPS-Warehouse Operator	MONTGOMERY
GREEN,NATIFA	OPS-Warehouse Operator	MONTGOMERY
GREEN,SCOTT	OPS-Branch Trainer	MONTGOMERY
GUAN,WENPENG	OPS-Driver II	MONTGOMERY
GUERRA,JESUS MABEL	OPS-Warehouse Operator	MONTGOMERY
GUERRERO,DIANA	OPS-MedTrans Branch Admin	MONTGOMERY
GUERRIDO JR,CARLOS	OPS-Warehouse Operator	MONTGOMERY
GUEVARA,MARK	OPS-Warehouse Operator	MONTGOMERY
GUMBS,KHYMO ATTIBA	Supv Warehouse	MONTGOMERY
GUNN,RICHARD WALTER	OPS-Driver II	MONTGOMERY
GURRY,THOMAS PAUL	OPS-Warehouse Operator	MONTGOMERY
GUTIERREZ,YESENIA B	OPS-Warehouse Operator	MONTGOMERY
GUZMAN,OSVALDO	OPS-Warehouse Operator	MONTGOMERY
GUZMAN,SHIELA	OPS-Warehouse Operator	MONTGOMERY
HAAS JR,JOSEPH JAMES	OPS-Driver II	MONTGOMERY
HEINZ,AMANDA JEAN	OPS-Warehouse Operator	MONTGOMERY
HEITZMANN,STEPHANIE	Supv Warehouse	MONTGOMERY
HELMS,DALE ROBIN	OPS-Inventory Coord	MONTGOMERY
HENRY,GEORGE EDWARD	OPS-Delivery Driver	MONTGOMERY
HERBSTER,TRISTAN	OPS-Warehouse Operator	MONTGOMERY
HERMIDA,JOSE G	OPS-Warehouse Operator	MONTGOMERY
HERNANDEZ,BIRON	OPS-Warehouse Operator	MONTGOMERY
HERNANDEZ,JEANETTE GUADALUPE	OPS-Warehouse Operator	MONTGOMERY
HERNANDEZ,JOSE L	OPS-Warehouse Operator	MONTGOMERY
HOLBERT,GREGORY S	OPS-Driver II	MONTGOMERY
HOLMES,JACOB P.	Assoc Supv Warehouse	MONTGOMERY
HOOKS,TERRY MAURICE	OPS-Driver I	MONTGOMERY
HOSTOVICH,MARK ERIC	OPS-Warehouse Operator	MONTGOMERY
HOYSRADT,SHAWN	OPS-Warehouse Operator	MONTGOMERY
HUEZO,LUIS ARMANDO	OPS-Driver II	MONTGOMERY
HUGHES,TIMOTHY MICHAEL	Mgr Warehouse	MONTGOMERY
HULSE,JAZMIN CALVARIO	OPS-Warehouse Operator	MONTGOMERY
HUTCHINSON,ADRIAN	OPS-Warehouse Operator	MONTGOMERY
IMPERATO,JOSHUA	OPS-Warehouse Operator	MONTGOMERY
INGRAM,REGINALD	OPS-Warehouse Ld	MONTGOMERY
IRIZARRY,EDGARD	OPS-Driver II	MONTGOMERY
IRIZARRY,RAMON ANDRES	OPS-Warehouse Operator	MONTGOMERY
ISER,CELESTE I	OPS-Warehouse Operator	MONTGOMERY

ISMAILAJ,ILJAZ	OPS-Driver II	MONTGOMERY
JACKLYN,BRIAN	OPS-Warehouse Operator	MONTGOMERY
JACKSON,DONOVAN	OPS-Warehouse Operator	MONTGOMERY
JACKSON,EARL A.	OPS-Branch Trainer	MONTGOMERY
JACKSON,LYNELL	OPS-Warehouse Operator	MONTGOMERY
JACKSON,MICHAEL WAYNE	OPS-Warehouse Operator	MONTGOMERY
JACKSON,TONY	OPS-Branch Trainer OST	MONTGOMERY
JACQUES,STEVENSON	OPS-Warehouse Operator	MONTGOMERY
JARDON,THOMAS R	OPS-Inventory Coord	MONTGOMERY
JEBOURD,CHESTER	OPS-Warehouse Operator	MONTGOMERY
JEFFERSON,DAMIEN	OPS-Warehouse Operator	MONTGOMERY
JENSEN,SUSAN R	OPS-Warehouse Operator	MONTGOMERY
JEWIS,JOHN JOSEPH	OPS-Maintenance Mechanic II	MONTGOMERY
JIMENEZ,ALEXIS BENJAMIN	OPS-Warehouse Operator	MONTGOMERY
JIMENEZ,FANIA	Dispatcher	MONTGOMERY
JOHNSON,GERALDO	OPS-Warehouse Operator	MONTGOMERY
JOHNSON,JEREMY D.	OPS-Warehouse Operator	MONTGOMERY
JOHNSON-ORESTE,EUNICE NYAMBURA	OPS-Warehouse Operator	MONTGOMERY
JONES,ALYSE NICOLE	OPS-Warehouse Operator	MONTGOMERY
JONES,CHRISTOPHER	OPS-Warehouse Operator	MONTGOMERY
JONES,DAESHAWN TAMIR	OPS-Warehouse Operator	MONTGOMERY
JONES,DONTIEK S	OPS-Warehouse Operator	MONTGOMERY
JOP,BERNARDO CORDOBA	OPS-Warehouse Operator	MONTGOMERY
JOSEPH,RICARDO	OPS-Warehouse Operator	MONTGOMERY
JOYNER,IMANI	OPS-Warehouse Operator	MONTGOMERY
JUDD,EVAN MICHAEL	OPS-Maintenance Mechanic I	MONTGOMERY
JUILLERAT,JAMES ALLEN	Supv MedTrans	MONTGOMERY
KAUTZ,KIM M	OPS-Warehouse Operator	MONTGOMERY
KEARNS,TIMOTHY BARRY	OPS-Warehouse Operator	MONTGOMERY
KEELEY,SCOTT	OPS-Warehouse Operator	MONTGOMERY
KEITH,CONCHETTA	OPS-Warehouse Operator	MONTGOMERY
KELLY,JOHN A	OPS-Driver I	MONTGOMERY
KELLY,MICHAEL	OPS-Warehouse Operator	MONTGOMERY
KELLY,PAUL G.	OPS-Delivery Driver	MONTGOMERY
KERKHOVEN,DAVID ROY	Supv Warehouse	MONTGOMERY
KERKHOVEN,NEIL KEVIN	Supv Warehouse	MONTGOMERY
KIRBY,NATHANIEL	OPS-Warehouse Operator	MONTGOMERY
KNUTH,MARSHA LOUISE	OPS-Warehouse Operator	MONTGOMERY
KOCHETKOV,ANATOLIY	OPS-Driver II	MONTGOMERY
KOTTL I,JOSHUA MICHAEL	OPS-Warehouse Operator	MONTGOMERY
KROSCHE,JAY SCOTT	Reg Dir Medtrans	MONTGOMERY
KUCKER,KEVIN J	OPS-Driver II	MONTGOMERY
KUHN,DAWN	OPS-Warehouse Operator	MONTGOMERY
KUNDA,SCOTT	OPS-Warehouse Operator	MONTGOMERY
LACHAUD,ANGE MARY	OPS-Warehouse Operator	MONTGOMERY
LAMANCUSA JR,SALVATORE JOSEPH	OPS-Driver II	MONTGOMERY
LANDER,JAMES	OPS-Janitor	MONTGOMERY
LANDER,JEFFREY D	OPS-Delivery Driver	MONTGOMERY
LANG,WILLIAM	OPS-Inventory Coord	MONTGOMERY
LARIOS,CLAUDIA W	OPS-Warehouse Operator	MONTGOMERY
LAUREANOCLAUDIO,LUIS EFRAIN	OPS-Warehouse Operator	MONTGOMERY
LEE SR,TERRON TROY	OPS-Delivery Driver	MONTGOMERY

LEEBOO IV,THEODORE	OPS-Warehouse Operator	MONTGOMERY
LEEPER,LAJUAN PIERRE	OPS-Delivery Driver	MONTGOMERY
LEFEBVRE,KEVIN PATRICK	OPS-Driver II	MONTGOMERY
LEMKE,ROBERT JOHN	OPS-Driver II	MONTGOMERY
LEWIS SR,STEPHEN SCOTT	OPS-Warehouse Operator	MONTGOMERY
LEWIS,CHAD M	OPS-Warehouse Operator	MONTGOMERY
LEWIS,DAQUANA	OPS-Warehouse Operator	MONTGOMERY
LOAIZA,NICKOLAS	OPS-Warehouse Operator	MONTGOMERY
LOGIUDICE,CARL ALDO	OPS-Driver II	MONTGOMERY
LOPEZ DE RODAS,GABRIELA FRANCESCA	OPS-Warehouse Operator	MONTGOMERY
LOPEZ RENDON,JOSE G	Supv MedTrans	MONTGOMERY
LOPEZ,ALEXIS	OPS-Warehouse Operator	MONTGOMERY
LOPEZ,MARIO R	OPS-Driver Ld	MONTGOMERY
LOPEZ,NOHELIA A	OPS-Warehouse Operator	MONTGOMERY
LORENZEN,EILEEN LYNN	OPS-Warehouse Operator	MONTGOMERY
LORENZEN,KATHRYN ELISABETH	OPS-Warehouse Operator	MONTGOMERY
LOWE,DANIELLE	Supv Warehouse	MONTGOMERY
LUPIAN,JOSE M	OPS-Warehouse Operator	MONTGOMERY
LYONS,JUSTIN R	OPS-Warehouse Operator	MONTGOMERY
MACDONALD,RICHARD T	OPS-Delivery Driver	MONTGOMERY
MACKINNON,DARYL DRAKE ROBERT	OPS-Janitor	MONTGOMERY
MADDEN,DAVID MICHAEL	OPS-Driver II	MONTGOMERY
MADSEN,JOHN K	OPS-Warehouse Operator	MONTGOMERY
MAHONEY,CHRISTOPHER DANIEL	OPS-Warehouse Operator	MONTGOMERY
MAMUDOSKI,ERHAN	Supv Warehouse	MONTGOMERY
MANN,SAVANNAH SUE	OPS-Warehouse Operator	MONTGOMERY
MARCO,MICHAEL	Sr Mgr Medtrans	MONTGOMERY
MARIN,ROY	OPS-Warehouse Operator	MONTGOMERY
MARRERO,ARIEL MARIE	OPS-Branch Administrator	MONTGOMERY
MARTIN JR,EDWARD DAVID	OPS-Branch Trainer	MONTGOMERY
MARTINEZ ROJAS,DAVID GUADALUPE	OPS-Warehouse Operator	MONTGOMERY
MARTINEZ ROJAS,EDUARDO ROBERTO	OPS-Warehouse Operator	MONTGOMERY
MARTINEZ,ANTONIO EDWARD	OPS-Warehouse Operator	MONTGOMERY
MARTINEZ,TIERA R	Mgr Inventory Control	MONTGOMERY
MARTINIELLO,IVANA	OPS-Warehouse Operator	MONTGOMERY
MAY,JOHN CHARLES	OPS-Warehouse Operator	MONTGOMERY
MAYS,DEMETRI CHARLES	OPS-Warehouse Operator	MONTGOMERY
MCCOMBS,FERNELL	OPS-Driver II	MONTGOMERY
MCCRAE,LORNE ALEXANDER	OPS-Warehouse Operator	MONTGOMERY
MCDEVITT,WILLIAM THOMAS	OPS-Warehouse Operator OST	MONTGOMERY
MCFADDEN,SHAKUWRA	OPS-Warehouse Operator	MONTGOMERY
MCFARLAND,JAMES LACY	Mgr Warehouse	MONTGOMERY
MCGINNIS,MATTHEW K	OPS-Branch Trainer	MONTGOMERY
MCLAUGHLIN,GARTH ATHELSTAN	OPS-Branch Trainer	MONTGOMERY
MCPHERSON,DUANE JESSE	OPS-Warehouse Operator	MONTGOMERY
MEJIA TRUJILLO,KEVIN	OPS-Warehouse Operator	MONTGOMERY
MELANSON,ALAN R	Sr Mgr Operations	MONTGOMERY
MENDEZ,ANGEL RAUL	OPS-Warehouse Operator	MONTGOMERY
MENDEZ,BRYTNY	OPS-Inventory Coord	MONTGOMERY
MENDEZ,CARLOS GAMALIER	OPS-Driver II	MONTGOMERY
MENDEZ,JOSHUA	OPS-Delivery Driver	MONTGOMERY
MENDOZA,JESUS	OPS-Warehouse Operator	MONTGOMERY

MENDOZA,JORGE LUIS	OPS-Warehouse Operator	MONTGOMERY
MENDOZA,MARIA	OPS-Warehouse Operator	MONTGOMERY
MERCADO,CHRISTOPHER	OPS-Warehouse Operator	MONTGOMERY
MERCURIO,JOSEPH	OPS-Driver II	MONTGOMERY
MERLINO II,PHILIP JOHN	OPS-Warehouse Operator	MONTGOMERY
MERRITT,CHRISTOPHER KELAN	OPS-Delivery Driver	MONTGOMERY
METZGAR,ALICE M	OPS-Warehouse Operator	MONTGOMERY
MEZA,JENNIFER	OPS-Warehouse Clerk	MONTGOMERY
MILHOUSE,TERRENCE	OPS-Warehouse Operator OST	MONTGOMERY
MIRANDA,JONATHAN	OPS-Warehouse Operator	MONTGOMERY
MITCHELL,FORROL	OPS-Warehouse Operator	MONTGOMERY
MOJICA,CHRISTIAN	OPS-Warehouse Operator	MONTGOMERY
MONROE,HEATHER	OPS-Warehouse Operator	MONTGOMERY
MONTANO,NERY ISABEL	OPS-Warehouse Operator	MONTGOMERY
MONTEIRO JR,EDWARD	OPS-Driver II	MONTGOMERY
MONTES,ANGIE	OPS-Warehouse Operator	MONTGOMERY
MONTES,SANTOS NOEL	OPS-Janitor	MONTGOMERY
MONTOYA,JESUS A	OPS-Warehouse Operator	MONTGOMERY
MONTOYA,JOSHELYNN MACKENZIE	OPS-Warehouse Operator	MONTGOMERY
MOONEY,CHRISTOPHER PETER	OPS-Warehouse Operator	MONTGOMERY
MOORE,FRANCIS	OPS-Driver II	MONTGOMERY
MORCIGLIO,JULIAN EDGAR	OPS-Warehouse Operator	MONTGOMERY
MORENO,RAMON	OPS-Driver I	MONTGOMERY
MORETA CASTILLO,MIGUEL EDWARDO	OPS-Warehouse Operator	MONTGOMERY
MORETA,MARLENE MARIA	OPS-Warehouse Operator	MONTGOMERY
MORGAN,JASON OMAR	OPS-Delivery Driver	MONTGOMERY
MORVILLO,CHEYENNE LEE	OPS-Inventory Coord Sr	MONTGOMERY
MOTTER,JUSTIN LEE	OPS-Warehouse Operator	MONTGOMERY
MOYA,GODOFREDO	OPS-Warehouse Operator	MONTGOMERY
MULLER,JONATHAN LUCAS	OPS-Warehouse Operator	MONTGOMERY
MUNGO,MARVIN	OPS-Delivery Driver	MONTGOMERY
NAIL,ANTHONY VICTOR	OPS-Driver I	MONTGOMERY
NAIZAQUE JR,JUAN CAMILO	OPS-Warehouse Operator	MONTGOMERY
NEIDHARDT,DENNIS GERARD	OPS-Warehouse Operator	MONTGOMERY
NELSON,AMBER	OPS-Warehouse Operator	MONTGOMERY
NIOSI SR,JOSEPH	OPS-Warehouse Operator	MONTGOMERY
NOLAN,TRISTAN JAYMES	Supv Warehouse	MONTGOMERY
NORRIS,BRADLEY	OPS-Driver Ld	MONTGOMERY
NUGENT,MICHAEL JOSEPH	OPS-Warehouse Clerk	MONTGOMERY
OCAMPO,JORGE WILLIAM	OPS-Driver II	MONTGOMERY
OCHOA JR,VICENTE	OPS-Warehouse Operator	MONTGOMERY
O'CONNOR,JORDAN T	Supv Warehouse	MONTGOMERY
ORDONEZ FLORES,JACINTO J	OPS-Warehouse Operator	MONTGOMERY
ORMSBY,AINSLEY A.	OPS-Maintenance Mechanic II	MONTGOMERY
OROZCO,DANIELA	OPS-Warehouse Operator	MONTGOMERY
ORTIZ LOPEZ,CRISTOBAL M	OPS-Driver II	MONTGOMERY
ORTIZ,AMALVIS	OPS-Warehouse Operator	MONTGOMERY
ORTIZ,JOSUE ALEJANDRO	OPS-Warehouse Operator	MONTGOMERY
ORTIZ,ORLANDO	OPS-Driver I	MONTGOMERY
OSORIO,JOSUE	OPS-Warehouse Operator	MONTGOMERY
OSSA,LUIS F	OPS-Delivery Driver	MONTGOMERY
OVALLES HIDALGO,GISELLE	OPS-Warehouse Operator	MONTGOMERY

PACHECO,MARCOS	OPS-Warehouse Operator	MONTGOMERY
PAGAN,IRIS	OPS-Warehouse Operator	MONTGOMERY
PARDAVE,JUAN	OPS-Warehouse Operator	MONTGOMERY
PAREDES,MIGUEL LEONARDO	OPS-Driver II	MONTGOMERY
PARKER,JULIA NICOLE	OPS-Warehouse Operator	MONTGOMERY
PARKES,ALEXUS BIANCA	OPS-Warehouse Operator	MONTGOMERY
PARSELLS,CRYSTAL ANN	Inventory Control Analyst	MONTGOMERY
PAWLICZAK,BRIAN P.	OPS-Warehouse Operator	MONTGOMERY
PEARSON SR,OTTO	OPS-Warehouse Operator	MONTGOMERY
PELLEGRINI,ANGELA LYNN	OPS-Warehouse Operator	MONTGOMERY
PELLICCI,KENNETH SHAWN	OPS-Driver I	MONTGOMERY
PELLINO,DOMINIC CARLO	OPS-Warehouse Operator	MONTGOMERY
PERERA,DINILA SENITH	OPS-Warehouse Operator	MONTGOMERY
PEREZ MARTINEZ,MARILUZ	OPS-Inventory Coord	MONTGOMERY
PEREZ,EDGARDO	OPS-Driver II	MONTGOMERY
PEREZ,LUIS ANTONIO	OPS-Warehouse Operator	MONTGOMERY
PEREZ,RENE A	OPS-Delivery Driver	MONTGOMERY
PERRY,MARK RUSSELL	OPS-Warehouse Operator	MONTGOMERY
PERRY,WARDELL TRYSTEN	OPS-Driver II	MONTGOMERY
PHINNEY,WAYNE ANTHONY	OPS-Janitor	MONTGOMERY
PINALES,NOEL ENRIQUE	OPS-Warehouse Operator	MONTGOMERY
PINCKNEY,MATTHEW	OPS-Warehouse Operator	MONTGOMERY
PINGUIL,MARIA T	OPS-Warehouse Operator	MONTGOMERY
POLANCO,JONATHAN	OPS-Delivery Driver	MONTGOMERY
POLK,STEPHEN	OPS-Warehouse Operator	MONTGOMERY
PONCE,DAMIAN	OPS-Driver II	MONTGOMERY
POWELL,BLAKE	OPS-Warehouse Operator	MONTGOMERY
POWELL,DARRELL LORENZO	OPS-Shuttle Driver	MONTGOMERY
POZO,JORGE F	OPS-Driver II	MONTGOMERY
PREVAL,ROODLEY	OPS-Inventory Coord	MONTGOMERY
PURSEL,ROBERT LEE	OPS-Driver II	MONTGOMERY
PURVIS,ANTONIO	OPS-Warehouse Operator	MONTGOMERY
QUINONES,JOSE	OPS-Branch Trainer	MONTGOMERY
RACHITOFF,ENZO D.	OPS-Driver II	MONTGOMERY
RAMIREZ,JARITZA Z	OPS-Warehouse Operator	MONTGOMERY
RAMIREZ-FRANCISO,CAIN	OPS-Warehouse Operator	MONTGOMERY
RAMOS,ALEJANDRO	OPS-Warehouse Operator	MONTGOMERY
RAMOS,ANGEL LUIS	OPS-Driver II	MONTGOMERY
RAMOS,FERNANDO	OPS-Warehouse Operator	MONTGOMERY
RAMOS,GRACE A.	OPS-Branch Trainer	MONTGOMERY
RAMOS,OMAR LEANDRO	OPS-Warehouse Operator	MONTGOMERY
RAMOS,SAMANTHA	OPS-MedTrans Branch Admin	MONTGOMERY
RAMOS,VANESSA	OPS-Inventory Coord	MONTGOMERY
RAPHAEL,SEBASTIEN	OPS-Warehouse Operator	MONTGOMERY
RASHAD,SERAG	OPS-Delivery Driver	MONTGOMERY
REAVES,JERREMY	Supv Warehouse	MONTGOMERY
REED,ALBERT W	OPS-Warehouse Operator	MONTGOMERY
REGAN,KELLY	OPS-Inventory Coord Sr	MONTGOMERY
REYES GALICIA,RAFAEL	OPS-Warehouse Operator	MONTGOMERY
REYES I,MITZI CHAVEZ	OPS-Warehouse Operator	MONTGOMERY
REYES,ADRIANN	OPS-Warehouse Operator	MONTGOMERY
REYES,GLORIA SUSANA	OPS-Warehouse Operator	MONTGOMERY

RICCARDULLI,RONALD J	OPS-Driver I	MONTGOMERY
RICCOBONI,GINO ANTHONY	OPS-Driver I	MONTGOMERY
RICHMAN,BRANDON KEVIN	OPS-Warehouse Operator	MONTGOMERY
RIOS,DANIEL	OPS-Warehouse Operator	MONTGOMERY
RIOS,REYNALDO	OPS-Warehouse Operator	MONTGOMERY
RIOS,RICARDO	OPS-Warehouse Operator	MONTGOMERY
RIVAS AGUILAR,ELISA FERNANDA	OPS-Warehouse Operator	MONTGOMERY
RIVERA,ANTONIO T	OPS-Warehouse Operator	MONTGOMERY
RIVERA,JEFFREY A	OPS-Warehouse Operator	MONTGOMERY
RIVERA,JIMMY J	OPS-Warehouse Operator	MONTGOMERY
RIVERA,ROBERTO A	OPS-Warehouse Operator	MONTGOMERY
RIVERA,WILFREDO	OPS-Driver II	MONTGOMERY
RIVERA,WILLIAM	OPS-Warehouse Operator	MONTGOMERY
ROA,EDWIN	OPS-Warehouse Operator	MONTGOMERY
ROA,MIRIAN	OPS-Warehouse Operator	MONTGOMERY
ROACH,DAVON JAMAL	OPS-Warehouse Operator	MONTGOMERY
ROBERTS,TERYLL	OPS-Driver II	MONTGOMERY
ROBINSON,JERMAINE	Supv Warehouse	MONTGOMERY
ROCA CEVALLOS,JEAN CARLOS	OPS-Warehouse Operator	MONTGOMERY
ROCA LOPEZ,NAYELY ANAHIS	OPS-Warehouse Operator	MONTGOMERY
RODGERS,SAMIRA	OPS-Delivery Driver	MONTGOMERY
RODRIGUEZ,GUADALUPE	OPS-Warehouse Operator	MONTGOMERY
RODRIGUEZ,JOSHUA ONEILL	OPS-Warehouse Operator	MONTGOMERY
RODRIGUEZ,JUAN	OPS-Janitor	MONTGOMERY
RODRIGUEZ,MIGUEL A	OPS-Driver II	MONTGOMERY
RODRIGUEZ,NAOMI CRISTAL	OPS-Warehouse Operator	MONTGOMERY
RODRIGUEZ,PAUL XAVIER	OPS-Warehouse Ld	MONTGOMERY
RODRIGUEZ,RAFAEL F.	OPS-Warehouse Ld	MONTGOMERY
RODRIGUEZ,RANDY	OPS-Driver II	MONTGOMERY
RODRIGUEZ,VIDAL	OPS-Warehouse Operator	MONTGOMERY
ROJAS MAURICIO DE ORTEGA,ROSSEMER	OPS-Warehouse Operator	MONTGOMERY
ROMANO,ANTHONY GUIDO	OPS-Warehouse Operator	MONTGOMERY
ROMANO,DEREK	OPS-Warehouse Operator	MONTGOMERY
ROMER,ERIK	Supv Warehouse	MONTGOMERY
ROMERO HONOR,DANIEL	OPS-Warehouse Operator	MONTGOMERY
ROSADO,JESUS	OPS-Warehouse Operator	MONTGOMERY
ROSALES MAGANA,HENRY	OPS-Warehouse Operator	MONTGOMERY
ROSALES PERAZA,SANDRA N	OPS-Janitor	MONTGOMERY
ROSARIO,ANNA C	OPS-Warehouse Operator	MONTGOMERY
ROSARIO,JULIAN ANTHONY	OPS-Warehouse Operator	MONTGOMERY
ROSARIO,NICKO S.	OPS-Warehouse Operator	MONTGOMERY
ROUSSOS,JUSTIN JAMES	Supv Warehouse	MONTGOMERY
RUGER,RUSSELL JAMES	OPS-Warehouse Operator	MONTGOMERY
RUIZ,JOSEPH	OPS-Driver I	MONTGOMERY
RUOCCO,DOMINICK JOHN	OPS-Delivery Driver	MONTGOMERY
SALAZAR JR,AMANCIO LOPEZ	OPS-Warehouse Operator	MONTGOMERY
SALAZAR,HAROLD ALFONSO	OPS-Warehouse Operator	MONTGOMERY
SANCHEZ SR,JHULIAN	OPS-Warehouse Operator	MONTGOMERY
SANCHEZ,CARLOS FRANKLIN	OPS-Driver I	MONTGOMERY
SANON,JOSETTE LOUIS	OPS-Warehouse Operator	MONTGOMERY
SANTINI,JOELLE ROBERT	OPS-Warehouse Operator	MONTGOMERY
SANTINI,ROBERT LOUIS	OPS-Delivery Driver	MONTGOMERY

SANTOS SANCHEZ,ERIC J	OPS-Janitor	MONTGOMERY
SCARCHILLI SR,ANTHONY	Mgr Warehouse	MONTGOMERY
SCHAEFER,SCOTT MICHAEL	Mgr Inventory Control	MONTGOMERY
SCHULMAN,ERIK	OPS-Warehouse Operator	MONTGOMERY
SCHUPPE,CRAIG	OPS-Warehouse Operator	MONTGOMERY
SCOTT,CHRISTOPHER	OPS-Warehouse Operator	MONTGOMERY
SEBESTA,CHRISTOPHER	OPS-Warehouse Operator	MONTGOMERY
SEBRING,BRYAN	OPS-Driver II	MONTGOMERY
SELA,DROR A	OPS-Driver II	MONTGOMERY
SERAPIO MEJIA,JOEL	OPS-Branch Trainer	MONTGOMERY
SHACKELFORD,KENTUAN	OPS-Warehouse Operator	MONTGOMERY
SHANNON,DENNIS MICHAEL	OPS-Branch Trainer OST	MONTGOMERY
SHARROW,JENNA	Supv Warehouse	MONTGOMERY
SHERMAN JR,ROGER	OPS-Delivery Driver	MONTGOMERY
SHERMAN,WILLARD LEE	OPS-Driver I	MONTGOMERY
SHERRY,PATRICIA	Mgr Warehouse	MONTGOMERY
SIERRA JR,JOSE	OPS-Warehouse Operator	MONTGOMERY
SILFEE,SEAN	OPS-Driver II	MONTGOMERY
SILVA,CARLOS	OPS-Warehouse Operator	MONTGOMERY
SILVA,RICARDO	OPS-Warehouse Operator	MONTGOMERY
SIMMONS,LAUREN	OPS-Delivery Driver	MONTGOMERY
SINERT,LISA ROBIN	OPS-Inventory Coord	MONTGOMERY
SINGH,INDERJEET	OPS-Driver II	MONTGOMERY
SINGH,SARBJIT	OPS-Inventory Coord	MONTGOMERY
SINGLETON-STEWART,TIFFANY	OPS-Warehouse Operator	MONTGOMERY
SIROIS,BRITNEY M.	OPS-Warehouse Operator	MONTGOMERY
SISOUVONG,JET S.	OPS-Warehouse Operator	MONTGOMERY
SMALL,JULIA	OPS-Warehouse Operator	MONTGOMERY
SMALLS,TRAVIS DEWAYNE	OPS-Warehouse Operator	MONTGOMERY
SMITH,DAVID MICHAEL	OPS-Warehouse Operator OST	MONTGOMERY
SMITH,GREGORY J	OPS-Warehouse Operator	MONTGOMERY
SMITH,JEWEL SHAWN	OPS-Warehouse Operator	MONTGOMERY
SMITH,OLIVIA ELOISE	OPS-Warehouse Operator	MONTGOMERY
SNYDER,PAUL	OPS-Warehouse Operator	MONTGOMERY
SOLIS,CLAUDIA	OPS-Warehouse Operator	MONTGOMERY
SORIANO,JUAN CRUZ	OPS-Warehouse Operator	MONTGOMERY
SOTO HIDALGO,ERNESTO	OPS-Warehouse Operator	MONTGOMERY
SOTO JR JR,JOSE M	OPS-Warehouse Operator	MONTGOMERY
SPIECKER,CALVIN GERALD	OPS-Warehouse Operator	MONTGOMERY
ST PREUX,MICHOU	OPS-Warehouse Operator	MONTGOMERY
STACK,SHANE	OPS-Warehouse Operator OST	MONTGOMERY
STAGG,PETER CHRISTOPHER	Mgr Warehouse	MONTGOMERY
STANLEY,NASHID	OPS-Warehouse Operator	MONTGOMERY
STARTUP,JUSTIN	OPS-Driver I	MONTGOMERY
STEINBERGER,THOMAS JOHN	OPS-Warehouse Operator	MONTGOMERY
STEWART,MARIO ANTHONY	OPS-Branch Trainer	MONTGOMERY
STOFFEL JR,RONALD EDWARD	OPS-Warehouse Operator	MONTGOMERY
STUDWELL,TYLER ZACHARY	OPS-Warehouse Operator	MONTGOMERY
SUBLETT,JE'MARYO L	OPS-Driver II	MONTGOMERY
SULLIVAN JR,PATRICK GERARD	OPS-Inventory Coord	MONTGOMERY
SULLIVAN,JASON PETER	OPS-Driver II	MONTGOMERY
SULLIVAN,PATRICK GERARD	OPS-Warehouse Ld	MONTGOMERY

TABARES,JOHN	OPS-Warehouse Operator	MONTGOMERY
TAYLOR,FRANK ANTHONY	OPS-Warehouse Operator	MONTGOMERY
TEJADA POLANCO,MARITZA R	OPS-Warehouse Operator	MONTGOMERY
THOMAS,BRIAN ANTHONY	OPS-Warehouse Operator	MONTGOMERY
THOMAS,GEORGE	OPS-Warehouse Operator	MONTGOMERY
THOMPSON,LASHAWN A	OPS-Warehouse Ld	MONTGOMERY
THORPE,JAMES BRIAN	OPS-Driver II	MONTGOMERY
TICE,BRIAN	OPS-Warehouse Operator	MONTGOMERY
TIERNEY,DEBORAH EILEEN	OPS-Warehouse Operator	MONTGOMERY
TIJANI,ERIC SARIA	OPS-Warehouse Operator	MONTGOMERY
TIMPSON JR JR,PETER C	OPS-Driver II	MONTGOMERY
TITUS,RANDY JOHN	Supv Warehouse	MONTGOMERY
TORIJANO,FRANCISCO XAVIER	OPS-Inventory Coord	MONTGOMERY
TORRENCE,CHAMARI	OPS-Warehouse Operator	MONTGOMERY
TOTH-RODRIGUEZ,ESTEE	OPS-Warehouse Operator	MONTGOMERY
TOVAR LOPEZ,AMERICA ISAMAR	OPS-Warehouse Operator	MONTGOMERY
TOWNSEND,JOSEPH THOMAS	Supv Inventory Ctrl	MONTGOMERY
UENE,MARCIO A	OPS-Warehouse Operator	MONTGOMERY
URBANSKI,MARGARET CATHERINE	OPS-Warehouse Operator	MONTGOMERY
USZENSKI,DANIEL	OPS-Warehouse Operator	MONTGOMERY
VAN VLACK,LUKE ELLIOT	Supv Warehouse	MONTGOMERY
VARGAS,CATHERINE	OPS-Warehouse Operator	MONTGOMERY
VARGAS,LILIANA	OPS-Warehouse Operator	MONTGOMERY
VASQUEZ,KENNETH	OPS-Warehouse Operator	MONTGOMERY
VAZQUEZ GONZALEZ SR,RICARDO VAZQU	OPS-Warehouse Operator	MONTGOMERY
VAZQUEZ,AARON SEBASTIAN	OPS-Warehouse Operator	MONTGOMERY
VELASQUEZ,JHON	OPS-Warehouse Operator	MONTGOMERY
VELAZQUEZ JR,JOSEPH	OPS-Branch Trainer	MONTGOMERY
VELEZ,BRISA DOLORES	OPS-Warehouse Operator	MONTGOMERY
VELEZ,DIANA FERNANDA	OPS-Warehouse Operator	MONTGOMERY
VENTER,AUDREY	OPS-Warehouse Operator	MONTGOMERY
VICTORIA,DANIEL	OPS-Warehouse Operator	MONTGOMERY
VIDAL,JARIEL	OPS-Warehouse Operator	MONTGOMERY
VIGO,JOSEPH JERMAINE	OPS-Warehouse Operator	MONTGOMERY
WAGUE,ZOUMANA	OPS-Driver II	MONTGOMERY
WAIZENEGGER,KIMBERLY ANN	OPS-Warehouse Operator	MONTGOMERY
WALDEN,ALEXANDER JAMES	OPS-Inventory Coord Sr	MONTGOMERY
WALDEN,JARED ADAM	OPS-Inventory Coord Sr	MONTGOMERY
WALTERS,OMARI	OPS-Warehouse Operator	MONTGOMERY
WARREN,JEFFRY R	OPS-Driver II	MONTGOMERY
WATFORD,ROYCE CARRINGTON	OPS-Branch Trainer	MONTGOMERY
WEINER,ALAN MICHAEL	OPS-Warehouse Operator	MONTGOMERY
WELBY,ELLEN	Supv Warehouse	MONTGOMERY
WHITAKER,DAYVON	OPS-Warehouse Operator	MONTGOMERY
WHITE,DANNY M	OPS-Inventory Coord	MONTGOMERY
WHITE,DOUGLAS	OPS-Warehouse Operator	MONTGOMERY
WHITE,EARLE FREDERICK	OPS-Warehouse Operator	MONTGOMERY
WIGFALL,THASIA	OPS-Warehouse Operator	MONTGOMERY
WIGGINS,CAREY	OPS-Warehouse Operator	MONTGOMERY
WILBUR,KEVIN	OPS-Warehouse Operator	MONTGOMERY
WILCOX,JUSTIN S	Mgr MedTrans	MONTGOMERY
WILSON-BROWN,MICHAEL RASHON	OPS-Warehouse Operator	MONTGOMERY

WIMMER,MICHAEL	OPS-Warehouse Operator	MONTGOMERY
WINTERS,DAVID	OPS-Warehouse Operator	MONTGOMERY
WOODS,NORA SERENA	OPS-Warehouse Operator	MONTGOMERY
WOOLLEY,EMMANUEL	OPS-Delivery Driver	MONTGOMERY
WOOTEN,JEREMY EDWARD	OPS-Driver I	MONTGOMERY
WRIGHT,DONALD A	OPS-Warehouse Operator OST	MONTGOMERY
YARBROUGH,ROBERT	OPS-Warehouse Operator	MONTGOMERY
YEARWOOD,JEFFERY W	OPS-Maintenance Mechanic I	MONTGOMERY
YOUNG,COURTNEY	OPS-Warehouse Operator	MONTGOMERY
YOUNG,MARK LOUIS	OPS-Warehouse Operator	MONTGOMERY
ZARECKI,JACOB JOSEPH	OPS-Warehouse Operator	MONTGOMERY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 94 State Route 45

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Thomas Middle Joseph Last Fallon III

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Lake Region Blvd

City Monroe State NY Zip 10950

Telephone [redacted] Email tfallon@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Liberty University		5/1986	
Address	**City**	**State**	**Zip**
208 University Drive	West Liberty	WV	26074
Diploma/Degree obtained, if any			
BS in Business Aministration, Specializing in Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
Monroe Woodbury		1979-1983	
Address	**City**	**State**	**Zip**
155 Dunderberg Rd	Central Valley	NY	10917
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2004 - Current	[redacted]ake Region Blvd	Monroe	NY	10950
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP "Formerly Medline Industries, Inc."			09/21 - Current
Business Address	**City**	**State**	**Zip**
464 Route 416	Montgomery	NY	12549
Phone	**Title**	**Number of Employed Hours**	
845-344-3301	Director of Operations	40 + hours weekly	

Description of Duties
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, Inc.			10/25/2016 - 8/31/2017
Business Address	**City**	**State**	**Zip**
3301 Route 66	Middletown	NY	10940
Phone	**Title**	**Number of Employed Hours**	
845-344-3301	Director of Operations	40 + hours weekly	

Description of Duties
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please See Attached Disciplinary Report

Original Signature (electronic, copies or stamps not accepted)

12/20/22

Date

I, Thomas Fallon, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TF I am at least 21 years of age;
3. TF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Thomas Fallon
Print Name (First, Last)

Thomas Fallon III
Original Signature (electronic, copies or stamps not accepted)

12/20/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Fallon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/22
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Orange

I, Thomas Fallon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/20/22
Date

Subscribed and Sworn to before me this 20 day of December

Notary Public Signature

(Seal)

Thomas J. Fallon III

[redacted] Lake Region Blvd., Monroe, NY 10950

Email: [redacted] Phone: [redacted]

Summary: I am a dedicated leader and contributor in team environments who seeks to utilize my management, business development, and professional experiences in a role that delivers on the goals of an industry leading organization. I am detail oriented, results driven, and impactful in diverse and challenging environments. I am quick to learn and persistent while maintaining a positive attitude and a strong work ethic. I have a solid managerial background in business and logistics operations from two Fortune 100 companies. I am skilled in change management, DOT rules, OSHA regulations, Hazmat regulations, health & safety training, Six Sigma methodologies, warehouse regulations, and leading organizational initiatives in multi-million dollar operations. I am a hands-on leader committed to development, achievement and organizational success.

Experience

Medline Industries (October 2016 to Present)

Director Of Operations – Montgomery, NY (June 2021 to Present)

- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.
- Manage cost reduction, revenue retention, payroll, customer service, claims reduction, process and production efficiency
- Responsible for cross functional partnership with business development team: customer sales calls, operational forecasting & planning
- Responsible for hiring, training, development and safety of employees within a 1,295,560 SQ Foot distribution center.

Director Of Operations — Middletown, NY (April 2017 to June 2021)

- Personally involved in the handling, distribution, shipping, and record keeping of prescription drugs at the facility.
- Managed cost reduction, revenue retention, payroll, customer service, claims reduction, process and production efficiency
- Responsible for cross functional partnership with business development team: customer sales calls, operational forecasting & planning
- Responsible for hiring, training, development and safety of 350 employees within a 500,000 SQ Foot distribution center.
- Responsible for managing and leading a private MedTrans fleet of 70 drivers

Director In Training — Middletown. NY (October 2016 to April 2017)

- Medline Director In Training Program
- Trained in receiving at B89 in Shepardsville, KY

- Trained in Shipping at B02 in Libertyville, IL

Nestle Waters North America Inc. (March 2012 to February 2016)

Connecticut / New York Zone Logistics Manager (March 2012 to February 2016)

- The #2 ranked Logistics Zone in the country for 2014 and 2015
- Logistic Zone of the Year in 2012
- Guided the Elmsford Logistics Team to a top grade on the Nestle Waters Nestle Compliance Audit in December 2015
- Represented the company as an Ambassador for the launch of ReadyRefresh by Nestle in August 2015
- Participated on a project with the High Performing Logistics (HPL) team from Europe in warehouse layout, design and efficiency
- Managed cost control, revenue growth, payroll, customer retention, bad goods reduction, process and production efficiency • Responsible for cross functional partnership within the Connecticut / New York Zone for business alignment on customer acquisitions, fleet, inventory, warehouse, compliance, facility maintenance, forecasting & planning • Managed and controlled CEA and facility related expenses
- Responsible for hiring, training, development and safety of25 direct employees and 190+ indirectly
- Executed the renewal of four new lcase agreements with corporate real estate
- Full fleet profit and margin ownership including budgeting, financial administration, staff management and third party vendor negotiations
- Responsible for compliance to environmental and regulatory standards, including Storm Water Pollution Prevention, Legionella testing, temperature monitoring and rack inspections within the warehouses

United Parcel Service (June 1986 -November 2011)

Business Manager — Spring Valley NY (June 2009- November 2011)

- New Jersey District Most Improved operation 2010
- New Jersey District #1 Pre-Load for 2010
- Managed cost reduction, revenue retention, payroll, customer service, claims reduction, process and production efficiency
- Responsible for cross functional partnership with business development team: customer sales calls, operational forecasting & planning • Responsible for hiring, training, development and safety of 175 employees

Preload Manager — Parsippany NJ (January 2008- May 2009)

- Hand-picked by management to evaluate, train and retool location that was severely underperforming
- Responsible for hiring, training, development and safety of 250 employees
- Improved output by 60% in a twelve month period and returned over 70 hours of productivity back to the organization
- Implemented new Package Automation System, trained —100 employees responsible for distribution to 4 operations (—50K packages)

Comprehensive Health & Safety Process Manager — North Jersey District (January 2007- January 2008)

- Developed comprehensive programs and work processes designed to promote safe workplaces and good health
- Responsible for training & certification of first responders, emergency evacuation and environmental compliance
- Conducted audits of internal operations to ensure compliance to industry standards
- Managed, responded to and negotiated with OSHA regarding all concerns and onsite visits within the district
- Member of Women's Leadership Development Committee. Mentored and developed women for leadership positions within the company

Business Manager — Kingston NY (June 2005- January 2007)

- 2006 Awards: Center for the year, #1 Local Sort, #2 Pre-load

- Managed cost reduction, revenue retention, payroll, customer service, claims reduction, process efficiency and production improvement
- Responsible for hiring, training, development and safety of 130 employees
- North Jersey District Most Improved Operation

Industrial Engineer Manager — North Jersey District (January 2005- June 2005)

- Cross functional coordination with Finance, HR, Plant Engineering and Automotive
- Responsible for forecasting, planning and needs evaluation to achieve cost effective and efficient delivery of customer packages across the entire North Jersey District (20 operations, --300K packages per day) • Led team of 37 Industrial Engineer Supervisors

June 1986 to January 2001 - Positions of increasing responsibility

- Business Manager - various buildings: 1/02 - 1/05
- District Industrial Engineermme Study Coordinator 1/01 - 1/02
- Preload Supervisor- various buildings: 1/93 - 1/97, 1/98 - 1/99
- On-road Supervisor - multiple buildings: 1/89 - 1/90, 1/97 - 1/98, 1/00 - 1/01
- Local Son Supervisor 1/99 - 1/00
- District Special Assignment (CACD): 1/92 - 1/93
- Corporate Special Assignment (DIAD): 1/90 -1192
- Industrial Engineer Supervisor - 1/88 - 1/89
- Package Car Driver: 6/86 - 2/88

Education

West Liberty University, May 1986
BS in Business Administration, Specializing In Business Management

Skills

- Microsoft Office products Six Sigma
- Logistics Management Budget/Financial Administration
- Excellent Public Speaker / Presenter Staff Management (including career development,
- Situational Leadership (Union Negotiation) staffing and training of employees)
- Communication Operational Planning and Scheduling of staff
- Leadership / Accountability • Hazardous Material Trained and Certified • Performance Management to meet customer and DOT, OSHA Compliance company deadlines Organization / Attention to Detail I Work Ethic

Memberships & Hobbies

- Eagle Scout
- Karate - 5th Degree Black Belt, Certified Instructor
- Community Involvement (United Way, Big Brothers/Sisters of Orange County, Scouting, Pets Alive) • Knights of Columbus 4th Degree member
- Holy Name Society of Sacred Heart Church - Financial Secretary
- Softball, Tennis, Golf, Yoga

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 494 State Route 416

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Thomas Middle Joseph Last Fallon III

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Lake Region Blvd

City Monroe State NY Zip 10950

Telephone [redacted] Email tfallon@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
West Liberty University		5/1986	
Address	**City**	**State**	**Zip**
208 University Drive	West Liberty	WV	26074
Diploma/Degree obtained, if any			
BS in Business Administration, Specializing in Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
Monroe Woodbury		1979 - 1983	
Address	**City**	**State**	**Zip**
155 Dunderber Rd	Central Valley	NY	10917
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2004 - Current	[redacted]ake Region Blvd	Monroe	NY	10950
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			09/21 - Current
Business Address	**City**	**State**	**Zip**
494 Route 416	Montgomery	NY	12549
Phone	**Title**	**Number of Employed Hours**	
845 - 344 -3301	Director of Operations	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, Inc.			10/2016 - 8/2017
Business Address	**City**	**State**	**Zip**
3301 Route 66	Middletown	NY	10940
Phone	**Title**	**Number of Employed Hours**	
845-344-3301	Director of Operations	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # N/A. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/23/2023
Date

I, Thomas Fallon, **certify that as the MDEG Administrator for** Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. TF Have a high school diploma or its equivalent;
2. TF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. TF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. TF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Thomas Fallon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/23/2023
Date

Board Use Only	Date Received: 3-2-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 494 St Route 416

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 9/19/22

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 9/19/22

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 9/19/22

Subscribed and Sworn to before me this 19 day of September, 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024
(Seal)

Applicant's Initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 494 St Route 416

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Cornell University			1979-1984	
Address		**City**	**State**	**Zip**
616 Thurston Avenue		Ithaca	NY	14853
Diploma/Degree obtained, if any				
Undergrad in 1983 and Masters in 1984				
School Name			**From - To (MM/YY – MM/YY)**	
New Trier West High School			1975-1979	
Address		**City**	**State**	**Zip**
7 Happ Road		Northfield	IL	60093
Diploma/Degree obtained, if any				
Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
N/A				
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted]Shoreline Ct	Glencoe	IL	60022
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017 - 2019	[redacted]rdsley Road	Winnetka	IL	60093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - 2017	[redacted]South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1986 - Current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CEO		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 494 State Route 416

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			

Description of Duties

Member of Executive Team, responsible for leading the Finance organization.

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			

Description of Duties

Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 494 State Route 416

City Montgomery State NY Zip 12549

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22
Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson
Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee), covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY: _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter 5. Forker, Attorney-in-Fact

07/20/2022

*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 10th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 239 Belvidere Rd

City: Perryville State: MD Zip: 21903

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Billie Jo Hoffman

Licensing Company Email: ralicensing@medline.com DR Email: bhoffman@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Leonard
Original Signature (electronic, copies or stamps not accepted)

10/26/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/24/22

Date

12/8/22

Board Use Only	Date Received: 12·28·22	Amount: 1000.00 CK-100055681

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted] Cobblestone Rd Elkhorn, WI 53121

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

SEAL OF THE STATE OF ILLINOIS — AUG. 26TH 1818

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

133509

133509

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Medline Industries, Lp**
IS A REGISTERED **Active**
Distributor (exp.: 05/31/2023)

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
D07062	05/31/2023

SECRETARY MDH

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

SIGNATURE OF BEARER

1780

Details

Demographic Information

Name: Medline Industries, LP

Address Information

Address: 239 Belvidere Road

City: Perryville **State:** MD **Zip:** 21903

Maryland License\Permit Information

Number: D07062 **Type:** Distributor **Status:** Active

Original Issued: 2/10/2022 **Date Renewed:** **Expires:** 5/31/2023

No Speciality Information
No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

239 Belvidere Road, Perryville, MD 21903

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

08/17/2022 - 08/16/2025
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Strd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $	1,000,000 1,000,000 10,000 1,000,000 2,000,000 SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $	2,000,000
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ $	10,000,000 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	1,000,000 1,000,000 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate		1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 239 Belvidere Road

City Perryville State MD Zip 21903

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Billie Jo Middle _____ Last Hoffman

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] School House Ln

City North East State MD Zip 21901

Telephone [redacted] Email bhoffman@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cecil Community College		2001 - 2003	
Address	City	State	Zip
1 Seahawk Dr	North East	md	21901
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Harford Vo Tech		9/88 - 6/1991	
Address	City	State	Zip
3800 Thomas Run Rd	Bel Air	Md	21015
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2010 - Current	[redacted] School House Ln	North East	MD	21901
2008 - 2010	[redacted] Sycamore Dr	North East	md	21901
2004 - 2008	[redacted] Sycamore Dr	North East	md	21901
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP "Formerly Medline Industries, Inc."		7/2019 - Current	
Business Address	**City**	**State**	**Zip**
239 Belvidere Road	Perryville	MD	21903
Phone	**Title**	**Number of Employed Hours**	
410-642-2020	Operations Supervisor	40 + hours weekly	

Description of Duties
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily. Responsible for all production activities.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, Inc.		1/2009 - 7/2019	
Business Address	**City**	**State**	**Zip**
2000 Rock Glen Blvd	Havre De Grace	MD	21078
Phone	**Title**	**Number of Employed Hours**	
410-297-9600	Lead - Operations Supervisor	40 + hours weekly	

Description of Duties
Responsible for order selections, shipping, routing, and quality control. Managed dock doors, loading priorities

Business Name		From - To (MM/YY – MM/YY)	
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) Date 12/12/22

I, Billie Jo Hoffman, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BJH I am at least 21 years of age;
3. BJH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BJH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BJH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BJH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BJH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Billie Jo Hoffman
Print Name (First, Last)

Billie Jo Hoffman
Original Signature (electronic, copies or stamps not accepted)

12/12/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Billie Jo Hoffman

Print Name (First, Last)

Billie Jo Hoffman 12/12/22

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Billie Jo Hoffman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Billie Jo Hoffman 12/12/22

Original Signature **Date**

Subscribed and Sworn to before me this 12 day of December 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024
(Seal)

BILLIE JO HOFFMAN

[redacted] School House Ln North East, MD 21901
Phone [redacted] - breichard@medline.com

As the Warehouse Supervisor, I oversee the facility and am involved with decision making, procedures, policies, record keeping and inventory. I am responsible for the accuracy of all transactions and monitor processes to ensure that all Drugs (non-Controlled Substances) and products are moved correctly from trailer to racks to shipping.

EXPERIENCE

DATES FROM OCTOBER 2016 - CURRENT

WAREHOUSE SUPERVISOR, MEDLINE INDUSTRIES, INC.

- Responsible for all production activities to include: Order selections, shipping, routing, and quality control.
- Primary focus on customer service, quality and development of associates.
- Ensure all deadlines are met and reporting is accurate.
- Demonstrate track record of consistently meeting and exceeding company objectives.

DATES FROM AUGUST 2015 – OCTOBER 2016

WAREHOUSE SUPERVISOR IN TRAINING, MEDLINE INDUSTRIES, INC.

- Responsible for all production activities to include: Order selections, shipping, routing, and quality control.
- Primary focus on customer service, quality and development of associates.
- Ensure all deadlines are met and reporting is accurate.
- Demonstrate track record of consistently meeting and exceeding company objectives.

DATES FROM JANUARY 2015 – AUGUST 2015

WAREHOUSE LEAD, MEDLINE INDUSTRIES, INC.

- Managing dock doors, loading priorities, prioritizing and distributing orders
- Wave planning and routing with SAP
- Handling all paperwork (i.e. BOL, packing slips)
- Performing Cycle counts for inventory and reviewing errors
- Conducting daily team meetings encouraging a productive shift
- Effectively scheduling shifts taking account all leave requests

EDUCATION

DEGREE TITLE,
HIGH SCHOOL DIPLOMA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 239 Belvidere Rd

City Perryville State MD Zip 21903

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Billie Jo Middle _____ Last Hoffman

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted]School House Ln

City North East State MD Zip 21901

Telephone [redacted] Email bhoffman@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cecil Community College		2001 - 2003	
Address	**City**	**State**	**Zip**
1 Seahawk Dr.	North East	MD	21901
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Harford Vo Tech			
Address	**City**	**State**	**Zip**
200 Thomas Run Road	Bel Air	MD	21015
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/2010 - Current	[redacted] School House Ln	North East	MD	21901
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			7/2019 - Current
Business Address	**City**	**State**	**Zip**
239 Belvidere Rd	Perryville	MD	21903
Phone	**Title**	**Number of Employed Hours**	
410-642-2020	Operations Supervisor	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, Inc.			1/2009 - 7/2019
Business Address	**City**	**State**	**Zip**
2000 Rock Glen Blvd	Havre De Grace	MD	21078
Phone	**Title**	**Number of Employed Hours**	
410-297-9600	Lead - Operations Supervisor	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>

This is in response to Question # N/A. **Provide all the following *<u>where applicable</u>*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/24/23
Date

I, Billie Jo Hoffman, **certify that as the MDEG Administrator for** Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. BJH Have a high school diploma or its equivalent;
2. BJH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. BJH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. BJH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Billie Jo Hoffman
Print Name (First, Last)

Billie Jo Hoffman
Original Signature (electronic, copies or stamps not accepted)

2/24/23
Date

Board Use Only	Date Received: 3-2-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 239 Belvidere Road

City Perryville State MD Zip 21903

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/20
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/19/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/19/22

Date

Subscribed and Sworn to before me this 19 day of September 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 239 Belvidere Road

City Perryville State MD Zip 21903

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017 - 2019	[redacted] Ardsley Road	Winnetka	IL	60093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.	1986 - Current

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	CEO

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 239 Belvidere Road

City Perryville State MD Zip 21903

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP	2018- Present

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	Chief Financial Officer

Description of Duties

Member of Executive Team, responsible for leading the Finance organization.

Business Name	From - To (MM/YY – MM/YY)
Illinois Tool Works	2006-2017

Business Address	City	State	Zip
155 Harlem Avenue	Glenview	IL	60025

Phone	Title
224-661-8870	Vice President Global FP&A and Invsetor Relations

Description of Duties

Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer

Business Name	From - To (MM/YY – MM/YY)
N/A	

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)
N/A	

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)
N/A	

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 239 Belvidere Rd

City Perryville State MD Zip 21903

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

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Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment



Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

CRANE,SCOTT WARREN	Assoc Supv Warehouse	Perryville, MD - C47
HALL,BRIELLE R	Assoc Supv Warehouse	Perryville, MD - C47
HINDMAN,AMBER L	Assoc Supv Warehouse	Perryville, MD - C47
KLEIN,KENNETH	Assoc Supv Warehouse	Perryville, MD - C47
RHODA,ROBERT SEAN	Assoc Supv Warehouse	Perryville, MD - C47
VANHORN,AUTUMN R	Assoc Supv Warehouse	Perryville, MD - C47
PARSONS,AARON TIMOTHY	Dispatcher	Perryville, MD - C47
SEMPLE,MICHAEL C	Mgr MedTrans	Perryville, MD - C47
MARTIN,PAMELA J.	Mgr Safety & Qual Compliance	Perryville, MD - C47
BOHDEL,JEFFREY ALLEN	Mgr Warehouse	Perryville, MD - C47
KOSTER,RENAE LEIGH	Mgr Warehouse	Perryville, MD - C47
LEYNES,VICTOR CHARLES	Mgr Warehouse	Perryville, MD - C47
RIZZO,MARK VINCENT	Mgr Warehouse	Perryville, MD - C47
HASSAN,MARYUM	OPS-Branch Administrator	Perryville, MD - C47
JACKSON,CHRISTINA LAUREN	OPS-Branch Administrator	Perryville, MD - C47
MYNAUGH,CARRIE ANN	OPS-Branch Administrator	Perryville, MD - C47
AUSTIN,TRISTEN LEE	OPS-Branch Trainer	Perryville, MD - C47
BRANDLI,CHRISTOPHER WALTER	OPS-Branch Trainer	Perryville, MD - C47
CARPE,TESA	OPS-Branch Trainer	Perryville, MD - C47
CLITES,BEVERLY REGINA	OPS-Branch Trainer	Perryville, MD - C47
DUBREE,DEVON PERRY	OPS-Branch Trainer	Perryville, MD - C47
ELLIS,JONATHAN KEITH	OPS-Branch Trainer	Perryville, MD - C47
GARCIA,AARON	OPS-Branch Trainer	Perryville, MD - C47
INOUYE,DANIEL TJ	OPS-Branch Trainer	Perryville, MD - C47
JENSEN,JULIA LOUISE	OPS-Branch Trainer	Perryville, MD - C47
JUNCA,BRANDON PATRICK	OPS-Branch Trainer	Perryville, MD - C47
KNIGHT,ANGELA NICOLE	OPS-Branch Trainer	Perryville, MD - C47
LANDERS,TROY S	OPS-Branch Trainer	Perryville, MD - C47
MORI-RAMOS,BRANDON LEEXEL	OPS-Branch Trainer	Perryville, MD - C47
MURRAY,VICTORYA	OPS-Branch Trainer	Perryville, MD - C47
WISE,MICHAEL	OPS-Branch Trainer	Perryville, MD - C47
BURGESS,LEO CHARLES	OPS-Delivery Driver	Perryville, MD - C47
CHANDLER,ANTHONY JOSEPH	OPS-Delivery Driver	Perryville, MD - C47
COURTS,PAUL THOMAS	OPS-Delivery Driver	Perryville, MD - C47
CRITER,DENNIS	OPS-Delivery Driver	Perryville, MD - C47
CROMWELL,ASA EUGENE	OPS-Delivery Driver	Perryville, MD - C47
DUDLEK,NICHOLAS AUSTIN	OPS-Delivery Driver	Perryville, MD - C47
EVANS,JEREMELL ANTWONE	OPS-Delivery Driver	Perryville, MD - C47
GIBBS,BRENT	OPS-Delivery Driver	Perryville, MD - C47
JONES,RONALD EUGENE	OPS-Delivery Driver	Perryville, MD - C47
MEYERS,BRIAN	OPS-Delivery Driver	Perryville, MD - C47
NESBIT,JAMES C	OPS-Delivery Driver	Perryville, MD - C47
NEWTON,CHRISTINA R	OPS-Delivery Driver	Perryville, MD - C47
OKONKWO,SOLOMON	OPS-Delivery Driver	Perryville, MD - C47
REBMAN,JOSHUA ARNO	OPS-Delivery Driver	Perryville, MD - C47
RODRIGUEZ JR,REINALDO	OPS-Delivery Driver	Perryville, MD - C47
SANCHEZ III,PEDRO	OPS-Delivery Driver	Perryville, MD - C47
SYDNOR,RICO T	OPS-Delivery Driver	Perryville, MD - C47
TAYLOR,EMMANUEL	OPS-Delivery Driver	Perryville, MD - C47
WEISSINGER JR,ROBERT F	OPS-Delivery Driver	Perryville, MD - C47
WRIGHT,DOMINICA	OPS-Delivery Driver	Perryville, MD - C47
BARRANTES,SERGIO	OPS-Driver I	Perryville, MD - C47

BENTON,JAMES CONRAD	OPS-Driver I	Perryville, MD - C47
CASE,JEREMY JOSEPH	OPS-Driver I	Perryville, MD - C47
FERRY,LESLIE	OPS-Driver I	Perryville, MD - C47
GUERRA CASTILLO,JULIO ANGEL	OPS-Driver I	Perryville, MD - C47
HAMILTON,MARCEL	OPS-Driver I	Perryville, MD - C47
JENIFER,GUY E	OPS-Driver I	Perryville, MD - C47
LONG,DARYL LEE	OPS-Driver I	Perryville, MD - C47
PRESTON,RODNEY LEWIS	OPS-Driver I	Perryville, MD - C47
ROBBINS,MICHAEL DARRYL	OPS-Driver I	Perryville, MD - C47
SANDERS,WILLIAM WESTLEY	OPS-Driver I	Perryville, MD - C47
SARZYNSKI,DANIEL MICHAEL	OPS-Driver I	Perryville, MD - C47
SEDGEWICK,AARON WILLIAM	OPS-Driver I	Perryville, MD - C47
SPICER,EDWARD D.	OPS-Driver I	Perryville, MD - C47
STATEN JR,VERNON	OPS-Driver I	Perryville, MD - C47
WHITLEY,DARRELL L	OPS-Driver I	Perryville, MD - C47
WILLIAMS,BRIAN	OPS-Driver I	Perryville, MD - C47
ADAMS,MICHAEL EARL	OPS-Driver II	Perryville, MD - C47
ANDREWS,NORMAN KENNETH	OPS-Driver II	Perryville, MD - C47
BADUR,DEREK WAYNE	OPS-Driver II	Perryville, MD - C47
BEACH,FRANKLIN DELANO	OPS-Driver II	Perryville, MD - C47
BERRY,JEFFERSON SCHERER	OPS-Driver II	Perryville, MD - C47
BOLAND,ALFRED JOHN	OPS-Driver II	Perryville, MD - C47
BYRD,JONATHAN A.	OPS-Driver II	Perryville, MD - C47
CARROLL,CHRISTOPHER	OPS-Driver II	Perryville, MD - C47
CEPEDA MURILLO,JUAN C	OPS-Driver II	Perryville, MD - C47
COATES SR,JERRODD D	OPS-Driver II	Perryville, MD - C47
COOPER,GARY MELVIN	OPS-Driver II	Perryville, MD - C47
DEEPREE III,JOHN G	OPS-Driver II	Perryville, MD - C47
DICKERSON,DION	OPS-Driver II	Perryville, MD - C47
DIONISIO,AARON LEE	OPS-Driver II	Perryville, MD - C47
FISHER,DERRICK	OPS-Driver II	Perryville, MD - C47
GLYNN,PATRICK JAMES	OPS-Driver II	Perryville, MD - C47
GONZALEZ,BRIAN	OPS-Driver II	Perryville, MD - C47
HAMPTON,MITCHELL D	OPS-Driver II	Perryville, MD - C47
HARDY JR,ARCHIE JOSEPH	OPS-Driver II	Perryville, MD - C47
HAYWORTH JR.,THOMAS	OPS-Driver II	Perryville, MD - C47
HERNANDEZ JR,HECTOR AMILCAR	OPS-Driver II	Perryville, MD - C47
HIGGINS,HARRY K.	OPS-Driver II	Perryville, MD - C47
JAMES,DAVID R	OPS-Driver II	Perryville, MD - C47
JONES JR,HARRY LEWIS	OPS-Driver II	Perryville, MD - C47
JORDAN,MARTIN JOHN	OPS-Driver II	Perryville, MD - C47
KING,JOHNEY BOYCE	OPS-Driver II	Perryville, MD - C47
KOZLOWSKI JR.,JOHN BOLES	OPS-Driver II	Perryville, MD - C47
LAND,DAVID NATHANIEL	OPS-Driver II	Perryville, MD - C47
LENARDSON JR,PAUL RAYMOND	OPS-Driver II	Perryville, MD - C47
LUSBY,WILLIAM	OPS-Driver II	Perryville, MD - C47
MACINNES,TOM WILLIAM	OPS-Driver II	Perryville, MD - C47
MADDICKS,GEORGE WAHI	OPS-Driver II	Perryville, MD - C47
MCKINNON,VINCENT PAUL	OPS-Driver II	Perryville, MD - C47
MCMILLION JR,WALTER THOMAS	OPS-Driver II	Perryville, MD - C47
MOTT,DEAN ROBERT	OPS-Driver II	Perryville, MD - C47
NOLAN,JEFFREY DALE	OPS-Driver II	Perryville, MD - C47

PALMER JR,JOHN	OPS-Driver II	Perryville, MD - C47
PLATT,NAOMI FAITH	OPS-Driver II	Perryville, MD - C47
PROUD,TIMOTHY	OPS-Driver II	Perryville, MD - C47
REYNOLDS,WESLEY BRIAN	OPS-Driver II	Perryville, MD - C47
ROMITO,JARED	OPS-Driver II	Perryville, MD - C47
ROWAND III,HARRY E.	OPS-Driver II	Perryville, MD - C47
ROYAL,NATHANIEL BERNARD	OPS-Driver II	Perryville, MD - C47
RUSSELL,IRA	OPS-Driver II	Perryville, MD - C47
SALGADO,ALEX	OPS-Driver II	Perryville, MD - C47
SCHENNING SR,MICHAEL WILLIAM	OPS-Driver II	Perryville, MD - C47
SCHUBERT,COTY M	OPS-Driver II	Perryville, MD - C47
SCONION,AARON MAURICE	OPS-Driver II	Perryville, MD - C47
SLIVER,JOHN ALLEN	OPS-Driver II	Perryville, MD - C47
SMITH,TREYVON QUANTE	OPS-Driver II	Perryville, MD - C47
SOMERVILLE JR,MILTON L	OPS-Driver II	Perryville, MD - C47
STEPHENS III,HOWARD LEROY	OPS-Driver II	Perryville, MD - C47
STOKES,CHARLES BRIAN	OPS-Driver II	Perryville, MD - C47
TAYLOR,RONNIE SANDERS	OPS-Driver II	Perryville, MD - C47
THOMAS SR,PAUL LAROY	OPS-Driver II	Perryville, MD - C47
WASHBURN,ROBERT MARVIN	OPS-Driver II	Perryville, MD - C47
WEATHERS,MICHAEL	OPS-Driver II	Perryville, MD - C47
WILSON,RICHARD R	OPS-Driver II	Perryville, MD - C47
WILT,CONNOR	OPS-Driver II	Perryville, MD - C47
GISCHEL,ROBERT E	OPS-Driver Ld	Perryville, MD - C47
HARRIS,RICHARD BERNARD	OPS-Driver Ld	Perryville, MD - C47
ODONNELL,JASON LEE	OPS-Driver Ld	Perryville, MD - C47
SCHWAB,JASON	OPS-Driver Ld	Perryville, MD - C47
SMITH,ANNE REAGAN	OPS-Engineer Sr	Perryville, MD - C47
ALEXANDER,MALACHI NATHANIEL	OPS-Inventory Coord	Perryville, MD - C47
ANDERS,ANNA CHRISTINA	OPS-Inventory Coord	Perryville, MD - C47
ELLIS,DEBORAH ANGELA	OPS-Inventory Coord	Perryville, MD - C47
GUYAS,ROB HUDSON	OPS-Inventory Coord	Perryville, MD - C47
HUGO,ANDREW ALAN	OPS-Inventory Coord	Perryville, MD - C47
KLOTZ,KAREN	OPS-Inventory Coord	Perryville, MD - C47
SEAVEY,JEREMIAH	OPS-Inventory Coord	Perryville, MD - C47
SIMONE,DEBORA	OPS-Inventory Coord	Perryville, MD - C47
SNYDER SR,MICHAEL JOSEPH	OPS-Inventory Coord	Perryville, MD - C47
SNYDER,ANDREW	OPS-Inventory Coord	Perryville, MD - C47
DILL,ANNETTE ELAINE	OPS-Inventory Coord Sr	Perryville, MD - C47
DONELSON,AMANDA CHRISTINE	OPS-Inventory Coord Sr	Perryville, MD - C47
EHSAN,ABID	OPS-Inventory Coord Sr	Perryville, MD - C47
BURNLEY,LEANN FOSTER	OPS-Inventory Coord Sr OST	Perryville, MD - C47
DOONAN,ROXANNE LYNN	OPS-Janitor	Perryville, MD - C47
HAMILTON,ALICIA YUVETTE	OPS-Janitor	Perryville, MD - C47
JONES,MARTIN LEE	OPS-Janitor	Perryville, MD - C47
LAWRENCE,DEVON WEZSLEY	OPS-Janitor	Perryville, MD - C47
OLSON,BRITTANY N	OPS-Janitor	Perryville, MD - C47
THOMAS,AUSTIN R	OPS-Janitor	Perryville, MD - C47
THOMPSON,CHARLES	OPS-Janitor	Perryville, MD - C47
THOMPSON,DENNIS RICHARD	OPS-Janitor	Perryville, MD - C47
WEBB,DAWN AILEEN	OPS-Janitor	Perryville, MD - C47
WHALEN,PATRICK ANOTHNY	OPS-Janitor	Perryville, MD - C47

HILAMAN,CHRISTOPHER	OPS-Maintenance Mechanic I	Perryville, MD - C47
WEBSTER,MARCUS	OPS-Maintenance Mechanic I	Perryville, MD - C47
WHITE,MICHAEL HUGH	OPS-Maintenance Mechanic I	Perryville, MD - C47
HENNEMUTH JR,PATRICK LANCE	OPS-Maintenance Mechanic II	Perryville, MD - C47
HENNEMUTH SR,PATRICK LANCE	OPS-Maintenance Mechanic II	Perryville, MD - C47
REYNOLDS,THOMAS	OPS-Maintenance Mechanic II	Perryville, MD - C47
TRITT,DAVON BLAKE	OPS-Maintenance Mechanic II	Perryville, MD - C47
CLARK,SHAWNEL	OPS-MedTrans Branch Admin	Perryville, MD - C47
PHILLIPS,TRACY L	OPS-MedTrans Branch Admin	Perryville, MD - C47
WILEY,CARI SHAUNNA	OPS-MedTrans Branch Admin	Perryville, MD - C47
WHITTINGTON,DONNELL M	OPS-Shuttle Driver	Perryville, MD - C47
LOVLEY,DONNA LYNN	OPS-Warehouse Clerk	Perryville, MD - C47
MALTMAN,JENTINA	OPS-Warehouse Clerk	Perryville, MD - C47
MENIKHEIM,SANDRA	OPS-Warehouse Clerk	Perryville, MD - C47
POLLOCK,ARTHUR ALLEN	OPS-Warehouse Clerk	Perryville, MD - C47
VARGAS,ARIELLE	OPS-Warehouse Clerk	Perryville, MD - C47
WHITELAW,AUTUMN NICOLE	OPS-Warehouse Clerk	Perryville, MD - C47
CULLISON,ANDREW KEARFOTT	OPS-Warehouse Ld	Perryville, MD - C47
MACK,GABRIELLA C	OPS-Warehouse Ld	Perryville, MD - C47
PENNINGTON,JAMES EDWARD	OPS-Warehouse Ld	Perryville, MD - C47
ROLLINS,CHANCE WILLIAM	OPS-Warehouse Ld	Perryville, MD - C47
ST JOHN,JUSTIN BRAYDEN	OPS-Warehouse Ld	Perryville, MD - C47
THOMAS III,DAVID P	OPS-Warehouse Ld	Perryville, MD - C47
ADAMS,QUASIM BARRY	OPS-Warehouse Operator	Perryville, MD - C47
ADESUYI,EMMANUEL	OPS-Warehouse Operator	Perryville, MD - C47
ADUSEI,KWESI	OPS-Warehouse Operator	Perryville, MD - C47
AGUIRRE,VALERIA	OPS-Warehouse Operator	Perryville, MD - C47
ALBAN-WATKINS,REBECCA LYNN	OPS-Warehouse Operator	Perryville, MD - C47
ALEXANDER,TRACY LYNELL	OPS-Warehouse Operator	Perryville, MD - C47
ALMANZA,BRANDON DEREK	OPS-Warehouse Operator	Perryville, MD - C47
AMOAH,FRANK	OPS-Warehouse Operator	Perryville, MD - C47
ARMSTRONG,BRIANNA IVONNE	OPS-Warehouse Operator	Perryville, MD - C47
ARMSTRONG,GRAYSON B	OPS-Warehouse Operator	Perryville, MD - C47
ARMSTRONG,NORVAL REUBEN	OPS-Warehouse Operator	Perryville, MD - C47
ASANTE,ARNOLD ANIM	OPS-Warehouse Operator	Perryville, MD - C47
BAGYINA,ANTHONY	OPS-Warehouse Operator	Perryville, MD - C47
BAKER,DONALD	OPS-Warehouse Operator	Perryville, MD - C47
BARBER,ANTHONY J	OPS-Warehouse Operator	Perryville, MD - C47
BARBERA JR,SALVATORE JOHN	OPS-Warehouse Operator	Perryville, MD - C47
BEAUCHAMP,JOSEPH ALLEN	OPS-Warehouse Operator	Perryville, MD - C47
BELTZ,HIROKO IKEDA	OPS-Warehouse Operator	Perryville, MD - C47
BERNAL,TRAVIS AARON	OPS-Warehouse Operator	Perryville, MD - C47
BERNARDO,PETER JON	OPS-Warehouse Operator	Perryville, MD - C47
BLACKWELL,STEPHEN	OPS-Warehouse Operator	Perryville, MD - C47
BOLDEN,TRYSTEN	OPS-Warehouse Operator	Perryville, MD - C47
BOYD,TINA	OPS-Warehouse Operator	Perryville, MD - C47
BRAND,DYLAN	OPS-Warehouse Operator	Perryville, MD - C47
BRANNING,JAMIE LYNN	OPS-Warehouse Operator	Perryville, MD - C47
BRANNING,JAY	OPS-Warehouse Operator	Perryville, MD - C47
BRICE,KIANA	OPS-Warehouse Operator	Perryville, MD - C47
BROOKS,JEREMY QUINN	OPS-Warehouse Operator	Perryville, MD - C47
BROOKS,JOHN AUSTIN	OPS-Warehouse Operator	Perryville, MD - C47

BROOKS,REGINALD	OPS-Warehouse Operator	Perryville, MD - C47
BROWN JR,GEORGE RUDOLPH	OPS-Warehouse Operator	Perryville, MD - C47
BROWN,MICHELE LITA	OPS-Warehouse Operator	Perryville, MD - C47
BROWN,SHADONNA	OPS-Warehouse Operator	Perryville, MD - C47
BROWN,STEPHAN O'BRIAN	OPS-Warehouse Operator	Perryville, MD - C47
BROWN,TYLER	OPS-Warehouse Operator	Perryville, MD - C47
BULLOCK,SAMANTHA FREDY	OPS-Warehouse Operator	Perryville, MD - C47
BURNS,RYAN PATRICK	OPS-Warehouse Operator	Perryville, MD - C47
BUTLER,LAURYN A.	OPS-Warehouse Operator	Perryville, MD - C47
BUTLER,RASHAWNDA	OPS-Warehouse Operator	Perryville, MD - C47
BUTLER,TYRELL EDWARD	OPS-Warehouse Operator	Perryville, MD - C47
BYNUM,KIMBERLY	OPS-Warehouse Operator	Perryville, MD - C47
CAIN,KESHAWN JOHN	OPS-Warehouse Operator	Perryville, MD - C47
CALHOUN,APRIL LYNN GREINER	OPS-Warehouse Operator	Perryville, MD - C47
CAMPBELL,DENISE LYNN	OPS-Warehouse Operator	Perryville, MD - C47
CARTER JR,JOSEPH M	OPS-Warehouse Operator	Perryville, MD - C47
CARTER,CHAD ALAN	OPS-Warehouse Operator	Perryville, MD - C47
CHADWICK,ZACHARY ANDREW	OPS-Warehouse Operator	Perryville, MD - C47
CHANDLER,CLIFTON HOWARD	OPS-Warehouse Operator	Perryville, MD - C47
CHASE,URSULA	OPS-Warehouse Operator	Perryville, MD - C47
CHILDERS,ERIC W	OPS-Warehouse Operator	Perryville, MD - C47
CHRISTY,TYRICO	OPS-Warehouse Operator	Perryville, MD - C47
CICERO,CHRISTOPHER LOUIS	OPS-Warehouse Operator	Perryville, MD - C47
CLARK,AMBER MARIE	OPS-Warehouse Operator	Perryville, MD - C47
CLOUD,PHYLLIS	OPS-Warehouse Operator	Perryville, MD - C47
COCHRAN,ANDREW JAMES	OPS-Warehouse Operator	Perryville, MD - C47
CONNOR,KIM PERRY	OPS-Warehouse Operator	Perryville, MD - C47
COOPER,JOSHUA MICHAEL	OPS-Warehouse Operator	Perryville, MD - C47
COURSEY,JAMIR SHERRON	OPS-Warehouse Operator	Perryville, MD - C47
COUYOU,KALINA LEE	OPS-Warehouse Operator	Perryville, MD - C47
COX JR,HOBERT EDWARD	OPS-Warehouse Operator	Perryville, MD - C47
CRONIN,FRANCES MICHELE	OPS-Warehouse Operator	Perryville, MD - C47
CUTSON,CHRIS CHARLES	OPS-Warehouse Operator	Perryville, MD - C47
CUTSON,SPENSER	OPS-Warehouse Operator	Perryville, MD - C47
DALTON,ANDREW N	OPS-Warehouse Operator	Perryville, MD - C47
DANIELS,NATCHAYA	OPS-Warehouse Operator	Perryville, MD - C47
DAVIS,MARVIN LEE	OPS-Warehouse Operator	Perryville, MD - C47
DE BOER,ROBERT MINZE	OPS-Warehouse Operator	Perryville, MD - C47
DELILLY,DERRICK DARIEN	OPS-Warehouse Operator	Perryville, MD - C47
DENNIS,PAULETTE LEI	OPS-Warehouse Operator	Perryville, MD - C47
DIAS,KHADIJAH	OPS-Warehouse Operator	Perryville, MD - C47
DICKERSON,TAHARKWA	OPS-Warehouse Operator	Perryville, MD - C47
DIGIA,CHARLES EDWARD	OPS-Warehouse Operator	Perryville, MD - C47
DIRILO,MARVEN D	OPS-Warehouse Operator	Perryville, MD - C47
DOREMUS,MARY ELLEN	OPS-Warehouse Operator	Perryville, MD - C47
DOUGLAS,MARK	OPS-Warehouse Operator	Perryville, MD - C47
DOWELL,DINA L	OPS-Warehouse Operator	Perryville, MD - C47
DOWNEY,CARRIE	OPS-Warehouse Operator	Perryville, MD - C47
EILOLA JR,STEVEN PAUL	OPS-Warehouse Operator	Perryville, MD - C47
ELLIS,JOSHUA SAMUEL	OPS-Warehouse Operator	Perryville, MD - C47
ELLSWORTH,MICHAEL JOSEPH	OPS-Warehouse Operator	Perryville, MD - C47
FINNEN,REBECCA LEE	OPS-Warehouse Operator	Perryville, MD - C47

FLOOD,KELVIN JOHN	OPS-Warehouse Operator	Perryville, MD - C47
FLORES,JENNIFER	OPS-Warehouse Operator	Perryville, MD - C47
FORAKER,NICHOLE LYNN	OPS-Warehouse Operator	Perryville, MD - C47
FOSSETT,WILLIAM HANSON	OPS-Warehouse Operator	Perryville, MD - C47
FOSTER,AARON	OPS-Warehouse Operator	Perryville, MD - C47
FOSTER,MILES	OPS-Warehouse Operator	Perryville, MD - C47
FOULK,STEPHANIE	OPS-Warehouse Operator	Perryville, MD - C47
FOYE,DALGENE JOSHUA	OPS-Warehouse Operator	Perryville, MD - C47
FRANCOIS,TAVIAN F	OPS-Warehouse Operator	Perryville, MD - C47
FRITZ,BENJAMIN C.	OPS-Warehouse Operator	Perryville, MD - C47
GAFFNEY,LAUREN	OPS-Warehouse Operator	Perryville, MD - C47
GALLAGHER,CONNER	OPS-Warehouse Operator	Perryville, MD - C47
GALVEZ JR,JOSE O.	OPS-Warehouse Operator	Perryville, MD - C47
GARCIA,CRISTIAN	OPS-Warehouse Operator	Perryville, MD - C47
GASKINS,DARYL WILLIAM	OPS-Warehouse Operator	Perryville, MD - C47
GERRITY,KRISTINA	OPS-Warehouse Operator	Perryville, MD - C47
GLACE,THOMAS CALLAHAN	OPS-Warehouse Operator	Perryville, MD - C47
GOAD JR,KENNETH EUGENE	OPS-Warehouse Operator	Perryville, MD - C47
GRAYSON,CHRISTIAN GUY	OPS-Warehouse Operator	Perryville, MD - C47
GRIFFIN,EATHEN	OPS-Warehouse Operator	Perryville, MD - C47
GRIFFIN,MICHAEL DANT'E	OPS-Warehouse Operator	Perryville, MD - C47
GRIMES,DEVON	OPS-Warehouse Operator	Perryville, MD - C47
GUDE JR,SHERMAN JAMES	OPS-Warehouse Operator	Perryville, MD - C47
HACKETT,CHARREECE CAMILLE	OPS-Warehouse Operator	Perryville, MD - C47
HAGAN,AARON	OPS-Warehouse Operator	Perryville, MD - C47
HAMILTON,DAMEAN LAMAR	OPS-Warehouse Operator	Perryville, MD - C47
HANNA,JOSHUA PATRICK	OPS-Warehouse Operator	Perryville, MD - C47
HARDIMAN,LINDSEY MICHELLE	OPS-Warehouse Operator	Perryville, MD - C47
HARGIS,TAVON	OPS-Warehouse Operator	Perryville, MD - C47
HARMON,VINSON	OPS-Warehouse Operator	Perryville, MD - C47
HARRELL,KEYON	OPS-Warehouse Operator	Perryville, MD - C47
HARRELL,PATRICE	OPS-Warehouse Operator	Perryville, MD - C47
HARRIS,VICTORIA-LEE	OPS-Warehouse Operator	Perryville, MD - C47
HAUBRICK JR,DONALD SAMUEL	OPS-Warehouse Operator	Perryville, MD - C47
HAUTH,ZACHARY	OPS-Warehouse Operator	Perryville, MD - C47
HAVENS,CEDRIC	OPS-Warehouse Operator	Perryville, MD - C47
HAWKINS,CHRISTIAN LEWIS	OPS-Warehouse Operator	Perryville, MD - C47
HEATH,CAYDEN	OPS-Warehouse Operator	Perryville, MD - C47
HELMS,NICOLAS	OPS-Warehouse Operator	Perryville, MD - C47
HENDY,ERIC MICHAEL	OPS-Warehouse Operator	Perryville, MD - C47
HENRY,JAMAAL D.	OPS-Warehouse Operator	Perryville, MD - C47
HERNANDEZ HERNANDEZ,DEIBY JESU	OPS-Warehouse Operator	Perryville, MD - C47
HERR,VIVIAN C	OPS-Warehouse Operator	Perryville, MD - C47
HICKS,WILLIAM J	OPS-Warehouse Operator	Perryville, MD - C47
HIGGS,DAMAR	OPS-Warehouse Operator	Perryville, MD - C47
HINDT,STACY	OPS-Warehouse Operator	Perryville, MD - C47
HODGE,BLAKE DANIELLE	OPS-Warehouse Operator	Perryville, MD - C47
HODGE,DANIEL	OPS-Warehouse Operator	Perryville, MD - C47
HOLL,ELLEN L	OPS-Warehouse Operator	Perryville, MD - C47
HORNES SR,JAKE JEROME	OPS-Warehouse Operator	Perryville, MD - C47
HOUSTON,THERESA LYNN	OPS-Warehouse Operator	Perryville, MD - C47
HUFF,CELESTINE OLIVIA	OPS-Warehouse Operator	Perryville, MD - C47

INGRAM,JOSHUA EUGENE	OPS-Warehouse Operator	Perryville, MD - C47
ISALES,SUSETTE CAROLINA	OPS-Warehouse Operator	Perryville, MD - C47
JACKSON,DANYON	OPS-Warehouse Operator	Perryville, MD - C47
JACOBS JR,FRANK E	OPS-Warehouse Operator	Perryville, MD - C47
JENKINS,ASHLEY ROSINA	OPS-Warehouse Operator	Perryville, MD - C47
JEROME JR,EDWARD GEORGE	OPS-Warehouse Operator	Perryville, MD - C47
JOHANSEN,KEITH MITCHELL	OPS-Warehouse Operator	Perryville, MD - C47
JOHNS,LUKE	OPS-Warehouse Operator	Perryville, MD - C47
JOHNSON JR,MARCUS DARNELL	OPS-Warehouse Operator	Perryville, MD - C47
JOHNSON,DELMONICA	OPS-Warehouse Operator	Perryville, MD - C47
JOHNSON,DENNIS L	OPS-Warehouse Operator	Perryville, MD - C47
JOHNSON,JEREMIAH LEE	OPS-Warehouse Operator	Perryville, MD - C47
JONES,KEITH CARSTER	OPS-Warehouse Operator	Perryville, MD - C47
JONES,LAKESHIA DANIELLE	OPS-Warehouse Operator	Perryville, MD - C47
KEYES,ANTOINE DWAYNE	OPS-Warehouse Operator	Perryville, MD - C47
KHELIFI,RACHID	OPS-Warehouse Operator	Perryville, MD - C47
KING,LYDELL WALLACE	OPS-Warehouse Operator	Perryville, MD - C47
KIRBY,TIM L.	OPS-Warehouse Operator	Perryville, MD - C47
KIRK,GLADYS MARIE	OPS-Warehouse Operator	Perryville, MD - C47
KOBUS,MARISSA ANN	OPS-Warehouse Operator	Perryville, MD - C47
KOONCE III,CHARLES	OPS-Warehouse Operator	Perryville, MD - C47
KOONTZ,NOAH RICHARD	OPS-Warehouse Operator	Perryville, MD - C47
KRAUSS,JAMES	OPS-Warehouse Operator	Perryville, MD - C47
KUEHNL,VINCENT	OPS-Warehouse Operator	Perryville, MD - C47
LAMBERT,ROBERT J	OPS-Warehouse Operator	Perryville, MD - C47
LANOUETTE,BRENDAN ADAM	OPS-Warehouse Operator	Perryville, MD - C47
LATNEY,AARON	OPS-Warehouse Operator	Perryville, MD - C47
LAWSON,BARBARA LORINE	OPS-Warehouse Operator	Perryville, MD - C47
LAY JR,VICTOR F	OPS-Warehouse Operator	Perryville, MD - C47
LEE,LARRY H	OPS-Warehouse Operator	Perryville, MD - C47
LEE,ROSALIND YOLANDA	OPS-Warehouse Operator	Perryville, MD - C47
LEWIS,LEON	OPS-Warehouse Operator	Perryville, MD - C47
LOCKARD,ANDREW	OPS-Warehouse Operator	Perryville, MD - C47
LONG,JOVAN DINEE	OPS-Warehouse Operator	Perryville, MD - C47
LOUTHIAN,ANDREW BRENT	OPS-Warehouse Operator	Perryville, MD - C47
LUCAS,JULIANNE	OPS-Warehouse Operator	Perryville, MD - C47
LUCAS,KRISTIN MARIE	OPS-Warehouse Operator	Perryville, MD - C47
LYNN,JOHN MATTHEW	OPS-Warehouse Operator	Perryville, MD - C47
MALEK,STEPHEN M.	OPS-Warehouse Operator	Perryville, MD - C47
MANN,HEIDI LEE	OPS-Warehouse Operator	Perryville, MD - C47
MAQOUSI,RAHAF IMAD	OPS-Warehouse Operator	Perryville, MD - C47
MARGUGLIO,MALLORY L	OPS-Warehouse Operator	Perryville, MD - C47
MARQUEZ-TRAN,TATYANA	OPS-Warehouse Operator	Perryville, MD - C47
MARSHALL,JOHN	OPS-Warehouse Operator	Perryville, MD - C47
MARTIN,GRANT ALEXANDER	OPS-Warehouse Operator	Perryville, MD - C47
MAYERS,ERIC JAVONE	OPS-Warehouse Operator	Perryville, MD - C47
MAZZONE JR,RICHARD A	OPS-Warehouse Operator	Perryville, MD - C47
MCCANN,JAMIE LYNN	OPS-Warehouse Operator	Perryville, MD - C47
MCCARTER,BRYCE NEIL	OPS-Warehouse Operator	Perryville, MD - C47
MCCARTER,CRYSTAL N	OPS-Warehouse Operator	Perryville, MD - C47
MCCONNELL,KRISTINE ELIZABETH	OPS-Warehouse Operator	Perryville, MD - C47
MCCULLUM,CHANDA	OPS-Warehouse Operator	Perryville, MD - C47

MCINTOSH,DREAMON JESYRI	OPS-Warehouse Operator	Perryville, MD - C47
MELVIN,JIMMERA LAVONNE	OPS-Warehouse Operator	Perryville, MD - C47
MENDEZ,JAVIER	OPS-Warehouse Operator	Perryville, MD - C47
MESSING JR,BRIAN KENT	OPS-Warehouse Operator	Perryville, MD - C47
MIFTAH,ZAINUL	OPS-Warehouse Operator	Perryville, MD - C47
MILLER SR,RICHARD S	OPS-Warehouse Operator	Perryville, MD - C47
MILLER,BRAELYN	OPS-Warehouse Operator	Perryville, MD - C47
MILLER,JAMIE NICOLE	OPS-Warehouse Operator	Perryville, MD - C47
MILLS,VEONA LYNN	OPS-Warehouse Operator	Perryville, MD - C47
MOORE JR,LIONELL HOWARD	OPS-Warehouse Operator	Perryville, MD - C47
MOORE,REESE ANDREW	OPS-Warehouse Operator	Perryville, MD - C47
MORAGNE,AARON D.	OPS-Warehouse Operator	Perryville, MD - C47
MORETZ,TANNER MICHAEL	OPS-Warehouse Operator	Perryville, MD - C47
MORGAN,LUKE DAVID	OPS-Warehouse Operator	Perryville, MD - C47
MORRISEY,ANTHONY	OPS-Warehouse Operator	Perryville, MD - C47
MULEMA,PATHY	OPS-Warehouse Operator	Perryville, MD - C47
NEAL,ALICE	OPS-Warehouse Operator	Perryville, MD - C47
NEGRONI,MARCUS A	OPS-Warehouse Operator	Perryville, MD - C47
NEIL,ATIA	OPS-Warehouse Operator	Perryville, MD - C47
NEWTON,KESEAN TAVIS	OPS-Warehouse Operator	Perryville, MD - C47
NICHOLAS,JOHN MARVIN	OPS-Warehouse Operator	Perryville, MD - C47
NICODEMUS,KYRSTEN JADE	OPS-Warehouse Operator	Perryville, MD - C47
NKAMGUE,DIMITRIE MARTIAL	OPS-Warehouse Operator	Perryville, MD - C47
NKRUMAH,KOBINA	OPS-Warehouse Operator	Perryville, MD - C47
NOVOTNY,MIKEL WYATT	OPS-Warehouse Operator	Perryville, MD - C47
O'CONNOR,CALLUM	OPS-Warehouse Operator	Perryville, MD - C47
ODOM,JOSHUA WAYNE	OPS-Warehouse Operator	Perryville, MD - C47
OLSEN,ALAN JOSEPH	OPS-Warehouse Operator	Perryville, MD - C47
O'MALLEY,RONALD PATRICK	OPS-Warehouse Operator	Perryville, MD - C47
ONYEKWERE,IKENNA	OPS-Warehouse Operator	Perryville, MD - C47
ORTIZ,CRISTOPHER E	OPS-Warehouse Operator	Perryville, MD - C47
ORTIZ,KEVEEN	OPS-Warehouse Operator	Perryville, MD - C47
OVIATT,ASHLEY MARIE	OPS-Warehouse Operator	Perryville, MD - C47
OWENS,KRISTEN	OPS-Warehouse Operator	Perryville, MD - C47
OWUSU,ANTWI	OPS-Warehouse Operator	Perryville, MD - C47
PARR,RYAN BRANDON	OPS-Warehouse Operator	Perryville, MD - C47
PEREZ,OMAR	OPS-Warehouse Operator	Perryville, MD - C47
PLOTNER,NATHAN	OPS-Warehouse Operator	Perryville, MD - C47
PRICE,WILLIAM EDWARD	OPS-Warehouse Operator	Perryville, MD - C47
PUCKETT,ROBERT	OPS-Warehouse Operator	Perryville, MD - C47
PYRON JR,KEVIN	OPS-Warehouse Operator	Perryville, MD - C47
RAFTERY,TIMOTHY Q	OPS-Warehouse Operator	Perryville, MD - C47
REED,CHARLES L	OPS-Warehouse Operator	Perryville, MD - C47
REPETSKY,JONATHAN	OPS-Warehouse Operator	Perryville, MD - C47
REPP,JENNIFER NICOLE	OPS-Warehouse Operator	Perryville, MD - C47
REYNOLDS JR,ARTHUR L	OPS-Warehouse Operator	Perryville, MD - C47
RICE,NICOLE MARIE	OPS-Warehouse Operator	Perryville, MD - C47
RICHARD,ERIN	OPS-Warehouse Operator	Perryville, MD - C47
RICO,KEVIN	OPS-Warehouse Operator	Perryville, MD - C47
RING,MICHELLE LEIGH	OPS-Warehouse Operator	Perryville, MD - C47
RIVERA SR,ANTONIO LOPEZ	OPS-Warehouse Operator	Perryville, MD - C47
RIVERA,ELVIN MANUEL	OPS-Warehouse Operator	Perryville, MD - C47

ROBERTSON,DESIREE A.	OPS-Warehouse Operator	Perryville, MD - C47
ROBINSON,BRANDON MAURICE	OPS-Warehouse Operator	Perryville, MD - C47
ROBINSON,BRICE	OPS-Warehouse Operator	Perryville, MD - C47
ROCHA,GUMERCINDO	OPS-Warehouse Operator	Perryville, MD - C47
ROCKEY,KAREN	OPS-Warehouse Operator	Perryville, MD - C47
RODGERS,ANDREW A	OPS-Warehouse Operator	Perryville, MD - C47
RODRIGUEZ,ANISA N	OPS-Warehouse Operator	Perryville, MD - C47
ROMERO,SILVIA	OPS-Warehouse Operator	Perryville, MD - C47
ROTH,ANDREW	OPS-Warehouse Operator	Perryville, MD - C47
ROWLES,JENNIFER	OPS-Warehouse Operator	Perryville, MD - C47
ROYALTY,AAATIF NAAZIR	OPS-Warehouse Operator	Perryville, MD - C47
RUSS,NICHOLAS	OPS-Warehouse Operator	Perryville, MD - C47
SAMPSON,ZACHARY JAMES	OPS-Warehouse Operator	Perryville, MD - C47
SANCHEZ,JOEL EDWARD	OPS-Warehouse Operator	Perryville, MD - C47
SAVAGE,MICHAEL	OPS-Warehouse Operator	Perryville, MD - C47
SAWYERS,RICKY	OPS-Warehouse Operator	Perryville, MD - C47
SCHWEIZER,KEITH CHRISTOPHER	OPS-Warehouse Operator	Perryville, MD - C47
SCOTT,CHRISTOPHER MICHAEL	OPS-Warehouse Operator	Perryville, MD - C47
SELMON,BARRY KEN	OPS-Warehouse Operator	Perryville, MD - C47
SHAFFER,DESMOND CADDEL	OPS-Warehouse Operator	Perryville, MD - C47
SHEPARD,JACK JUNIOR	OPS-Warehouse Operator	Perryville, MD - C47
SHEPHERD,JUSTIN	OPS-Warehouse Operator	Perryville, MD - C47
SHEPPHERD,DARREN JOHN	OPS-Warehouse Operator	Perryville, MD - C47
SILER,CHRISTIAN M	OPS-Warehouse Operator	Perryville, MD - C47
SINGLETARY,EVAN	OPS-Warehouse Operator	Perryville, MD - C47
SKINNER,NAKEY	OPS-Warehouse Operator	Perryville, MD - C47
SLOAN,NAZAIRAH	OPS-Warehouse Operator	Perryville, MD - C47
SMITH JR,DOUGLASS E	OPS-Warehouse Operator	Perryville, MD - C47
SMITH,COREY MONTELL	OPS-Warehouse Operator	Perryville, MD - C47
SMITH,EDWARD V	OPS-Warehouse Operator	Perryville, MD - C47
SMITH,HALEY ANN	OPS-Warehouse Operator	Perryville, MD - C47
SMITH,MARINA M	OPS-Warehouse Operator	Perryville, MD - C47
SMITH,NICHOLAS ELVIE TOWNSEND	OPS-Warehouse Operator	Perryville, MD - C47
SPRINGFIELD,TELMA NICHOLE	OPS-Warehouse Operator	Perryville, MD - C47
STANLEY,COURTNEY DAMION	OPS-Warehouse Operator	Perryville, MD - C47
STARLEPER,SARAH MICHELLE	OPS-Warehouse Operator	Perryville, MD - C47
STEWART JR,RONALD M	OPS-Warehouse Operator	Perryville, MD - C47
SWEETMAN,RACHEL YVONNE	OPS-Warehouse Operator	Perryville, MD - C47
TAYLOR II,RONALD LEE	OPS-Warehouse Operator	Perryville, MD - C47
TAYLOR JR,MICHAEL ANDRE	OPS-Warehouse Operator	Perryville, MD - C47
TAYLOR,JAMAL	OPS-Warehouse Operator	Perryville, MD - C47
TAYLOR,LAKISHA G	OPS-Warehouse Operator	Perryville, MD - C47
TICHNELL,ROBERT BRISON	OPS-Warehouse Operator	Perryville, MD - C47
TOWONDE,RAOUL N/A	OPS-Warehouse Operator	Perryville, MD - C47
TRAVIS,LAUREN	OPS-Warehouse Operator	Perryville, MD - C47
TRUITT,DEAJH	OPS-Warehouse Operator	Perryville, MD - C47
TRUITT,DONNELL LEON	OPS-Warehouse Operator	Perryville, MD - C47
TULECK,TRACI LYN	OPS-Warehouse Operator	Perryville, MD - C47
TURNAGE SR,CHARLES ANTOINE	OPS-Warehouse Operator	Perryville, MD - C47
TURNER,MARIS GORDON	OPS-Warehouse Operator	Perryville, MD - C47
VANN,CHARBREANNA FAITH	OPS-Warehouse Operator	Perryville, MD - C47
VEGA,LUIS M	OPS-Warehouse Operator	Perryville, MD - C47

VEGA,MARIANO	OPS-Warehouse Operator	Perryville, MD - C47
VIALVA,KERWIN ANTONIO	OPS-Warehouse Operator	Perryville, MD - C47
WAGNER,JOEL	OPS-Warehouse Operator	Perryville, MD - C47
WAGONER,EVAN MITCHELL	OPS-Warehouse Operator	Perryville, MD - C47
WALLACE,DENISE SUE	OPS-Warehouse Operator	Perryville, MD - C47
WALLEN,ANTHONY LEE	OPS-Warehouse Operator	Perryville, MD - C47
WALLEY,LYNETTE	OPS-Warehouse Operator	Perryville, MD - C47
WARD,MARCUS MARQUIS	OPS-Warehouse Operator	Perryville, MD - C47
WASHINGTON II,CRAIG ANTHONY	OPS-Warehouse Operator	Perryville, MD - C47
WASHINGTON,BRANDEN T	OPS-Warehouse Operator	Perryville, MD - C47
WATKINS,CAROLYN L	OPS-Warehouse Operator	Perryville, MD - C47
WAY,AMBER MARIE	OPS-Warehouse Operator	Perryville, MD - C47
WAYNS,KAREEM	OPS-Warehouse Operator	Perryville, MD - C47
WDZIECZNY,GARRETT	OPS-Warehouse Operator	Perryville, MD - C47
WELLINGTON,ASAUNEY HOSANTA RO	OPS-Warehouse Operator	Perryville, MD - C47
WELLMAN,JASON MICHAEL	OPS-Warehouse Operator	Perryville, MD - C47
WENTZ,DANIEL	OPS-Warehouse Operator	Perryville, MD - C47
WHITE,ASHLEY N	OPS-Warehouse Operator	Perryville, MD - C47
WHITE,QUADRI	OPS-Warehouse Operator	Perryville, MD - C47
WHITEHURST JR JR,MICHAEL LAMONT	OPS-Warehouse Operator	Perryville, MD - C47
WIENECKE,ALEX MITCHELL	OPS-Warehouse Operator	Perryville, MD - C47
WILKERSON,BRIAN	OPS-Warehouse Operator	Perryville, MD - C47
WILLIAMS,SAMUEL TAHJIA	OPS-Warehouse Operator	Perryville, MD - C47
WINDNAGLE,PRESTON JACOB	OPS-Warehouse Operator	Perryville, MD - C47
WISEMAN,OLIVIA	OPS-Warehouse Operator	Perryville, MD - C47
WOODARD JR,GUY JASON	OPS-Warehouse Operator	Perryville, MD - C47
WOODSON,UNIQUE NICHELLE	OPS-Warehouse Operator	Perryville, MD - C47
WRIGHT,DANIEL	OPS-Warehouse Operator	Perryville, MD - C47
WRIGHT,EDWARD GERALD	OPS-Warehouse Operator	Perryville, MD - C47
WU,JOHNNY	OPS-Warehouse Operator	Perryville, MD - C47
WYANT,LEAH	OPS-Warehouse Operator	Perryville, MD - C47
YORKEY IV,JAMES EDWARD	OPS-Warehouse Operator	Perryville, MD - C47
YOUNG III,ROSCOE ROBERT	OPS-Warehouse Operator	Perryville, MD - C47
ZANGO,ANASTASIE	OPS-Warehouse Operator	Perryville, MD - C47
BOWSER,KHALILAH	OPS-Warehouse Operator OST	Perryville, MD - C47
BRATTON,JUSTIN ALAN	OPS-Warehouse Operator OST	Perryville, MD - C47
CHESTER,IRIS MARJORIE FABREO	OPS-Warehouse Operator OST	Perryville, MD - C47
HASTIE,LOFAYETTE	OPS-Warehouse Operator OST	Perryville, MD - C47
KOSASIH,BLITHE TAMSIN MAUD FABI	OPS-Warehouse Operator OST	Perryville, MD - C47
KOSASIH,IRISH BRISEIS STACY	OPS-Warehouse Operator OST	Perryville, MD - C47
LUCAS,PATRICK L	OPS-Warehouse Operator OST	Perryville, MD - C47
MCWHITE SR,CLIFFORD ANTONIO	OPS-Warehouse Operator OST	Perryville, MD - C47
ORTIZ,OBDULIA JANICE	OPS-Warehouse Operator OST	Perryville, MD - C47
RAMIREZ,JOSE	OPS-Warehouse Operator OST	Perryville, MD - C47
RASH,STEPHANIE JO	OPS-Warehouse Operator OST	Perryville, MD - C47
SAMUEL,WILLIE	OPS-Warehouse Operator OST	Perryville, MD - C47
MURPHY JR,JAMES LEROY	Sr Mgr Medtrans	Perryville, MD - C47
BURTON,SCOTT LEE	Sr Mgr Operations	Perryville, MD - C47
SNYDER,MYLES I	Supv Inventory Ctrl	Perryville, MD - C47
BAILEY,BRIAN S.	Supv Maintenance	Perryville, MD - C47
LARRIMORE JR,ROBERT LAWRENCE	Supv MedTrans	Perryville, MD - C47
WENZEL,GAIL ANNETTE	Supv MedTrans	Perryville, MD - C47

WILLIAMS,LAWRENCE NICHOLAS	Supv MedTrans	Perryville, MD - C47
DORSEY,JAMES THOMAS	Supv Warehouse	Perryville, MD - C47
FARMER,DAVID WAYNE	Supv Warehouse	Perryville, MD - C47
FROWNFELTER,MICHAEL	Supv Warehouse	Perryville, MD - C47
HOFFMAN,BILLIEJO	Supv Warehouse	Perryville, MD - C47
JOHNS,JARROD	Supv Warehouse	Perryville, MD - C47
KNIGHTON JR,MICHAEL A.	Supv Warehouse	Perryville, MD - C47
LAMAS,MATTHEW C	Supv Warehouse	Perryville, MD - C47
LUNA,CESAR	Supv Warehouse	Perryville, MD - C47
MUSGRAVE,THOMAS RAY	Supv Warehouse	Perryville, MD - C47
NEAL,CARLOS D.	Supv Warehouse	Perryville, MD - C47
OBUYA,FRANCIS H.	Supv Warehouse	Perryville, MD - C47
RAWLS,LATOYA	Supv Warehouse	Perryville, MD - C47
SCHULZ,COREY M.	Supv Warehouse	Perryville, MD - C47
SICKLES,DYLAN PAUL	Supv Warehouse	Perryville, MD - C47
TEREO,SHERI MARIE	Supv Warehouse	Perryville, MD - C47

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July , 2022 , before me personally appeared Peter S. Forker , known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America , the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 02162	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 8787 W. Buckeye Rd

City: Tolleson State: AZ Zip: 85353

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.Medline.com

Name of Designated Representative (DR): Scott Fritsche

Licensing Company Email: ralicensing@medline.com DR Email: sfritsche@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assited Living, Surgical Centers, Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Leonard
Original Signature (electronic, copies or stamps not accepted)

10/26/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

Board Use Only	Date Received: 12-8-22	Amount: 1000.00 CK - 10005271 8

12/14/22

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted] 60th Street Bristol, WI 53104

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 12/02/2021
Receipt Number: 2021124508
Receipt Amount $: 1000.00

Wholesaler - Full Service

PERMIT NO
W003673

EXPIRES
10/31/2023

Issued to :

Medline Industries, L.P.
Medline Industries, L.P.
THREE LAKES DRIVE - 3D
NORTHFIELD, IL 60093

Medline Industries, L.P.
8787 W. BUCKEYE ROAD
TOLLESON, AZ 85353

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Medline Industries, L.P.
LICENSE NUMBER : W003673
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

(https://pharmacy.az.gov/)

Arizona State Board of Pharmacy (https://pharmacy.az.gov/)

Application Status | License Verification | Permit Verification

PERMIT VERIFICATION ONLINE APPLICATION

(Please click on the Print option to view the full permit details.)

Permit Type

Wholesaler

License Number

W003673

Business Name

Business Name

City

City

Zip

Zip

Verification Code

Verification Code

212BA4

Search Clear

Pursuant to A.R.S. 32-3214(C), a person may obtain additional public records related to any licensee or certificate holder, including dismissed complaints and nondisciplinary actions and orders, by contacting the Board directly At 602-771-2727.

Permit Lookup Search

Name	LICENSE #	Permit Type	Sub Type	STATUS	ISSUED	EXPIRATION	Address	CSZ	Print	Discipline	Non-Discipline
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters		Filters	Filters

Page size : 20 Records : 1 - 1 of 1 Pages : 1 of 1 « < 1 > »

Name	LICENSE #	Permit Type	Sub Type	STATUS	ISSUED	EXPIRATION	Address	CSZ	Print	Discipline	Non-Discipline
Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters	Filters		Filters	Filters
Medline Industries, L.P.	W003673	Wholesaler	Full Service	OPEN	10/06/2022	10/31/2023	8787 W. Buckeye Road	Tolleson AZ 85353		N	N

Page size : 20 Records : 1 - 1 of 1 Pages : 1 of 1 « < 1 > »

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005. Phone: (602) 771-2727

Privacy Policy (https://www.i3verticals.com/privacypolicy)

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries

located at

8787 W Buckeye Rd, Tolleson, AZ 85353

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

7/17/2020 - 7/16/2023
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com	
	INSURER(S) AFFORDING COVERAGE	**NAIC #**
	INSURER A : Safety National Casualty Corporation	15105
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER B :** National Fire & Marine Insurance Co	20079
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [Y] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Weslampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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First Name	Last Name	Job Title	Location
BRANDON	BOUTIN	Assoc Mgr Warehouse	TOLLESON
JOSEPH	WHITE	Assoc Supv Warehouse	TOLLESON
SCOTT	CONLAN	Mgr Warehouse	TOLLESON
XAVIER	HOLLINGSWORTH	Mgr Warehouse	TOLLESON
KIM	BAYER	OPS-Branch Admin Sr	TOLLESON
ANNE	MARTINSON	OPS-Branch Administrator	TOLLESON
CRYSTAL	BOJORQUEZ	OPS-Branch Trainer	TOLLESON
ALEXANDER	ORTIZ	OPS-Branch Trainer	TOLLESON
KYAWNA	RENDON PAUL	OPS-Branch Trainer	TOLLESON
GARRETT	CURRIE	OPS-Delivery Driver	TOLLESON
MARCO	DELGADO	OPS-Delivery Driver	TOLLESON
DAVID	GREEN	OPS-Delivery Driver	TOLLESON
SALVADOR	MARROQUIN	OPS-Delivery Driver	TOLLESON
LUIS	RAMIREZ	OPS-Delivery Driver	TOLLESON
MICHELE	RIVCHIN	OPS-Delivery Driver	TOLLESON
DALE	THORMAN	OPS-Delivery Driver	TOLLESON
FAUSTINO	ACEVEDO	OPS-Driver II	TOLLESON
DAVID	BELL	OPS-Driver II	TOLLESON
CHANCE	DUNN-NELSON	OPS-Driver II	TOLLESON
NEIL	GILLIES	OPS-Driver II	TOLLESON
MICHAEL	HORSMAN	OPS-Driver II	TOLLESON
MARK	HULSEY	OPS-Driver II	TOLLESON
MICHAEL	JOHNSON	OPS-Driver II	TOLLESON
KIRK	LEHNUS	OPS-Driver II	TOLLESON
ALEJANDRO	MENDOZA	OPS-Driver II	TOLLESON
JOHN	MOORE	OPS-Driver II	TOLLESON
TIMOTHY	PICCOLO	OPS-Driver II	TOLLESON
DAVID	RAMIREZ	OPS-Driver II	TOLLESON
BRIAN	RAWLINGS	OPS-Driver II	TOLLESON
DAVID	REED	OPS-Driver II	TOLLESON
LUIS	CHACON AMAYA	OPS-Driver Ld	TOLLESON
VICENTE	TRUJILLO	OPS-Driver Ld	TOLLESON
YOLANDA	LOPEZ	OPS-Inventory Coord	TOLLESON
GABRIEL	DOMINGUEZ	OPS-Inventory Coord OST	TOLLESON
BEVERLY	WENNER	OPS-Inventory Coord Sr	TOLLESON
BETH	ZOELLICK	OPS-Inventory Coord Sr	TOLLESON
ERNESTO	CAMACHO	OPS-Janitor	TOLLESON
DENNIS	DARDEN	OPS-Janitor	TOLLESON
RAMON	NICOLS	OPS-Shuttle Driver	TOLLESON
BRISA	FLORES	OPS-Warehouse Clerk	TOLLESON
MONICA	CORONA	OPS-Warehouse Ld	TOLLESON
ARAM	DAWOOD	OPS-Warehouse Ld	TOLLESON
TRES	LALONDE	OPS-Warehouse Ld	TOLLESON
INDEFLONSO	LOPEZ	OPS-Warehouse Ld	TOLLESON
ADRIANA	PALOMINO-FELIX	OPS-Warehouse Ld	TOLLESON
LEONARDO	TEUTLA	OPS-Warehouse Ld	TOLLESON

DIANA	AMAYA	OPS-Warehouse Operator	TOLLESON
ANTHONY	ARIAS	OPS-Warehouse Operator	TOLLESON
PASCUAL	AVINA	OPS-Warehouse Operator	TOLLESON
JOHN	BARRAGAN	OPS-Warehouse Operator	TOLLESON
ALEJANDRA	BARRERA	OPS-Warehouse Operator	TOLLESON
ALFONSO	BELTRAN	OPS-Warehouse Operator	TOLLESON
JOHN	BILLEGAS	OPS-Warehouse Operator	TOLLESON
LEON	BROWN	OPS-Warehouse Operator	TOLLESON
LORENE	CAJERO	OPS-Warehouse Operator	TOLLESON
SAMUEL	CAMBEROS	OPS-Warehouse Operator	TOLLESON
LORETTA	CARLSON	OPS-Warehouse Operator	TOLLESON
ALEXIA	CIPRIANO	OPS-Warehouse Operator	TOLLESON
CARMEN	CONWAY	OPS-Warehouse Operator	TOLLESON
ROSA	CORDOVA	OPS-Warehouse Operator	TOLLESON
ANDREA	DEAN	OPS-Warehouse Operator	TOLLESON
HAILEY	DEVINE	OPS-Warehouse Operator	TOLLESON
MARIA	DIAZ	OPS-Warehouse Operator	TOLLESON
ESAUD	DIAZ SANTIAGO	OPS-Warehouse Operator	TOLLESON
KEVIN	DOBBINS	OPS-Warehouse Operator	TOLLESON
ADAM	DUDLEY	OPS-Warehouse Operator	TOLLESON
MARCELA	ESCALANTE	OPS-Warehouse Operator	TOLLESON
SUSAN	FAY	OPS-Warehouse Operator	TOLLESON
ADAM	FERLA	OPS-Warehouse Operator	TOLLESON
RENZ JUSTIN	FERRER	OPS-Warehouse Operator	TOLLESON
LIZBETH	FLORES CHAVEZ	OPS-Warehouse Operator	TOLLESON
EDITH	FRIAS	OPS-Warehouse Operator	TOLLESON
PHILIP	GAMBLE	OPS-Warehouse Operator	TOLLESON
JESICA	GAMEZ MARTINEZ	OPS-Warehouse Operator	TOLLESON
NATALIE	GOMEZ	OPS-Warehouse Operator	TOLLESON
MARIVEL	GONZALES	OPS-Warehouse Operator	TOLLESON
ANDY	GONZALEZ	OPS-Warehouse Operator	TOLLESON
MARTIN	GONZALEZ	OPS-Warehouse Operator	TOLLESON
NIDIA	GONZALEZ	OPS-Warehouse Operator	TOLLESON
NORMA	GONZALEZ	OPS-Warehouse Operator	TOLLESON
JULIE	HERRERA	OPS-Warehouse Operator	TOLLESON
KASSANDRA	HIDALGO	OPS-Warehouse Operator	TOLLESON
MICHAEL	JEFFERSON	OPS-Warehouse Operator	TOLLESON
DANIEL	JOHNSON	OPS-Warehouse Operator	TOLLESON
SCOTT	LAMBERT	OPS-Warehouse Operator	TOLLESON
DAMON	LAZU	OPS-Warehouse Operator	TOLLESON
JESSE	LOPEZ	OPS-Warehouse Operator	TOLLESON
LETICIA	LOPEZ	OPS-Warehouse Operator	TOLLESON
NORMA	LOPEZ	OPS-Warehouse Operator	TOLLESON
JUANA	LOPEZ PINEDA	OPS-Warehouse Operator	TOLLESON
ANA	LUGO MARTINEZ	OPS-Warehouse Operator	TOLLESON
ROGER	MADRID	OPS-Warehouse Operator	TOLLESON
ARELIS	MANCERA	OPS-Warehouse Operator	TOLLESON

SHAPRAISE	MCDUFFEY	OPS-Warehouse Operator	TOLLESON
BRIANNA	MCKEEHAN GUZMAN	OPS-Warehouse Operator	TOLLESON
EMMA	MEHLE	OPS-Warehouse Operator	TOLLESON
DANIEL	MINJAREZ	OPS-Warehouse Operator	TOLLESON
DONALD	MURRELL-WALKER	OPS-Warehouse Operator	TOLLESON
DANIELD	NAJERA	OPS-Warehouse Operator	TOLLESON
NALLELI	NUNEZ	OPS-Warehouse Operator	TOLLESON
LESLIE	ORTIZ	OPS-Warehouse Operator	TOLLESON
NADINE ANGELA	PALAMOS	OPS-Warehouse Operator	TOLLESON
JEREMY	PALUMBO	OPS-Warehouse Operator	TOLLESON
CESAR	PERAZA	OPS-Warehouse Operator	TOLLESON
FRED	PRICE	OPS-Warehouse Operator	TOLLESON
HARLIND	RAMOS	OPS-Warehouse Operator	TOLLESON
JONATHAN	REYES	OPS-Warehouse Operator	TOLLESON
SANDRO	ROCHA	OPS-Warehouse Operator	TOLLESON
ANDY	RODRIGUEZ	OPS-Warehouse Operator	TOLLESON
ANTHONY	RODRIGUEZ	OPS-Warehouse Operator	TOLLESON
JULIO	RODRIGUEZ CARBAJAL	OPS-Warehouse Operator	TOLLESON
JUANA	RODRIGUEZ TIZCARENO	OPS-Warehouse Operator	TOLLESON
DANIEL	RUBIO	OPS-Warehouse Operator	TOLLESON
THOMASENA	RUSSELL	OPS-Warehouse Operator	TOLLESON
JUAN	SALAS	OPS-Warehouse Operator	TOLLESON
TANIA	SALAS GALLEGOS	OPS-Warehouse Operator	TOLLESON
CESAR	SALGADO	OPS-Warehouse Operator	TOLLESON
ANGEL	SANCHEZ	OPS-Warehouse Operator	TOLLESON
BRANYON	SEWEINGYAWMA	OPS-Warehouse Operator	TOLLESON
LAURICE	SIMONSON-DENETSO	OPS-Warehouse Operator	TOLLESON
MARTIN	SMITH	OPS-Warehouse Operator	TOLLESON
MARIBEL	SOLANO RODRIGUEZ	OPS-Warehouse Operator	TOLLESON
STACY	TEFERTILLER	OPS-Warehouse Operator	TOLLESON
FRIDINE	THELUSMA	OPS-Warehouse Operator	TOLLESON
LOIS	THOMAS	OPS-Warehouse Operator	TOLLESON
CESAR	TORRES	OPS-Warehouse Operator	TOLLESON
PATRICIA	TORRES-YANEZ	OPS-Warehouse Operator	TOLLESON
VICTORIA	TOSCANO	OPS-Warehouse Operator	TOLLESON
ESTEBAN	VALLE	OPS-Warehouse Operator	TOLLESON
MIGUEL	VARGAS	OPS-Warehouse Operator	TOLLESON
MELISSA	VASQUEZ	OPS-Warehouse Operator	TOLLESON
JABRIL	WILSON MCGEE	OPS-Warehouse Operator	TOLLESON
DASHAWN	WORTHINGTON	OPS-Warehouse Operator	TOLLESON
ROSARIO	HERNANDEZ	OPS-Warehouse Operator OST	TOLLESON
JUDY	SELF	OPS-Warehouse Operator OST	TOLLESON
LASHAWN	WILLIAMS	OPS-Warehouse Operator OST	TOLLESON
SCOTT	FRITSCHE	Sr Dir Operations	TOLLESON
SCOTT	WENNER	Sr Dir Operations	TOLLESON
NICOLAS	RODRIGUEZ	Supv MedTrans	TOLLESON
DERRIC	ANDERSON	Supv Warehouse	TOLLESON

JENNIFER	BORBOLLA	Supv Warehouse	TOLLESON
PEARL	BRAVO	Supv Warehouse	TOLLESON
BLONG	MOUA	Supv Warehouse	TOLLESON
FERNANDO	ROMERO LLANES	Supv Warehouse	TOLLESON
RAMON	ZEVADA	Supv Warehouse	TOLLESON

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) WHO2162

Physical Address 8787 W. Buckeye Rd

City Tolleson State AZ Zip 85353

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 1-800-Medline Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Scott Middle Jason Last Fritsche

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N 211th Drive

City Buckeye State AZ Zip 85396

Telephone [redacted] Email sfritsche@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	X	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		4/2003-5/2005	
Address	**City**	**State**	**Zip**
4035 S Riverpoint Parkway	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
Business Management			
School Name		**From - To (MM/YY – MM/YY)**	
Milwaukee Area Technical College		1/1999-1/2001	
Address	**City**	**State**	**Zip**
700 W State Stree	Milwaukee	WI	53233
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
John Marshall		8/91- 6/95	
Address	**City**	**State**	**Zip**
4141 N 64th Street	Milwaukee	WI	53216
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2016 - Present	[redacted] N 211th Drive	Buckeye	AZ	85396
9/2015 - 6/2016	[redacted] N Evergreen St	Buckeye	AZ	85396
7/2015-9/2015	[redacted] Landcaster Dr	Deatsville	AL	36022
1/2014 - 6/2015	[redacted] Castlebrook Drive	Prattville	AL	36066
10/2011 - 1/2014	[redacted] Tallman Avenue	Romeoville	IL	60446
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP (Formerly - Medline Industries, Inc.)		9/2015 - Present	
Business Address	**City**	**State**	**Zip**
8787 W. Buckeye Rd	Tolleson	AZ	85353
Phone	**Title**	**Number of Employed Hours**	
623-936-5443	Senior Director of Operations	40 + hours weekly	
Description of Duties			
Verifies incoming and outgoing shipments, handling and dsposition of materials and keeping warehouse inventory current and accurate. See Resume			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

SEE ATTACHED DISCIPLINARY REPORT

Original Signature (electronic, copies or stamps not accepted)

11/22/22
Date

I, Scott Fritsche, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SF I am at least 21 years of age;
3. SF I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SF I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SF I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SF I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SF I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Scott Fritsche
Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

11/22/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Fritsche

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/22

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Kim Renee Bayer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kim Renee Bayer

Original Signature

11/22/2022

Date

Subscribed and Sworn to before me this 22nd day of November.

Kim Renee Bayer

Notary Public Signature

KIM RENEE BAYER
Notary Public
Commission Number 582287
Expires: June 15, 2024
Maricopa County

(Seal)

[redacted] N. Evergreen Street
Buckeye, AZ 85396
[redacted]

Scott J. Fritsche

OBJECTIVE STATEMENT

Professional Distribution Center Leader looking to utilize my strong communication skills and advanced distribution knowledge to effectively help build a cohesive team and facilitate the completion of goals within a logistics team.

EDUCATION

University of Phoenix
Business Management
April 2003 to May 2005

Milwaukee Area Technical College
General Courses
January 1999 to January 2001

University of Wisconsin-Milwaukee
General Courses
September 1995 to September 1998

WORK EXPERIENCE

Medline Industries - America's largest privately held national manufacturer and distributor of health care supplies and services. Manufactures and distributes medical and surgical products to health care institutions and retail markets.

Director of Operations

January 2013 to Present

Distribution Center, Libertyville, IL – 01/2013 to 12/2013
Distribution Center, Prattville, AL – 12/2013 to 09/2015
Distribution Center, Tolleson AZ – 09/2015 to Present

- Establishes operational procedures for activities such as verification of incoming and outgoing shipments, handling and disposition of materials, and keeping warehouse inventory current and accurate. Leads and measures all daily processes to ensure order fulfillment and production are completed on a daily basis. Resolves daily challenges and ensures timely and accurate completion of order fulfillment. Adheres to and manages all transactions as the CDR (certified designated representative) and be responsible for ensuring accurate procedures and recordkeeping and to ensure Medline is compliant with the State of Florida's 'Pharmacy Practice Act' administrative rule.
- Oversees daily and ongoing expenses to ensure that financial capital is used as efficiently as possible. Understands and analyzes the P&L on a daily, weekly and monthly basis to ensure that financial commitments and goals are achieved.
- Utilizes all systems, processes and tools to ensure inventory is accurate.
- Partners with the Senior Management team to support local Sales Staff to deliver outstanding customer service.
- Puts the health and safety of team members first. Driver of overall facility safety as it relates to programs, communications, and positive recognition initiatives.
- Competent in federal, state and local laws concerning the receipt, storage and shipment of medical supplies, equipment, prescription drugs, devices, and, hazardous materials.
- Expert of all systems (SAP, Catalyst, ProTrack, Medline Training Academy, WebFocus, and Microsoft Office) which are utilized throughout the distribution center to ensure the accurate receipt, storage, and shipment of goods in a safe and productive manner
- Drives results through two exempt managers and four exempt supervisors who manage 140 non-exempt direct reports.

ULTA Beauty - largest beauty retailer that provides one-stop shopping for prestige, mass and salon products and salon services in the United States.

Distribution Center Manager

WORK EXPERIENCE CONTINUED

November 2008 to January 2013

Distribution Center, Romeoville, IL

- Lead facility in a technical, fast paced, deadline driven environment that emphasizes process automation.
- Develop, lead and implement strategic and tactical objectives supporting distribution center goals, budget and customer service initiatives.
- Manage controllable/uncontrollable components of P&L expenses/activities for distribution center.
- Troubleshoot operational issues and take corrective action to ensure standards, budgets and customer service is met.
- Develop best practices and performance standards to drive Key Performance Indicators (KPIs).
- Provide leadership and maintain a department-wide team attitude environment.
- Drives results through five exempt direct reports who manage 100+ non-exempt direct reports.
- Leverage data and resources to identify operational opportunities and develop improvement methods and procedures.
- Ensure effective cross-functional communication occurs to resolve issues and accomplish goals.
- Modify and communicate shifts in plans, goals, actions, or priorities to deal with changing situations and acts as a change agent.
- Provides leadership and seeks out developmental opportunities for direct reports in regards to training, performance management, employee motivation and leadership skills.

Pier 1 Imports – home furnishings and décor retailer.

Operations Supervisor

October 2007 to November 2008

Distribution Center, Baltimore, MD

- Reported to operations facility manager.
- Managed a 15 to 20 person staff.
- Responsible for all inbound shipments foreign and domestic arrivals.
- Customs Trade Partnership Against Terrorism (C-TPAT) representative for distribution center.
- Safety coordinator and responsible for OSHA compliance regulations and monthly safety training.
- Oversaw inventory control and maintained an inventory accuracy level of 99.3 percent.
- Responsible for order fill department. (Breakpack – Bin – Bulk)

Wisconsin Air National Guard

War Readiness Specialist

May 1997 to October 2007

128th Air Refueling Wing, Milwaukee, WI

- Ensured adequate stock levels in readiness spares package.
- Maintained MOBAGs, mobility readiness troop bags necessary for deployment.
- Worked with standard base supply system (SBSS).
- Processing TIN's, REC's, MSI's.

Kohl's Department Store - leading family-focused, value-oriented specialty department store.

Operations Supervisor

March 1997 to October 2007

Distribution Center, Menomonee Falls, WI / Macon, GA

- Receiving, shipping, bulk pack and rework departments.
- Facility leader responsible for leading three unique in-house system enhancements which allowed the distribution network to perform at a more efficient and productive level.
- Vendor services specialist representing the distribution center to new and existing vendors.
- Assure efficient and timely processing of merchandise.
- Managed workflow to meet planned units per hour, cost per unit, level of service and accuracy.

- Met and exceed high volume production goals.
- Partner shipped with counterparts and divisions to resolve problems and ensure efficient service.
- Effectively managed payroll and expenses.
- Developed and maintained accuracy standards to ensure unit inventory integrity.
- Trained, developed and evaluated associates in assigned areas.
- Scheduled associates to meet production plan.
- Maintained effective communication to ensure productivity, morale and performance of associates.
- Administered policies and procedures within assigned areas.

AWARDS RECEIVED

Received two Achievement Medals (2001, 2002) for exemplary service – U.S. Air Force

VOLUNTEER EXPERIENCE

Juvenile Diabetes Research Foundation - Walk for a Cure Team Captain

SPECIAL SKILLS

- Type 70wpm.
- Distribution terminology.
- SAP Knowledge.
- Red Prairie WM Expert.
- Internet and Intranet navigation.
- High-quality oral and written communication Skills.
- Public speaking.
- Microsoft (Word, Excel, PowerPoint, Outlook, Access and Project).

References available upon request

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) WH02162

Physical Address 8787 W. Buckeye Rd

City Tolleson State AZ Zip 85353

Mailing Address (if different from physical address) Three Lakes Drive

City Norhfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Scott Middle Jason Last Fritsche

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N 211th Drive

City Buckeye State AZ Zip 85396

Telephone [redacted] Email sfritsche@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	X	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	X	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	X	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Phoenix		4/2003 - 5/2005	
Address	**City**	**State**	**Zip**
4035 S Riverpoint Parkway	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
Milwaukee Area Technical College		1/1999 - 1/2001	
Address	**City**	**State**	**Zip**
700 W State Street	Milwaukee	WI	53233
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
John Marshall		8/1991 - 6/1995	
Address	**City**	**State**	**Zip**
4141 N 64th Street	Milwaukee	WI	53216
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/2016 - Present	[redacted] N 211th Drive	Buckeye	AZ	85396
9/2015 - 6/2016	[redacted] Evergreen St	Buckeye	AZ	85396
7/2015 - 9/2015	[redacted] Landcaster Dr	Deatsville	AL	36022
1/2014 - 6/2015	[redacted] Castlebrook Drive	Prattville	AL	36066
10/2011 1/2014	[redacted] Tallman Avenue	Romeoville	IL	60446
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			9/2015 - Present
Business Address	**City**	**State**	**Zip**
8787 W. Buckeye Rd	Tolleson	AZ	85353
Phone	**Title**	**Number of Employed Hours**	
623-936-5443	Senior Director of Operations	40 + hours weekly	

Description of Duties

Verifies incoming and outgoing shipments, handling and disposition of materials and keeping warehouse inventory current and accurate.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
See Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

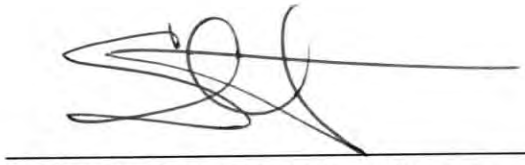
Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

2/22/23

Date

I, Scott Jason Fritsche, **certify that as the MDEG Administrator for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. SF Have a high school diploma or its equivalent;
2. SF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Jason Fritsche
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/23
Date

Board Use Only	Date Received: 3-2-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02162

Physical Address 8787 W. Buckeye Rd.

City Tolleson State AZ Zip 85353

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Lara N Simmons — 9/19/22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lara N Simmons — 9/19/22

Original Signature — **Date**

Subscribed and Sworn to before me this 19 day of September, 2022.

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02162

Physical Address 8787 W Buckeye Rd

City Tolleson State AZ Zip 85353

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
From - To (MM/YY – MM/YY)	[redacted] Ardsley Road	City	State	Zip
2017 - 2019		Winnetka	IL	60093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
1999 - 2017	[redacted] South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	CEO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02162

Physical Address 8787 W. Buckeye Rd

City Tolleson State AZ Zip 85353

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.	1992 - Present

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	Chief Operating Officer

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02162

Physical Address

City State Zip

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) Andy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr.	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979 - 1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)		City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.	1992 - Current

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
947-949-5500	President

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	✓	
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials AM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J . Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials AM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) WH02162

Physical Address 8787 W. Buckeye Rd

City Tolleson State AZ Zip 85353

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITI[redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted] W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted] W. Ashford Lane	Arlington Heights	IL	60004

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			2018- Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Financial Officer		
Description of Duties			
Member of Executive Team, responsible for leading the Finance organization.			

Business Name			From - To (MM/YY – MM/YY)
Illinois Tool Works			2006-2017
Business Address	**City**	**State**	**Zip**
155 Harlem Avenue	Glenview	IL	60025
Phone	**Title**		
224-661-8870	Vice President Global FP&A and Invsetor Relations		
Description of Duties			
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

4MM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 81 Campanelli Drive

City: Uxbridge State: MA Zip: 01569

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Jose Gloria

Licensing Company Email: ralicensing@medline.com JG DR Email: JGloria@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Reenan
Original Signature (electronic, copies or stamps not accepted)

10/26/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

Board Use Only	Date Received: 12-19-22	Amount: 1000.00 CK-100054712 12/19/22

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 401 Commerce Blvd. Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted] Cobblestone Rd Elkhorn, WI 53121

File Number S030704

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

81 Campanelli Drive, Uxbridge, MA 01569

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

08/26/2021 - 08/25/2024
Period of Accreditation

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096366	11/13/2022	11/13/2023	Drug Distributors

SCHEDULES VI

ISSUED TO

MEDLINE INDUSTRIES, LP
81 CAMPANELLI DRIVE
UXBRIDGE, MA 01569
ATTN: JOSE A. GLORIA WAREHOUSE MANAGER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0096366	11/13/2022	11/13/2023	Drug Distributors

SCHEDULES VI

ISSUED TO

MEDLINE INDUSTRIES, LP
81 CAMPANELLI DRIVE
UXBRIDGE, MA 01569
ATTN: JOSE A. GLORIA WAREHOUSE MANAGER

RENEWAL

The List of licensed Drug Distributors in Massachusetts								
Company name	**Doing Business As**	**Address**	**City**	**State**	**Zip**	**MCSR No.**	**Issue Date**	**Expire Date**
MEDISPA MANAGEMENT SOLUTIONS INC.	MEDISPA MANAGEMENT SOLUTIONS INC.	6 CENTRAL STREET	NORWOOD	MA	02062	MA0097419	6/6/2022	6/6/2023
MEDISPA MANAGEMENT SOLUTIONS INC.	MEDISPA MANAGEMENT SOLUTIONS INC.	17 COCASSET STREET	FOXBORO	MA	02035	MA0097356	4/21/2022	4/21/2023
MEDLINE INDUSTRIES, INC.	MEDLINE INDUSTRIES, LP	81 CAMPANELLI DRIVE	UXBRIDGE	MA	01569	MA0096366	11/13/2021	11/13/2022
MEGA MEDICAL SUPPLY CO., INC.	MEGA MEDICAL SUPPLY CO., INC.	65 AVCO ROAD	HAVERHILL	MA	01835	MA0097433	6/21/2022	6/21/2023
METROPOLITAN REGION VACCINE DEPOT	MDPH IMMUNIZATION PROGRAM	305 SOUTH STREET	JAMAICA PLAIN	MA	02130	MA0094348	1/3/2022	1/3/2023
MIDDLESEX GASES & TECHNOLOGIES, INC.	MIDDLESEX GASES & TECHNOLOGIES, INC.	148 TANNER STREET	LOWELL	MA	01852	MA0086733	9/6/2022	9/6/2023
MIDDLESEX GASES AND TECHNOLOGIES, INC.	MIDDLESEX GASES AND TECHNOLOGIES, INC.	365 LOWELL AVENUE	HAVERHILL	MA	01832	MA0083155	10/24/2021	9/6/2023
NEW ENGLAND HOME THERAPIES, INC. DBA BIOS	NEW ENGLAND HOME THERAPIES, INC. DBA BIOSCR	337 TURNPIKE ROAD	SOUTHBOROUGH	MA	01772-1760	MA0096467	12/11/2021	12/11/2022
NEWSCHRYVER, LLC	TRIDENTCARE	2 JONATHAN DRIVE	BROCKTON	MA	02301-5549	MA0098194	4/26/2022	4/26/2023
NORTHEAST MEDICAL EQUIPMENT, INC.	NORTHEAST MEDICAL EQUIPMENT, INC. DBA ROTEC	15 AEGEAN DRIVE, SUITE 5	METHUEN	MA	01844	MA0094487	12/18/2021	12/18/2022
OWENS & MINOR DISTRIBUTION, INC	OWENS & MINOR DISTRIBUTION INC,	20 FREEDOM WAY	FRANKLIN	MA	02038	MA0089246	3/13/2022	3/13/2023
PARATEK PHARMACEUTICALS, INC.	PARATEK PHARMACEUTICALS, INC.	75 PARK PLAZA	BOSTON	MA	02116	MA0094425	12/20/2021	12/20/2022
PATTERSON VETERINARY SUPPLY, INC.	PATTERSON VETERINARY SUPPLY, INC.	137 BARNUM ROAD	DEVENS	MA	01434	MA0088648	12/5/2021	12/5/2022
PHARMA-K GLOBAL IMPORT & EXPORT, LLC	PHARMA-K GLOBAL IMPORT & EXPORT, LLC	27 CAMBRIDGE STREET	BURLINGTON	MA	01803	MA0096188	7/22/2022	7/22/2023
PREFERRED HOME HEALTHCARE AND NURSING S	PREFERRED HOME HEALTHCARE AND NURSING SER	21 HIGH STREET	NORTH ANDOVER	MA	01845	MA0097421	6/14/2022	6/14/2023
PROMPTCARE NEW ENGLAND RESPIRATORY, LLC	PROMPTCARE NEW ENGLAND RESPIRATORY, LLC	30 BUCKLEY ROAD	STOUGHTON	MA	02070	MA0089133	12/19/2021	12/19/2022
PURE MEDICAL EQUIPMENT & SERVICE, LLC	PURE MEDICAL EQUIPMENT & SERVICE, LLC	221 WEAVER STREET	FALL RIVER	MA	02720	MA0097320	4/12/2022	4/12/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	565 TURNPIKE STREET	NORTH ANDOVER	MA	01845	MA0096633	3/27/2022	3/27/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	113 TOLMAN AVENUE	LEOMINSTER	MA	01453	MA0095097	8/6/2022	8/6/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	138 MEMORIAL AVENUE	WEST SPRINGFIELD	MA	01089	MA0094665	3/27/2022	3/27/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	89 NEWBURY STREET	DANVERS	MA	01923	MA0096429	12/11/2021	12/11/2022
REGIONAL HOME CARE	REGIONAL HOME CARE	187 PLYMOUTH AVENUE	FALL RIVER	MA	02721	MA0096431	12/11/2021	12/11/2022
REGIONAL HOME CARE	REGIONAL HOME CARE	235 GREENFIELD ROAD	SOUTH DEERFIELD	MA	01373	MA0096443	12/11/2021	12/11/2022
REGIONAL HOME CARE	REGIONAL HOME CARE	376 BOYLSTON STREET	BOSTON	MA	02116	MA0093168	2/14/2022	2/14/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	149 MIDDLESEX TURNPIKE	BURLINGTON	MA	01803	MA0072863	7/2/2022	7/2/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	1395 NORTH MAIN STREET	RANDOLPH	MA	02368	MA0089284	3/27/2022	3/27/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	4 VERNON STREET, 1ST FLOOR	FRAMINGHAM	MA	01701	MA0089296	3/27/2022	3/27/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	691 GRAFTON STREET	WORCESTER	MA	01604	MA0089171	2/6/2022	2/6/2023
REGIONAL HOME CARE	REGIONAL HOME CARE	125 TOLMAN AVENUE	LEOMINSTER	MA	01453	MA0089575	6/12/2022	6/12/2023
REGIONAL HOME CARE, INC.	REGIONAL HOME CARE, INC.	55 UNION STREET	BOSTON	MA	02108	MA0098435	6/22/2022	6/22/2023
RELIABLE RESPIRATORY, INC.	RELIABLE RESPIRATORY, INC.	1502 PROVIDENCE HIGHWAY	NORWOOD	MA	02062	MA0086822	1/17/2022	1/17/2023
REPLIGEN CORPORATION	REPLIGEN CORPORATION	41 SEYON STREET	WALTHAM	MA	02453	MA0093827	8/23/2022	8/23/2023
RLS (USA) INC.	RLS (USA) INC. DBA RADIOISOTOPE LIFE SCIENCES	20 COMMERCE WAY	WOBURN	MA	01801	MA0096710	6/8/2022	6/8/2023

The List of licensed Drug Distributors in Massachusetts								
Company name	**Doing Business As**	**Address**	**City**	**State**	**Zip**	**MCSR No.**	**Issue Date**	**Expire Date**
ABCAM, INC	ABCAM, INC	152 GROVE ST	WALTHAM	MA	02453	MA0097611	9/27/2022	9/27/2023
ACUTE CARE GASES OF MA LLC	ACUTE CARE GASES OF MA LLC	215 PLAIN STREET	NORTH ATTLEBOROU	MA	02760	MA0096239	8/21/2022	8/21/2023
ADAPTHEALTH NEW ENGLAND LLC	ADAPTHEALTH NEW ENGLAND LLC	35 LORING DRIVE	FRAMINGHAM	MA	01702-8768	MA0097952	2/1/2022	2/1/2023
AFFORDABLE PHARMACEUTICALS LLC	AFFORDABLE PHARMACEUTICALS LLC	60 COLUMBIAN STREET, WEST	BRAINTREE	MA	02185	MA0085729	9/27/2022	9/27/2023
AGAWAM MEDICAL SUPPLY	AGAWAM MEDICAL SUPPLY	56 GENERAL CREIGHTON ABR	AGAWAM	MA	01001	MA0087735	7/26/2022	7/26/2023
AGE-LESS WEIGH-LESS LLC	AGE-LESS WEIGH-LESS LLC	300 TRADECENTER DRIVE	WOBURN	MA	01801	MA0097407	6/2/2022	6/2/2023
AIR PRODUCTS & CHEMICALS INC.	AIR PRODUCTS & CHEMICALS INC.	102 HAYES MEMORIAL DRIVE	MARLBOROUGH	MA	01752	MA0084830	9/10/2022	9/10/2023
ALAN P. FAUTEUX DBA FIREFIGHTING EQUIPMEN	ALAN P. FAUTEUX DBA FIREFIGHTING EQUIPMENT	2146 REAR MAIN STREET	THREE RIVERS	MA	01080	MA0087343	4/1/2022	4/1/2023
ALL CAPE CORP	ALL CAPE CORP DBA ALL CARE HOME HEALTH SERVI	557 PARK STREET	STOUGHTON	MA	02072	MA0096049	5/1/2022	5/1/2023
ALLCARE MEDICAL SUPPLY	ALLCARE MEDICAL SUPPLY	30 GRAFTON STREET	MILLBURY	MA	01527	MA0091582	10/26/2022	10/26/2023
AMERISOURCEBERGEN DRUG COMPANY	AMERISOURCEBERGEN DRUG COMPANY	101 NORFOLK STREET	MANSFIELD	MA	02048	MA0084878	10/31/2022	10/31/2023
ANALIA HOME HEALTH CARE SERVICES, LLC	ANALIA HOME CARE HME	205 QUINCY ST.	BROCKTON	MA	02302	MA0096912	5/3/2022	5/3/2023
APPLE HOMECARE ASSOCS., INC.	APPLE HOMECARE ASSOCS., INC.	41 REDEMPTION ROCK TRAIL	STERLING	MA	01564	MA0087216	12/12/2021	12/12/2022
APRIA HEALTHCARE LLC	APRIA HEALTHCARE LLC	170 CARANDO DRIVE	SPRINGFIELD	MA	01104	MA0084020	4/25/2022	4/25/2023
APRIA HEALTHCARE LLC	APRIA HEALTHCARE LLC	4 PRESIDENTIAL WAY, UNIT A	WOBURN	MA	01801	MA0093358	3/28/2022	3/28/2023
ASAMAN INC	ASAMAN INC.	258 BODWELL STREET	AVON	MA	02322	MA0087824	10/21/2022	10/21/2023
ASD SPECIALTY HEALTHCARE, LLC	ASD SPECIALTY HEALTHCARE, LLC	101 NORFOLK STREET	MANSFIELD	MA	02048	MA0096859	9/8/2022	9/8/2023
BAYSTATE MEDICAL CENTER DBA BHS MATERIAL	BAYSTATE MEDICAL CENTER DBA BHS MATERIALS SU	30 BOBALA ROAD	HOLYOKE	MA	01040	MA0085680	9/23/2022	9/23/2023
BETH ISRAEL LAHEY HEALTH PHARMACY INC	BETH ISRAEL LAHEY HEALTH PHARMACY INC	80 WILSON WAY	WESTWOOD	MA	02090	MA0097130	2/1/2022	2/1/2023
BOSTON MEDICAL PRODUCTS, INC.	BOSTON MEDICAL PRODUCTS, INC.	70 CHESTNUT STREET	SHREWSBURY	MA	01545	MA0093637	5/18/2022	5/18/2023
BOSTON ORTHOPEDIC & RESPORATORY EQUIPM	BOSTON ORTHOPEDIC & RESPORATORY EQUIPMENT	6 DEXTER	CHARLESTOWN	MA	02129	MA0097558	6/10/2022	6/10/2023
BOSTON SCIENTIFIC CORPORATION	BOSTON SCIENTIFIC CORPORATION	500 COMMANDER SHEA BOU	QUINCY	MA	02171	MA0094095	11/1/2022	11/1/2023
BRAINTREE LABORATORIES, INC.	BRAINTREE LABORATORIES, INC.	58 TEED DRIVE	RANDOLPH	MA	02368	MA0086579	3/1/2022	3/1/2023
CAMBRIDGE PUBLIC HEALTH COMMISSION	CAMBRIDGE PUBLIC HEALTH COMMISSION	90 CUMMINGS PARK	WOBURN	MA	01801-2129	MA0097205	2/3/2022	2/3/2023
CAPE MEDICAL SUPPLY,LLC	CAPE MEDICAL SUPPLY LLC	28 JAN SEBASTIAN DRIVE	SANDWICH	MA	02563	MA0089260	3/27/2022	3/27/2023
CARDINAL HEALTH 110, LLC	CARDINAL HEALTH 110, LLC	11 CENTENNIAL DRIVE	PEABODY	MA	01960	MA0089258	4/3/2022	4/3/2023
CARDINAL HEALTH 200, LLC	CARDINAL HEALTH 200, LLC	26 WIGGINS AVENUE	BEDFORD	MA	01730	MA0088725	2/22/2022	2/22/2023
CLINICAL 1 HOME MEDICAL	CLINICAL 1 HOME MEDICAL	65 MATHEWSON DRIVE	EAST WEYMOUTH	MA	02189	MA0085476	4/8/2022	4/8/2023
CMV WHOLESALERS LLC	CMV WHOLESALERS LLC	630 SILVER STREET	AGAWAM	MA	01001	MA0097318	4/7/2022	4/7/2023
CODE 1 SUPPLY, LLC	CODE 1 SUPPLY, LLC	5 DUPONT AVE	SOUTH YARMOUTH	MA	02664	MA0098459	6/10/2022	6/10/2023
COMMONWEALTH OF MASS LIMITED TO OFFICIA	COMMONWEALTH OF MASS LIMITED TO OFFICIAL G	250 WASHINGTON STREET, TH	BOSTON	MA	02108-4603	MA0096126	6/3/2022	6/3/2023
COMMONWEALTH OF MASS LIMITED TO OFFICIA	DEPARTMENT OF PUBLIC HEALTH CHEMPACK/SNS D	15 FREEDOM WAY	FRANKLIN	MA	02038	MA0089056	7/15/2022	7/15/2023
COMMUNITY SURGICAL SUPPLY OF TOMS RIVER,	COMMUNITY SURGICAL SUPPLY OF TOMS RIVER, IN	50 D'ANGELO DRIVE	MARLBOROUGH	MA	01752	MA0090744	1/5/2022	1/5/2023

The List of licensed Drug Distributors in Massachusetts								
Company name	**Doing Business As**	**Address**	**City**	**State**	**Zip**	**MCSR No.**	**Issue Date**	**Expire Date**
DANA FARBER CANCER INSTITUTE	DANA FARBER CANCER INSTITUTE	27 DRY DOCK AVENUE	BOSTON	MA	02215	MA0086581	4/19/2022	4/19/2023
DARTMOUTH MEDICAL EQUIPMENT, INC.	DARTMOUTH MEDICAL EQUIPMENT, INC.	19 OLD WESTPORT ROAD	NORTH DARTMOUTH	MA	02747	MA0094552	4/4/2022	4/4/2023
DENTAL AND MEDICAL OXYGEN CO., INC.	DENTAL AND MEDICAL OXYGEN CO., INC.	21 WOLCOTT COURT	READVILLE	MA	02137	MA0085034	5/14/2022	5/14/2023
DOE & INGALLS	DOE & INGALLS OF MASSACHUSETTS OPERATING, LI	300 JUBILEE DRIVE, SUITE 400	PEABODY	MA	01960	MA0089931	8/12/2022	8/12/2023
DOOR TO DOOR DENTAL INC.	DOOR TO DOOR DENTAL INC.	220 TOSCA DRIVE	STOUGHTON	MA	02072	MA0096316	10/30/2022	10/30/2023
DURABLE MEDICAL EQUIPMENT, INC.	DURABLE MEDICAL EQUIPMENT, INC.	42 SOUTHBRIDGE STREET	AUBURN	MA	01501	MA0093106	1/19/2022	1/19/2023
EASTERN PULMONARY SERVICES	EASTERN PULMONARY SERVICES	277 SOUTH STREET, UNIT 1	WALPOLE	MA	02081	MA0097940	12/20/2021	12/20/2022
EXCEL INC.	EXEL INC. DBA DHL SUPPLY CHAIN (USA)	530 JOHN HANCOCK ROAD	TAUNTON	MA	02780	MA0093942	9/20/2022	9/20/2023
G MEDICAL LLC DBA PHARMACEUTICS	G MEDICAL LLC DBA PHARMACEUTICS	77 CHARLES STREET	NEEDHAM	MA	02494	MA0087672	5/17/2022	5/17/2023
GERIATRIC MEDICAL AND SURGICAL SUPPLY	GERIATRIC MEDICAL AND SURGICAL SUPPLY	28 TORRICE DRIVE	WOBURN	MA	01801	MA0087773	9/9/2022	9/9/2023
GOOD NIGHT MEDICAL OF OHIO, LLC	GOOD NIGHT MEDICAL OF OHIO, LLC	220 SWANTON STREET	WINCHESTER	MA	01890	MA0093233	3/6/2022	3/6/2023
HEPIUS BIOTECH, INC.	HEPIUS BIOTECH, INC.	156 PORTER STREET	BOSTON	MA	02128	MA0098384	6/8/2022	6/8/2023
HOME EQUIPMENT ASSOC INC DBA HEALTHWISE	HOME EQUIPMENT ASSOC INC DBA HEALTHWISE	25 WALPOLE PARK SOUTH	WALPOLE	MA	02081	MA0087088	9/22/2022	9/22/2023
INTEGRATED MEDICAL SYSTEMS	INTEGRATED MEDICAL SYSTEMS	92 B GLENN STREET	LAWRENCE	MA	01843	MA0094300	1/16/2022	1/16/2023
ISLAND HOME MEDICAL	ISLAND HOME MEDICAL	12 OLD SCHOOLHOUSE VILLAG	OAK BLUFFS	MA	02557	MA0096051	11/1/2021	11/2/2022
JOERNS, LLC	JOERNS, LLC	289 ELM STREET	MARLBOROUGH	MA	01752-4565	MA0092229	3/24/2022	4/27/2023
JOERNS, LLC	JOERNS, LLC	24 WALPOLE PARK 2	WALPOLE	MA	02081	MA0094792	4/19/2022	4/27/2023
JOERNS, LLC	JOERNS, LLC	317 MEADOW STREET	CHICOPEE	MA	01022	MA0094805	4/27/2022	4/27/2023
JOERNS, LLC	JOERNS, LLC	755 MIDDLESEX TURNPIKE	BILLERICA	MA	01821	MA0098017	3/28/2022	3/28/2023
KM MEDICAL INC.	KM MEDICAL INC.	65 PARKER STREET	NEWBURYPORT	MA	01950	MA0097217	2/1/2022	2/1/2023
LENCO INDUSTRIES	LENCO INDUSTRIES	10 BETNR INDUSTRIAL DRIVE	PITTSFIELD	MA	01201	MA0094994	7/23/2022	7/23/2023
LIBERTY SUPPLY, INC.	LIBERTY SUPPLY, INC.	195 HAMILTON STREET	LEOMINSTER	MA	01453	MA0082886	10/28/2022	10/28/2023
LINCARE INC	LINCARE INC.	1138 ROUTE 28A	CATAUMET	MA	02534	MA0097522	7/19/2021	5/31/2023
LINCARE, INC.	LINCARE, INC.DBA J & L MEDICAL SERVICES	51 PARK AVENUE	WEST SPRINGFIELD	MA	01089	MA0096176	7/10/2021	5/31/2023
LINDE GAS & EQUIPMENT, INC.	LINDE GAS & EQUIPMENT, INC.	155 MILLENIUM CIRCLE, STE 1	LAKEVILLE	MA	02347	MA0097762	11/22/2021	11/22/2022
MAINE OXY	MAINE OXY	40 HAYNES CIRCLE	CHICOPEE	MA	01020	MA0093803	8/23/2022	8/23/2023
MAINE OXY	MAINE OXY	47 SUMNER STREET	MILFORD	MA	01757	MA0088181	8/2/2022	8/2/2023
MASS BAY RESPIRATORY	MASS BAY MEDICAL SUPPLIES	10 EAST STREET	HANOVER	MA	02339	MA0096164	7/3/2022	7/3/2023
MASSACHUSETTS GENERAL HOSPITAL - BIOBANK	MASSACHUSETTS GENERAL HOSPITAL - BIOBANK	65 LANDSDOWNE STREET	CAMBRIDGE	MA	02139	MA0097039	12/4/2021	12/4/2022
MASSACHUSETTS GENERAL HOSPITAL DEPARTM	MASSACHUSETTS GENERAL HOSPITAL DEPARTMENT	131 INNER BELT ROAD	SOMERVILLE	MA	02143	MA0097041	12/14/2021	12/14/2022
MASY SYSTEMS, INC	MASY BIOSERVICES	3 PATTERSON ROAD	SHIRLEY	MA	01464	MA0098675	9/15/2022	9/15/2023
MASY SYSTEMS, INC.	MASY SYSTEMS, INC. DBA MASY BIOSERVICES	10 LOMAR PARK DRIVE	PEPPERELL	MA	01463	MA0096405	12/9/2021	12/9/2022
MAYFLOWER DENTAL SUPPLY, LLC	MAYFLOWER DENTAL SUPPLY, LLC	497 ROBESON STREET	FALL RIVER	MA	02720	MA0096289	10/9/2022	10/9/2023

The List of licensed Drug Distributors in Massachusetts								
Company name	Doing Business As	Address	City	State	Zip	MCSR No.	Issue Date	Expire Date
ROCKET MEDICAL PLC	ROCKET MEDICAL PLC	50 CORPORATE PARK DRIVE	PEMBROKE	MA	02359	MA0095768	2/4/2022	2/4/2023
RXGALAXY CORPORATION	RXGALAXY CORPORATION	136 TURNPIKE ROAD	SOUTHBOROUGH	MA	01772	MA0098067	4/11/2022	4/11/2023
SPECTRA MEDICAL DEVICES, LLC	SPECTRA MEDICAL DEVICES, LLC	299 BALLARDVALE STREET	WILMINGTON	MA	01887	MA0096950	8/18/2022	8/18/2023
STATE OFFICE FOR PHARMACY SERVICES	STATE OFFICE FOR PHARMACY SERVICES	369 EAST STREET	TEWKSBURY	MA	01876	MA0091405	4/19/2022	12/23/2023
T&C FLYNN'S PHARMACY, INC.	T&C FLYNN'S PHARMACY, INC.	173 ELM STREET	PITTSFIELD	MA	01201	MA0095667	11/7/2021	11/7/2022
THE HILSINGER COMPANY PARENT, LLC DBA HILC	THE HILSINGER COMPANY PARENT, LLC DBA HILCO \	33 WEST BACON STREET	PLAINVILLE	MA	02762	MA0096683	5/26/2022	5/26/2023
THE PROMPTCARE COMPANIES, INC.	THE PROMPTCARE COMPANIES, INC.	385 UNIVERSITY AVENUE	WESTWOOD	MA	02090	MA0096784	8/3/2022	8/3/2023
TMED HOLDINGS, INC.	TMED HOLDINGS, INC.	33 RIVERSIDE DRIVE, SUITE 20	PEMBROKE	MA	02359	MA0089044	9/26/2022	9/26/2023
TOTAL WELDING SUPPLY, INC.	TOTAL WELDING SUPPLY, INC.	114 BRALEY ROAD	EAST FREETOWN	MA	02717	MA0080894	1/18/2022	1/18/2023
TRANS MED USA, INC.	TRANS MED USA, INC.	31 PROGRESS AVENUE	TYNGSBOROUGH	MA	01879	MA0084979	3/3/2022	3/3/2023
TRAVELER'S SUPPLY, INC.	TRAVELER'S SUPPLY, INC.	115 YORK STREET	WEST SPRINGFIELD	MA	01089	MA0093764	8/29/2022	8/29/2023
TRIUMVIRATE ENVIRONMENTAL INC.	TRIUMVIRATE ENVIRONMENTAL INC.	191 INNER BELT ROAD	SOMERVILLE	MA	02143	MA0097229	2/17/2022	2/17/2023
VUROYAL PHARMACEUTICAL COMPANY LLC	VUROYAL PHARMACEUTICAL COMPANY LLC	303 WYMAN STREET	WALTHAM	MA	02451	MA0097596	8/16/2022	8/16/2023
WAVE LIFE SCIENCES USA, INC.	WAVE LIFE SCIENCES USA, INC.	733 CONCORD AVENUE	CAMBRIDGE	MA	02138	MA0094677	4/24/2022	4/24/2023
WAVE LIFE SCIENCES USA, INC.	WAVE LIFE SCIENCES USA, INC.	115 HARTWELL AVENUE	LEXINGTON	MA	02421	MA0094689	4/24/2022	4/24/2023
WE HEALTH, LLC	WE HEALTH, LLC	1500 DISTRICT AVENUE	BURLINGTON	MA	01803	MA0096758	7/8/2022	7/8/2023
WELLNESS MEDICAL SUPPLY	WELLNESS MEDICAL SUPPLY	45 MAIN ST., UNIT A	BOYLSTON	MA	01505	MA0097508	7/19/2022	7/19/2023
WEST GATE HOME MEDICAL EQUIPMENT, INC.	WEST GATE HOME MEDICAL EQUIPMENT, INC.	87 ENTERPRISE ROAD	HYANNIS	MA	02601	MA0097584	8/24/2022	8/24/2023
WINCHESTER HOSPITAL MATERIAL MANAGEMEN	WINCHESTER HOSPITAL MATERIAL MANAGEMENT	8 PRESIDENTIAL WAY	WOBURN		01801	MA0098613	7/25/2022	7/25/2023
WINCHESTER HOSPITAL MATERIAL MANAGEMEN	WINCHESTER HOSPITAL MATERIALS MANAGEMENT	95 MAPLE STREET	STONEHAM	MA	02180	MA0088092	7/21/2022	7/21/2023
XIROS, INC.	XIROS, INC.	20 CABOT BOULEVARD	MANSFIELD	MA	02048	MA0097332	3/31/2022	3/31/2023

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

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ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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CAPONE,MICHAEL JOSEPH	Assoc Supv Warehouse	Uxbridge, MA - C40
SAUDER,DANIEL F	Assoc Supv Warehouse	Uxbridge, MA - C40
VAN ORT,COLLIN EDWARD	Assoc Supv Warehouse	Uxbridge, MA - C40
GLORIA,JOSEPH A	Dir Operations	Uxbridge, MA - C40
MCCARTHY,MICHELLE	Dispatcher	Uxbridge, MA - C40
ALBRO,JENNIFER LYNN	Inbound Coord	Uxbridge, MA - C40
BABINGTON,GREGORY WILLIAM	Mgr MedTrans	Uxbridge, MA - C40
ALDEN,MICHAEL S	Mgr Warehouse	Uxbridge, MA - C40
BURNS,CASEY WILLIAM	Mgr Warehouse	Uxbridge, MA - C40
SCOTTI JR,VINCENT OTTAVIO	Mgr Warehouse	Uxbridge, MA - C40
FERREIRA,SONIA PATRICIA	OPS-Branch Admin Sr	Uxbridge, MA - C40
HUMES,ALEXANDRA	OPS-Branch Administrator	Uxbridge, MA - C40
LAPRADE,CHERYL	OPS-Branch Administrator	Uxbridge, MA - C40
ARAUJO,CHRISTIAN ZABDIEL	OPS-Branch Trainer	Uxbridge, MA - C40
AVELINO,ANITA MENDES	OPS-Branch Trainer	Uxbridge, MA - C40
BURNS,MICHAEL LAWRENCE	OPS-Branch Trainer	Uxbridge, MA - C40
CHAPARRO,HENRY	OPS-Branch Trainer	Uxbridge, MA - C40
FONTAINE,EDWARD JOSEPH	OPS-Branch Trainer	Uxbridge, MA - C40
GAMBOA,CINDY L	OPS-Branch Trainer	Uxbridge, MA - C40
GODINHODESOUZA,THALLES N	OPS-Branch Trainer	Uxbridge, MA - C40
HERNANDEZ,ISRAEL	OPS-Branch Trainer	Uxbridge, MA - C40
HO,ALEXANDER BARRY	OPS-Branch Trainer	Uxbridge, MA - C40
HOPKINS,CULLEN J	OPS-Branch Trainer	Uxbridge, MA - C40
MUSSINGTON SR,ANDRE RAMON	OPS-Branch Trainer	Uxbridge, MA - C40
NICKERSON,JAYME ROBERT	OPS-Branch Trainer	Uxbridge, MA - C40
PHIMCHANTHAPHONE,KHEMPHETH	OPS-Branch Trainer	Uxbridge, MA - C40
RIOS,CARLOS MANUEL	OPS-Branch Trainer	Uxbridge, MA - C40
ALTON BRILLANT,JOHN WILLIAM	OPS-Delivery Driver	Uxbridge, MA - C40
BRILLANT,JOHN RUSSELL	OPS-Delivery Driver	Uxbridge, MA - C40
COY,MATTHEW J	OPS-Delivery Driver	Uxbridge, MA - C40
DELANG,STEVEN JOHN	OPS-Delivery Driver	Uxbridge, MA - C40
DEMELIA,DAVE	OPS-Delivery Driver	Uxbridge, MA - C40
DOS SANTOS,ANGELO NASCIMENTO	OPS-Delivery Driver	Uxbridge, MA - C40
SANTIAGO,CHRISTIAN	OPS-Delivery Driver	Uxbridge, MA - C40
ANTONUCCIO,KEVIN DAVID	OPS-Driver I	Uxbridge, MA - C40
BERNIER,MICHAEL EDWARD	OPS-Driver I	Uxbridge, MA - C40
CHUDY,RODMAN	OPS-Driver I	Uxbridge, MA - C40
COLLINS,CHAD D.	OPS-Driver I	Uxbridge, MA - C40
COPELAND,NEIL B.	OPS-Driver I	Uxbridge, MA - C40
CRUZ SR,CARLOS M	OPS-Driver I	Uxbridge, MA - C40
FULLER,TIMOTHY MARK	OPS-Driver I	Uxbridge, MA - C40
MARCHAND,CHRISTOPHER	OPS-Driver I	Uxbridge, MA - C40
REYES RODRIGUEZ,HUGO L	OPS-Driver I	Uxbridge, MA - C40
YARBORO,KEVIN MICHAEL	OPS-Driver I	Uxbridge, MA - C40
ANDRADE,HELDER LOPES	OPS-Driver II	Uxbridge, MA - C40
AQUINO,ENMANUEL ALBERTO	OPS-Driver II	Uxbridge, MA - C40
ARROYO,FREDDIE	OPS-Driver II	Uxbridge, MA - C40
BENOIT,JOSHUA M	OPS-Driver II	Uxbridge, MA - C40
BLAKESLEY,CHARLES	OPS-Driver II	Uxbridge, MA - C40
BRUSSEAU,SCOTT	OPS-Driver II	Uxbridge, MA - C40
CABRAL ALMEIDA,JOSELITO	OPS-Driver II	Uxbridge, MA - C40
CALCAGNO,RAYMOND A	OPS-Driver II	Uxbridge, MA - C40

CEARBAUGH,RANDALL DEAN	OPS-Driver II	Uxbridge, MA - C40
CHILDRESS,HEATH ROBERT	OPS-Driver II	Uxbridge, MA - C40
COLLITO,COREY JAMES	OPS-Driver II	Uxbridge, MA - C40
COLON,CHRISTIAN URIEL	OPS-Driver II	Uxbridge, MA - C40
CONNELL,THOMAS LOUIS	OPS-Driver II	Uxbridge, MA - C40
COONEY,DAVID CLAUDE	OPS-Driver II	Uxbridge, MA - C40
COSTA,AIDAN	OPS-Driver II	Uxbridge, MA - C40
COSTELLO JR,JAMES MICHAEL	OPS-Driver II	Uxbridge, MA - C40
DAIGNEAULT,PAUL G.	OPS-Driver II	Uxbridge, MA - C40
DEAZA,JORDANY	OPS-Driver II	Uxbridge, MA - C40
DEGRACE,RANDY ALCIDE	OPS-Driver II	Uxbridge, MA - C40
DIAS,JOAQUIM R	OPS-Driver II	Uxbridge, MA - C40
DIAZ,JAVIER IL	OPS-Driver II	Uxbridge, MA - C40
EVANS,SCOTT D	OPS-Driver II	Uxbridge, MA - C40
FRUZZETTI,DAVID	OPS-Driver II	Uxbridge, MA - C40
FULLER I,DEREK JAMES	OPS-Driver II	Uxbridge, MA - C40
GADSBY,MICHAEL P	OPS-Driver II	Uxbridge, MA - C40
GARCIA,EDDIE	OPS-Driver II	Uxbridge, MA - C40
GESUALDI,MATTHEW	OPS-Driver II	Uxbridge, MA - C40
HEBERT,MARY J	OPS-Driver II	Uxbridge, MA - C40
JUSME,WEBBY SMITH	OPS-Driver II	Uxbridge, MA - C40
KHADOO,RAMESH	OPS-Driver II	Uxbridge, MA - C40
KHAN,MUHAMMAD IRFAN	OPS-Driver II	Uxbridge, MA - C40
KLEGRAEFE,TIMOTHY	OPS-Driver II	Uxbridge, MA - C40
KLINE,RICHARD	OPS-Driver II	Uxbridge, MA - C40
LANOIE,PATRICK DAVID	OPS-Driver II	Uxbridge, MA - C40
LODHI,KHIZAR H	OPS-Driver II	Uxbridge, MA - C40
MARCELINO,JUAN	OPS-Driver II	Uxbridge, MA - C40
MERRITT,JOHN M	OPS-Driver II	Uxbridge, MA - C40
MIRANDA,JERRY	OPS-Driver II	Uxbridge, MA - C40
MONTEIRO I,ELISEU	OPS-Driver II	Uxbridge, MA - C40
MORALES,JUAN CARLOS	OPS-Driver II	Uxbridge, MA - C40
MUNIZ,BENIGNO	OPS-Driver II	Uxbridge, MA - C40
MUNRAYOS,ROBERT EFRAIN	OPS-Driver II	Uxbridge, MA - C40
PELLETIER,JOSEPH C	OPS-Driver II	Uxbridge, MA - C40
PHANEUF,JASON RONALD	OPS-Driver II	Uxbridge, MA - C40
PREEPER,MICHAEL K	OPS-Driver II	Uxbridge, MA - C40
REES,SHAWN M.	OPS-Driver II	Uxbridge, MA - C40
RIOS,ROLANDO	OPS-Driver II	Uxbridge, MA - C40
ROBERSON JR,DAVID LEE	OPS-Driver II	Uxbridge, MA - C40
ROBLES APONTE,LUIS A.	OPS-Driver II	Uxbridge, MA - C40
SAMMAH,NICHOLAS I	OPS-Driver II	Uxbridge, MA - C40
SANTOS LUGO,DELVY LEE	OPS-Driver II	Uxbridge, MA - C40
SAQUIC NIMAJA,PEDRO	OPS-Driver II	Uxbridge, MA - C40
STIMPSON,EVAN	OPS-Driver II	Uxbridge, MA - C40
STRYCHARZ,EDWARD FRANCIS	OPS-Driver II	Uxbridge, MA - C40
TINO,WALTER	OPS-Driver II	Uxbridge, MA - C40
TOE,CLETUS T	OPS-Driver II	Uxbridge, MA - C40
VARGAS,RAFAEL ARTURO	OPS-Driver II	Uxbridge, MA - C40
VILLANUEVA SR,WILFREDO	OPS-Driver II	Uxbridge, MA - C40
BERMUDEZ,ROBERTO CARLOS	OPS-Driver Ld	Uxbridge, MA - C40
LOMBARDI,STEVEN ANDREW	OPS-Driver Ld	Uxbridge, MA - C40

MCBRIDE,EDWARD	OPS-Driver Ld	Uxbridge, MA - C40
POOR IV,JUSTIN WILLIAM	OPS-Driver Ld	Uxbridge, MA - C40
BROOME,RICHARD	OPS-Inventory Control Ld	Uxbridge, MA - C40
BURMEISTER,TRACY ANN	OPS-Inventory Coord	Uxbridge, MA - C40
LABRIE,TAMMY LYNN	OPS-Inventory Coord	Uxbridge, MA - C40
LAMOUR,ARTHUR	OPS-Inventory Coord	Uxbridge, MA - C40
MACPHERSON,KERIN PAULINE	OPS-Inventory Coord	Uxbridge, MA - C40
MARCOTTE,NICHOLAS ANDREW	OPS-Inventory Coord	Uxbridge, MA - C40
NINO,VICTOR	OPS-Inventory Coord	Uxbridge, MA - C40
SCHULTZ,TIMOTHY	OPS-Inventory Coord Sr	Uxbridge, MA - C40
SHEA,TIMOTHY P	OPS-Inventory Coord Sr	Uxbridge, MA - C40
JIMENEZ,MANUEL ENRIGUILLO	OPS-Janitor	Uxbridge, MA - C40
LOPEZ,ELIZABETH	OPS-Janitor	Uxbridge, MA - C40
MONTEIRO,EDER JORGE	OPS-Janitor	Uxbridge, MA - C40
NEAL,THOMAS K	OPS-Janitor	Uxbridge, MA - C40
ROSA GARCIA,DEVAN	OPS-Janitor	Uxbridge, MA - C40
VAN DEURSE,LOGAN KARL	OPS-Janitor	Uxbridge, MA - C40
SCAVITTI JR,PHILLIP O	OPS-Maintenance Mechanic I	Uxbridge, MA - C40
ETHIER,MARC	OPS-Maintenance Mechanic II	Uxbridge, MA - C40
MAYOTTE,GABRIEL J	OPS-Maintenance Mechanic II	Uxbridge, MA - C40
SHEEHAN,RICHARD JOSEPH	OPS-Maintenance Mechanic II	Uxbridge, MA - C40
ST. LAURENT-MAHON,ADAM EARL	OPS-Maintenance Mechanic II	Uxbridge, MA - C40
ROBBINS,PATRICK WAYNE	OPS-MedTrans Branch Admin	Uxbridge, MA - C40
WHITNEY,CHRISTINE	OPS-MedTrans Branch Admin	Uxbridge, MA - C40
SALMON,MATTHEW JAMES	OPS-Project Ld	Uxbridge, MA - C40
ALVES,CARLOS	OPS-Warehouse Ld	Uxbridge, MA - C40
CURRY,STEPHEN JOHN	OPS-Warehouse Ld	Uxbridge, MA - C40
HOYLE II,WILLIAM L.	OPS-Warehouse Ld	Uxbridge, MA - C40
KAMPS,CHRISTOPHER R	OPS-Warehouse Ld	Uxbridge, MA - C40
MAJOR,WILLIAM EDWARD	OPS-Warehouse Ld	Uxbridge, MA - C40
MONROY JR,SERGIO ESTUARDO	OPS-Warehouse Ld	Uxbridge, MA - C40
MORALES,HECTOR K	OPS-Warehouse Ld	Uxbridge, MA - C40
SCHALL,MEGAN DELANO	OPS-Warehouse Ld	Uxbridge, MA - C40
SHEA,KIMBERLY	OPS-Warehouse Ld	Uxbridge, MA - C40
SPRINGSTON,ANDREW MATHIAS	OPS-Warehouse Ld	Uxbridge, MA - C40
TREJO,MIGUEL ANGEL	OPS-Warehouse Ld	Uxbridge, MA - C40
ACEVEDO,JUAN	OPS-Warehouse Operator	Uxbridge, MA - C40
ACEVEDO,MARK ANTHONY	OPS-Warehouse Operator	Uxbridge, MA - C40
ADDO,SAMIR	OPS-Warehouse Operator	Uxbridge, MA - C40
AKINBI,ADEMOLA KAYODE	OPS-Warehouse Operator	Uxbridge, MA - C40
ALIMASI,DERRICK	OPS-Warehouse Operator	Uxbridge, MA - C40
ALMEIDA,TIAGO	OPS-Warehouse Operator	Uxbridge, MA - C40
ANDERSON,NATHAN RUSSELL	OPS-Warehouse Operator	Uxbridge, MA - C40
ANSELL,DAVID CLIFFORD	OPS-Warehouse Operator	Uxbridge, MA - C40
ANTONELLIS,STEVEN CHARLES	OPS-Warehouse Operator	Uxbridge, MA - C40
ANTWI,GABRIEL GYASI	OPS-Warehouse Operator	Uxbridge, MA - C40
ARANA,JONATHAN	OPS-Warehouse Operator	Uxbridge, MA - C40
ARISTE,ANNE-ROSE	OPS-Warehouse Operator	Uxbridge, MA - C40
ARPIN,NICHOLAS RYAN	OPS-Warehouse Operator	Uxbridge, MA - C40
ARYEH,BENJAMIN NII	OPS-Warehouse Operator	Uxbridge, MA - C40
BAAFI,FREDERICK	OPS-Warehouse Operator	Uxbridge, MA - C40
BACHELLER,DAVID A	OPS-Warehouse Operator	Uxbridge, MA - C40

BADEAU,KEITH	OPS-Warehouse Operator	Uxbridge, MA - C40
BAEZ,BRYAN MATTHEW	OPS-Warehouse Operator	Uxbridge, MA - C40
BAKER,ROSEMARY DOONA	OPS-Warehouse Operator	Uxbridge, MA - C40
BAKIRI,ADAM	OPS-Warehouse Operator	Uxbridge, MA - C40
BARTHELEMY,JEAN L	OPS-Warehouse Operator	Uxbridge, MA - C40
BASORA,DIMAS	OPS-Warehouse Operator	Uxbridge, MA - C40
BASSETT,TAYLOR JEAN	OPS-Warehouse Operator	Uxbridge, MA - C40
BELSETH,RYAN LEE	OPS-Warehouse Operator	Uxbridge, MA - C40
BOISVERT,SCOTT WAYNE	OPS-Warehouse Operator	Uxbridge, MA - C40
BOLIVAR ELIAS,MIGUEL ANGEL	OPS-Warehouse Operator	Uxbridge, MA - C40
BOLTRUSHEK,ALEXIS JENNELL	OPS-Warehouse Operator	Uxbridge, MA - C40
BONILLA,NOELYS	OPS-Warehouse Operator	Uxbridge, MA - C40
BOTELHO,CHERIE A	OPS-Warehouse Operator	Uxbridge, MA - C40
BRALEY,BENJAMIN CONSTANTINOS	OPS-Warehouse Operator	Uxbridge, MA - C40
BRALEY,LORI W	OPS-Warehouse Operator	Uxbridge, MA - C40
BRITO,JOSE ORLANDO	OPS-Warehouse Operator	Uxbridge, MA - C40
BROWN,KRISTINE ELIZABETH	OPS-Warehouse Operator	Uxbridge, MA - C40
BROWN,MATTHEW	OPS-Warehouse Operator	Uxbridge, MA - C40
BROWN,PERRY	OPS-Warehouse Operator	Uxbridge, MA - C40
CALISE,JOHN	OPS-Warehouse Operator	Uxbridge, MA - C40
CAMIRE,GERALD RALPH	OPS-Warehouse Operator	Uxbridge, MA - C40
CARABALLO,JOSE	OPS-Warehouse Operator	Uxbridge, MA - C40
CARDENAS,CARLOS A	OPS-Warehouse Operator	Uxbridge, MA - C40
CAREY,MICHAEL ANTHONY	OPS-Warehouse Operator	Uxbridge, MA - C40
CARVALHO,DIANA A	OPS-Warehouse Operator	Uxbridge, MA - C40
CARVALHO,EDUARDO ASSUNCAO	OPS-Warehouse Operator	Uxbridge, MA - C40
CASIMIRO,DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
CASTILLO MOREL,ANDERSON	OPS-Warehouse Operator	Uxbridge, MA - C40
CECCONI,ANTHONY ADELARD	OPS-Warehouse Operator	Uxbridge, MA - C40
CHAPARRO,MIGUEL	OPS-Warehouse Operator	Uxbridge, MA - C40
CHESCHI,SARA ELIZABETH	OPS-Warehouse Operator	Uxbridge, MA - C40
COLECCHI,NIKKI JEAN	OPS-Warehouse Operator	Uxbridge, MA - C40
COLLETTE,AARON RICHARD	OPS-Warehouse Operator	Uxbridge, MA - C40
COMER,ROBERT RICHARD	OPS-Warehouse Operator	Uxbridge, MA - C40
CONTRERAS,KENNY	OPS-Warehouse Operator	Uxbridge, MA - C40
CORBIN,HEATHER L	OPS-Warehouse Operator	Uxbridge, MA - C40
COTE,ROLAND ROBERT	OPS-Warehouse Operator	Uxbridge, MA - C40
CRENSHAW,ROBERT R	OPS-Warehouse Operator	Uxbridge, MA - C40
CREPEAU,AMANDA	OPS-Warehouse Operator	Uxbridge, MA - C40
CUSTODE,THOMAS ELVIS	OPS-Warehouse Operator	Uxbridge, MA - C40
DACOSTA,ANTONIO FELIPE	OPS-Warehouse Operator	Uxbridge, MA - C40
DALEUS,ISAAC J	OPS-Warehouse Operator	Uxbridge, MA - C40
DAVIS,CORY ANTHONY	OPS-Warehouse Operator	Uxbridge, MA - C40
DAVIS,SHIQAUN DEMETRE	OPS-Warehouse Operator	Uxbridge, MA - C40
DE BARROS,DJAMILSON MONTEIRO	OPS-Warehouse Operator	Uxbridge, MA - C40
DEJESUSCARRION,ELIZABETH JANET	OPS-Warehouse Operator	Uxbridge, MA - C40
DELACRUZ,ARGENYS	OPS-Warehouse Operator	Uxbridge, MA - C40
DELORENZO,SHERRI L	OPS-Warehouse Operator	Uxbridge, MA - C40
DELORGE,JEFFREY ANDREW	OPS-Warehouse Operator	Uxbridge, MA - C40
DEMELO,ROSEMARY	OPS-Warehouse Operator	Uxbridge, MA - C40
DENNETT,GENE	OPS-Warehouse Operator	Uxbridge, MA - C40
DEPINA JR,EDMILSON DOCANTO	OPS-Warehouse Operator	Uxbridge, MA - C40

DESJARLAIS,KATRINA ROSE	OPS-Warehouse Operator	Uxbridge, MA - C40
DIGGS BROYLES,MAUDE CHARLOTTE	OPS-Warehouse Operator	Uxbridge, MA - C40
DIGGS,TAVARES	OPS-Warehouse Operator	Uxbridge, MA - C40
DILORENZO,DAVID P	OPS-Warehouse Operator	Uxbridge, MA - C40
DIMAS-CABEZAS,OSCAR ANTONIO	OPS-Warehouse Operator	Uxbridge, MA - C40
DIPRETE,ANTHONY J	OPS-Warehouse Operator	Uxbridge, MA - C40
DIXON,HYACINTH CHRISTINE	OPS-Warehouse Operator	Uxbridge, MA - C40
DOS REIS,EUNICE MENDES	OPS-Warehouse Operator	Uxbridge, MA - C40
DOUCE,ERWIN	OPS-Warehouse Operator	Uxbridge, MA - C40
DRAINVILLE,MATTHEW RUSSELL	OPS-Warehouse Operator	Uxbridge, MA - C40
DRODDY,BRIANNA	OPS-Warehouse Operator	Uxbridge, MA - C40
DUNN,DAKOTA LEE	OPS-Warehouse Operator	Uxbridge, MA - C40
DUTCHER,CHRISTOPHER DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
EL BOUABIDI,DRISS	OPS-Warehouse Operator	Uxbridge, MA - C40
ELLIOTT JR,KENNETH L	OPS-Warehouse Operator	Uxbridge, MA - C40
ENYEN,JOHN A	OPS-Warehouse Operator	Uxbridge, MA - C40
ESPINOZA,VICTOR	OPS-Warehouse Operator	Uxbridge, MA - C40
ESTEVAO,MIRIAM SILVA	OPS-Warehouse Operator	Uxbridge, MA - C40
FAFARD,KENNETH GEORGE	OPS-Warehouse Operator	Uxbridge, MA - C40
FALCONER,JERMAINE ANTHONY	OPS-Warehouse Operator	Uxbridge, MA - C40
FEOLE,MICHEAL D	OPS-Warehouse Operator	Uxbridge, MA - C40
FERLAND,JUDY	OPS-Warehouse Operator	Uxbridge, MA - C40
FERNANDES LISBOA,VANESSA EDUARD	OPS-Warehouse Operator	Uxbridge, MA - C40
FLORES,NELSON OMAR	OPS-Warehouse Operator	Uxbridge, MA - C40
FONTALVO,ABIMAEL A	OPS-Warehouse Operator	Uxbridge, MA - C40
FRANCO,DUANE	OPS-Warehouse Operator	Uxbridge, MA - C40
GADIAGA,ASTOU	OPS-Warehouse Operator	Uxbridge, MA - C40
GARAFANO,DENA	OPS-Warehouse Operator	Uxbridge, MA - C40
GEOFFROY,ELIZABETH ANNE	OPS-Warehouse Operator	Uxbridge, MA - C40
GODINHO DESOUZA,YAN	OPS-Warehouse Operator	Uxbridge, MA - C40
GOMES GONCALVES,HELDER BARBOSA	OPS-Warehouse Operator	Uxbridge, MA - C40
GOMEZ,LISA ANNE	OPS-Warehouse Operator	Uxbridge, MA - C40
GOULD,NICHOLAS RUSSELL	OPS-Warehouse Operator	Uxbridge, MA - C40
GOUVEIA,ANDREW	OPS-Warehouse Operator	Uxbridge, MA - C40
GRIFFIN,DANIEL CURRIE	OPS-Warehouse Operator	Uxbridge, MA - C40
GUERRERO,SANTIAGO	OPS-Warehouse Operator	Uxbridge, MA - C40
HANAVAN,KAYLA MICHELLE	OPS-Warehouse Operator	Uxbridge, MA - C40
HARPIN,MITCHELL	OPS-Warehouse Operator	Uxbridge, MA - C40
HAUEISEN,ALFRED LEON	OPS-Warehouse Operator	Uxbridge, MA - C40
HENAULT I,TIMOTHY PAUL	OPS-Warehouse Operator	Uxbridge, MA - C40
HICKS,DENICE RENEE	OPS-Warehouse Operator	Uxbridge, MA - C40
HILDITCH,ISABELLE MICHELLE	OPS-Warehouse Operator	Uxbridge, MA - C40
HILL,ANDREW WILLIAM	OPS-Warehouse Operator	Uxbridge, MA - C40
HILL,JONNAY	OPS-Warehouse Operator	Uxbridge, MA - C40
HUSS,JUSTIN	OPS-Warehouse Operator	Uxbridge, MA - C40
IDROVO SR,BRIAN FERNANDO	OPS-Warehouse Operator	Uxbridge, MA - C40
IRVING,BRYAN ALBERT	OPS-Warehouse Operator	Uxbridge, MA - C40
JABBAR,NASHWA	OPS-Warehouse Operator	Uxbridge, MA - C40
JABBAR,SAMAN H	OPS-Warehouse Operator	Uxbridge, MA - C40
JACKSON,SHAWN DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
JALLOW,AMADOU	OPS-Warehouse Operator	Uxbridge, MA - C40
JALLOW,CHERNO B	OPS-Warehouse Operator	Uxbridge, MA - C40

JALLOW,CHERNO M	OPS-Warehouse Operator	Uxbridge, MA - C40
JAQUES,ZACKARY ALEX	OPS-Warehouse Operator	Uxbridge, MA - C40
JARRY,ALICIA MARIE	OPS-Warehouse Operator	Uxbridge, MA - C40
JENNINGS,CHRISTOPHER	OPS-Warehouse Operator	Uxbridge, MA - C40
JIMENEZ,JOSE A	OPS-Warehouse Operator	Uxbridge, MA - C40
JN FRANCOIS,BOB-HENSON	OPS-Warehouse Operator	Uxbridge, MA - C40
JOHNSON,BIANCA	OPS-Warehouse Operator	Uxbridge, MA - C40
JOLY,TYLER	OPS-Warehouse Operator	Uxbridge, MA - C40
JURASHEN,ANDREW	OPS-Warehouse Operator	Uxbridge, MA - C40
JURASHEN,JENNIFER M.	OPS-Warehouse Operator	Uxbridge, MA - C40
KELTER,MARK E	OPS-Warehouse Operator	Uxbridge, MA - C40
KENNEDY,CONNOR ROBERT	OPS-Warehouse Operator	Uxbridge, MA - C40
KIRKLAND,DEREK	OPS-Warehouse Operator	Uxbridge, MA - C40
LAFLEUR,SARINA MAE	OPS-Warehouse Operator	Uxbridge, MA - C40
LALOMA III,JORGE ENRIQUE	OPS-Warehouse Operator	Uxbridge, MA - C40
LAMBERT,JOSHUA LEE	OPS-Warehouse Operator	Uxbridge, MA - C40
LANAGAN,TAMMY	OPS-Warehouse Operator	Uxbridge, MA - C40
LARBI,KWADWO ACHIA	OPS-Warehouse Operator	Uxbridge, MA - C40
LARRAIN,BETSY J	OPS-Warehouse Operator	Uxbridge, MA - C40
LAVALLEY,ERIK	OPS-Warehouse Operator	Uxbridge, MA - C40
LEBRON,NATHANAEL	OPS-Warehouse Operator	Uxbridge, MA - C40
LEHTOLA JR,MARK STEVEN	OPS-Warehouse Operator	Uxbridge, MA - C40
LENHER,SARA	OPS-Warehouse Operator	Uxbridge, MA - C40
LENT,JAMES DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
L'ESPERANCE,JOHN MATTHEW	OPS-Warehouse Operator	Uxbridge, MA - C40
LEWIS,DOMONIQUE	OPS-Warehouse Operator	Uxbridge, MA - C40
LIMA-SMITH,ELLIOT	OPS-Warehouse Operator	Uxbridge, MA - C40
LIPSKY,ANDREW ROBERT	OPS-Warehouse Operator	Uxbridge, MA - C40
LOOMIS,DENNIS	OPS-Warehouse Operator	Uxbridge, MA - C40
LOPEZ,JESUS ANGEL	OPS-Warehouse Operator	Uxbridge, MA - C40
LOPEZ,MANUEL	OPS-Warehouse Operator	Uxbridge, MA - C40
LOPEZ,MIGUEL A	OPS-Warehouse Operator	Uxbridge, MA - C40
LOPEZ,ROBERT JUNIOR	OPS-Warehouse Operator	Uxbridge, MA - C40
LUBIN,SOCRATES	OPS-Warehouse Operator	Uxbridge, MA - C40
LUSSIER,MARC HENRI	OPS-Warehouse Operator	Uxbridge, MA - C40
MALCOLM,ADAM ROBERT	OPS-Warehouse Operator	Uxbridge, MA - C40
MALCOLM,SEAN	OPS-Warehouse Operator	Uxbridge, MA - C40
MARCHANT,MICHAEL TIMOTHY	OPS-Warehouse Operator	Uxbridge, MA - C40
MARCOUX,KATHRYN LYNN	OPS-Warehouse Operator	Uxbridge, MA - C40
MARQUIS,WILLIAM	OPS-Warehouse Operator	Uxbridge, MA - C40
MARSH,ALEXANDER	OPS-Warehouse Operator	Uxbridge, MA - C40
MARTE,OBED	OPS-Warehouse Operator	Uxbridge, MA - C40
MARTINEZ,ROSALIA	OPS-Warehouse Operator	Uxbridge, MA - C40
MARTY,ROLANDO	OPS-Warehouse Operator	Uxbridge, MA - C40
MCCLARD,JOSEPH T	OPS-Warehouse Operator	Uxbridge, MA - C40
MCCLELLAND SR,COREY CHRISTOPHER	OPS-Warehouse Operator	Uxbridge, MA - C40
MCFARLANE,KIRK P	OPS-Warehouse Operator	Uxbridge, MA - C40
MCGRATH,SHAWN JAMES	OPS-Warehouse Operator	Uxbridge, MA - C40
MCINTOSH,COURTNEY	OPS-Warehouse Operator	Uxbridge, MA - C40
MCKENZIE,JASON	OPS-Warehouse Operator	Uxbridge, MA - C40
MEADOWS,SAMANTHA	OPS-Warehouse Operator	Uxbridge, MA - C40
MEDINA,FRANCISCO ALBERTO	OPS-Warehouse Operator	Uxbridge, MA - C40

MEEHAN,ERICA ALANE	OPS-Warehouse Operator	Uxbridge, MA - C40
MENDES,LUIS ANTONIO	OPS-Warehouse Operator	Uxbridge, MA - C40
MENDEZ ROSA,DANNY	OPS-Warehouse Operator	Uxbridge, MA - C40
MENDOZA,BENJAMIN ALAN	OPS-Warehouse Operator	Uxbridge, MA - C40
METIVIER VALERA,RISARDI	OPS-Warehouse Operator	Uxbridge, MA - C40
MIDDLETON,HENRY M	OPS-Warehouse Operator	Uxbridge, MA - C40
MILLIEN,PHADJY	OPS-Warehouse Operator	Uxbridge, MA - C40
MIRKAMILOV,MIRAZIZ	OPS-Warehouse Operator	Uxbridge, MA - C40
MONIZ,LEAH LORRAINE	OPS-Warehouse Operator	Uxbridge, MA - C40
MONTEIRO,PATRICIA RODRIGUES	OPS-Warehouse Operator	Uxbridge, MA - C40
MONTEIRO,ULISSES L	OPS-Warehouse Operator	Uxbridge, MA - C40
MOONEY,CHRISTINE	OPS-Warehouse Operator	Uxbridge, MA - C40
MOORE,TIERNAN JAMES	OPS-Warehouse Operator	Uxbridge, MA - C40
MORSE,TIARA	OPS-Warehouse Operator	Uxbridge, MA - C40
MUNIZ,YESENIA	OPS-Warehouse Operator	Uxbridge, MA - C40
MWANGI,ELIUD M	OPS-Warehouse Operator	Uxbridge, MA - C40
NEVES,DANIEL	OPS-Warehouse Operator	Uxbridge, MA - C40
NGUYEN,LAM H.	OPS-Warehouse Operator	Uxbridge, MA - C40
NGUYEN,VAN	OPS-Warehouse Operator	Uxbridge, MA - C40
NHAN,PETER	OPS-Warehouse Operator	Uxbridge, MA - C40
NICK,DANIEL ROBERT	OPS-Warehouse Operator	Uxbridge, MA - C40
NOBRE,HUGO	OPS-Warehouse Operator	Uxbridge, MA - C40
NUNEZ JR,RICHARD	OPS-Warehouse Operator	Uxbridge, MA - C40
NYANTE,HABIB J	OPS-Warehouse Operator	Uxbridge, MA - C40
ORTIZ,LUIS D	OPS-Warehouse Operator	Uxbridge, MA - C40
OTENTI,SCOTT	OPS-Warehouse Operator	Uxbridge, MA - C40
PACHECO,MONICA	OPS-Warehouse Operator	Uxbridge, MA - C40
PARENT,CRYSTAL	OPS-Warehouse Operator	Uxbridge, MA - C40
PARKS,CHRISTOPHER	OPS-Warehouse Operator	Uxbridge, MA - C40
PAXTON,GREGORY WILLIAM	OPS-Warehouse Operator	Uxbridge, MA - C40
PEGUERO DELGADO,MARLENNE M	OPS-Warehouse Operator	Uxbridge, MA - C40
PENDLETON,GARETTE	OPS-Warehouse Operator	Uxbridge, MA - C40
PEREIRA,DIANNE	OPS-Warehouse Operator	Uxbridge, MA - C40
PEREIRA,PETER	OPS-Warehouse Operator	Uxbridge, MA - C40
PEREZ GONZALEZ,NELSON G	OPS-Warehouse Operator	Uxbridge, MA - C40
PEREZ,KADIL URIEL	OPS-Warehouse Operator	Uxbridge, MA - C40
PHETSOMPHOU,PHOUSENG	OPS-Warehouse Operator	Uxbridge, MA - C40
PHIPPS,ALLEN O'BRIAN	OPS-Warehouse Operator	Uxbridge, MA - C40
PHOMMEUANG,MOUKDAVAN MOUKI	OPS-Warehouse Operator	Uxbridge, MA - C40
PHONCHONE,SAENG HUM	OPS-Warehouse Operator	Uxbridge, MA - C40
PIMENTAL,RYAN JEFFREY	OPS-Warehouse Operator	Uxbridge, MA - C40
PINA,MATILDE	OPS-Warehouse Operator	Uxbridge, MA - C40
PRATTS,HEIRRY M	OPS-Warehouse Operator	Uxbridge, MA - C40
PROVOST,HEATHER	OPS-Warehouse Operator	Uxbridge, MA - C40
QUARLES,MICHAEL OCTAVIS	OPS-Warehouse Operator	Uxbridge, MA - C40
RAMOS,HALI JOYELLE	OPS-Warehouse Operator	Uxbridge, MA - C40
RAMOS,JOSEPH VICENTE	OPS-Warehouse Operator	Uxbridge, MA - C40
RATCLIFFE,NEAL	OPS-Warehouse Operator	Uxbridge, MA - C40
RATH,SARONG	OPS-Warehouse Operator	Uxbridge, MA - C40
REEL,JOHN ANDREW	OPS-Warehouse Operator	Uxbridge, MA - C40
REMILLARD,KENNETH	OPS-Warehouse Operator	Uxbridge, MA - C40
RIGOLI,ANTHONY	OPS-Warehouse Operator	Uxbridge, MA - C40

ROCHA,GIOVANNA	OPS-Warehouse Operator	Uxbridge, MA - C40
RODRIGUEZ ORTIZ,ROSA E	OPS-Warehouse Operator	Uxbridge, MA - C40
RODRIGUEZ,DANIEL JESUS	OPS-Warehouse Operator	Uxbridge, MA - C40
RODRIGUEZ,YASIEL OSVALDO REYES	OPS-Warehouse Operator	Uxbridge, MA - C40
ROSARIO,JASON RAMON	OPS-Warehouse Operator	Uxbridge, MA - C40
ROSS,BRAYDON MATHIEU	OPS-Warehouse Operator	Uxbridge, MA - C40
SAGASTIVELZA,QUIANG	OPS-Warehouse Operator	Uxbridge, MA - C40
SALVAS,BILLIE JO	OPS-Warehouse Operator	Uxbridge, MA - C40
SALVAS,FELICIA LYNN	OPS-Warehouse Operator	Uxbridge, MA - C40
SAMUELS,RICARDO JOSEPH	OPS-Warehouse Operator	Uxbridge, MA - C40
SANCHES JR,GELSON BARROS	OPS-Warehouse Operator	Uxbridge, MA - C40
SANCHEZ,FREDDY JESUS	OPS-Warehouse Operator	Uxbridge, MA - C40
SANCHEZ,OAKLEY RAYMOND	OPS-Warehouse Operator	Uxbridge, MA - C40
SANDERS,MICHAEL	OPS-Warehouse Operator	Uxbridge, MA - C40
SANTAMARIA SR,ADALBERTO	OPS-Warehouse Operator	Uxbridge, MA - C40
SCHMITZ JR,THOMAS B	OPS-Warehouse Operator	Uxbridge, MA - C40
SCOGGINS,CHRISTINE SUSAN	OPS-Warehouse Operator	Uxbridge, MA - C40
SENG,SOKKIRA	OPS-Warehouse Operator	Uxbridge, MA - C40
SENGCHANH,DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
SERRANO,MARANGELI	OPS-Warehouse Operator	Uxbridge, MA - C40
SHEA,DONNA M.	OPS-Warehouse Operator	Uxbridge, MA - C40
SILVA,KEVIN ANTHONY	OPS-Warehouse Operator	Uxbridge, MA - C40
SILVA,NATALINA P	OPS-Warehouse Operator	Uxbridge, MA - C40
SITO,JENNIFER E	OPS-Warehouse Operator	Uxbridge, MA - C40
SKLEPOWICZ,BLADE W	OPS-Warehouse Operator	Uxbridge, MA - C40
SOUSA,JASON	OPS-Warehouse Operator	Uxbridge, MA - C40
SOUSA,MARIA N	OPS-Warehouse Operator	Uxbridge, MA - C40
SPAIN,PATRICK	OPS-Warehouse Operator	Uxbridge, MA - C40
ST.MARIE,MARY JEAN	OPS-Warehouse Operator	Uxbridge, MA - C40
STRATTON,JEFFREY P	OPS-Warehouse Operator	Uxbridge, MA - C40
SULLIVAN,SHANE P.	OPS-Warehouse Operator	Uxbridge, MA - C40
SUMNER,QIANA	OPS-Warehouse Operator	Uxbridge, MA - C40
SUSZYLO,PAWEL MACEJ	OPS-Warehouse Operator	Uxbridge, MA - C40
TELLIER,MATTHEW ERIC	OPS-Warehouse Operator	Uxbridge, MA - C40
TEMPLE,ZAYDEN ICARUS	OPS-Warehouse Operator	Uxbridge, MA - C40
THIVIERGE,DAVID ALLAN	OPS-Warehouse Operator	Uxbridge, MA - C40
THOMAS,ELIJAH	OPS-Warehouse Operator	Uxbridge, MA - C40
TORRES,ARTURO	OPS-Warehouse Operator	Uxbridge, MA - C40
TORRES,CHRISTIAN JAVIER	OPS-Warehouse Operator	Uxbridge, MA - C40
TOWER SR,MICHAEL	OPS-Warehouse Operator	Uxbridge, MA - C40
TRATENBERG,DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
TREJO,MIGUEL A	OPS-Warehouse Operator	Uxbridge, MA - C40
TRITES,JOSHUA W	OPS-Warehouse Operator	Uxbridge, MA - C40
VALENTE,JULIANNE	OPS-Warehouse Operator	Uxbridge, MA - C40
VARELA,JESSICA B	OPS-Warehouse Operator	Uxbridge, MA - C40
VASQUEZ LOPEZ,RAMON	OPS-Warehouse Operator	Uxbridge, MA - C40
VAZQUEZ,CHRISTIAN GERARDO	OPS-Warehouse Operator	Uxbridge, MA - C40
VELEZ PACHECO,JOSE LUIS	OPS-Warehouse Operator	Uxbridge, MA - C40
VENTURA,KEVIN	OPS-Warehouse Operator	Uxbridge, MA - C40
VIEIRA,JAYME	OPS-Warehouse Operator	Uxbridge, MA - C40
VIEIRA,KEVIN C	OPS-Warehouse Operator	Uxbridge, MA - C40
VIRUET SR,MARIO	OPS-Warehouse Operator	Uxbridge, MA - C40

WAGNER,PAULA	OPS-Warehouse Operator	Uxbridge, MA - C40
WALK,BRIAN SCOTT	OPS-Warehouse Operator	Uxbridge, MA - C40
WANJOHI,LEAH W	OPS-Warehouse Operator	Uxbridge, MA - C40
WASSENAR,MICHAEL DAVID	OPS-Warehouse Operator	Uxbridge, MA - C40
WENNERS,ASHLEY CHENNELLE	OPS-Warehouse Operator	Uxbridge, MA - C40
WESLEY JR,MORRIS LEE	OPS-Warehouse Operator	Uxbridge, MA - C40
WISE,KARL	OPS-Warehouse Operator	Uxbridge, MA - C40
WOEHRLE,HERBERT J	OPS-Warehouse Operator	Uxbridge, MA - C40
YOUNG,JOHN ROLAND	OPS-Warehouse Operator	Uxbridge, MA - C40
YUPANGUI,MIRIAN ESTHELA	OPS-Warehouse Operator	Uxbridge, MA - C40
ZUNIGA,BEYSER	OPS-Warehouse Operator	Uxbridge, MA - C40
ANDERSON,BRADLEY JOEL	OPS-Warehouse Operator OST	Uxbridge, MA - C40
DAVILA,PABLO JOSE	OPS-Warehouse Operator OST	Uxbridge, MA - C40
MICCOLI SR,FRANCO	OPS-Warehouse Operator OST	Uxbridge, MA - C40
THORNTON,SEAN J.	Sr Dir Engineering	Uxbridge, MA - C40
PARRAVANO,PAUL P	Sr Mgr Medtrans	Uxbridge, MA - C40
BOURQUE,RICHARD R	Supv Inventory Ctrl	Uxbridge, MA - C40
BORGES,JOSE LUIS GONCALVES	Supv MedTrans	Uxbridge, MA - C40
JOHNSON,CHRISTOPHER GRAY	Supv MedTrans	Uxbridge, MA - C40
ALBRECHT,ERIC KYLE	Supv Warehouse	Uxbridge, MA - C40
ALMEIDA,GLADSTON MONTEIRO	Supv Warehouse	Uxbridge, MA - C40
BLOUNT,MICHAEL TRISTEN	Supv Warehouse	Uxbridge, MA - C40
BOUWENS,DALLAS J	Supv Warehouse	Uxbridge, MA - C40
CARVALHO,ELIZABETH	Supv Warehouse	Uxbridge, MA - C40
DRAUDE,ANDREW	Supv Warehouse	Uxbridge, MA - C40
GALHARDO,WAYNE	Supv Warehouse	Uxbridge, MA - C40
GARCIA GOMEZ,INGRID ROXANA	Supv Warehouse	Uxbridge, MA - C40
GESLIN,GARRY	Supv Warehouse	Uxbridge, MA - C40
MATOS,JASON L.	Supv Warehouse	Uxbridge, MA - C40
MILLER,CHRISTOPHER	Supv Warehouse	Uxbridge, MA - C40
RABITOR,STEVEN ZOTIQUE	Supv Warehouse	Uxbridge, MA - C40
SIMONIAN,CHRISTOPHER MICHAEL	Supv Warehouse	Uxbridge, MA - C40
TIKAOUI,MOURAD	Supv Warehouse	Uxbridge, MA - C40
VALLE,MICHAEL ISRAEL	Supv Warehouse	Uxbridge, MA - C40
VILLENEUVE,MICHAEL JOSEPH	Supv Warehouse	Uxbridge, MA - C40

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 81 Campanelli Drive

City Uxbridge State MA Zip 01569

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Jose Middle A Last Gloria

Alias(es, nicknames, name changes, etc.) Joe

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Dellwood Road

City Cranston State RI Zip 02920

Telephone [redacted] Email jogloria@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ashford University		2014	
Address	**City**	**State**	**Zip**
1310 19th Ave NW	Clinton	IA	52732
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Bryant University		2010	
Address	**City**	**State**	**Zip**
1150 Douglas Pike	Smithfield	RI	02917
Diploma/Degree obtained, if any			
Project Management			

School Name		From - To (MM/YY – MM/YY)	
Rhode Island College		1988	
Address	**City**	**State**	**Zip**
600 Mt Pleasant Ave	Providence	RI	02908
Diploma/Degree obtained, if any			
MIS			

School Name		From - To (MM/YY – MM/YY)	
Cranston High School East		1983-1987	
Address	**City**	**State**	**Zip**
899 Park Ave	Cranston	RI	02910
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2005 - Current	[redacted] Dellwood Road	Cranston	RI	02920
6/1985 - 12/2005	[redacted] Woodbine St	Cranston	RI	02910

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP "Formerly Medline Inustries, Inc."		6/2020 - Present	
Business Address	**City**	**State**	**Zip**
81 Campanelli Drive	Uxbridge	MA	01569
Phone	**Title**	**Number of Employed Hours**	
508-779-0329	Director of Operations	40 + hours weekly	

Description of Duties
Ensures that operational procedures for activities such as verification of incoming and outgoing shipments, handling, and disposition of materials, and maintaining current inventory.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries Inc.		5/2019- 6/2020	
Business Address	**City**	**State**	**Zip**
560 West Street	Mansfield	MA	02048
Phone	**Title**	**Number of Employed Hours**	
508-779-0329	Warehouse Manager	40 + hours weekly	

Description of Duties
Ensures that operational procedures for activities such as verification of incoming and outgoing shipments, handling, and disposition of materials, and maintaining current inventory.

Business Name		From - To (MM/YY – MM/YY)	
Rhode Island Hospital		6/2015 - 11/2018	
Business Address	**City**	**State**	**Zip**
593 Eddy Street	Providence	RI	02903
Phone	**Title**	**Number of Employed Hours**	
401-444-4000	Warehouse Supervisor / Supply Chain Manager	40 + hours weekly	

Description of Duties
Installed new warehouse management sysem managing all incoming and outgoing shipments.

Business Name		From - To (MM/YY – MM/YY)	
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See attached discipline report

Joe Gloria

Original Signature (electronic, copies or stamps not accepted)

12/8/22

Date

I, Jose Gloria, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JG I am at least 21 years of age;
3. JG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jose Gloria

Print Name (First, Last)

Jose Gloria

Original Signature (electronic, copies or stamps not accepted)

12/8/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Jose Gloria
Original Signature (electronic, copies or stamps not accepted)

12/8/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose Gloria
Print Name (First, Last)

Jose Gloria
Original Signature (electronic, copies or stamps not accepted)

12/8/22
Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Jose Gloria, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jose Gloria
Original Signature

12/8/22
Date

Subscribed and Sworn to before me this 8 day of December 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024
(Seal)

JOSEPH GLORIA

[redacted] Dellwood Road, Cranston, RI 02920 ~ [redacted]

PROFESSIONAL PROFILE

Accomplished bi-lingual Logistics / Operations **professional with an extensive background leading highly automated distribution centers** at a global manufacturing company. Proven track record of success, leading a fast paced, high volume distribution center with quality, cost, and service excellence. Possesses broad based background in continuous process improvement leadership with a strong track record of success using Lean / Six Sigma strategies. Extensive experience in problem solving, innovation, and creative thinking in planning and operations resulting in increased customer satisfaction and confidence. Recognized leader fostering financial accountability, driving performance results. Skilled communicator, motivator, and team builder with capability to lead in Union and Non-Union environments.

Key Qualification

- Operations Management
- Customer Service Excellence
- Strategic & Tactical Planning
- Cost Efficiencies / Revenue & Profit Growth
- Inventory Control
- Sourcing / Purchasing / Commodity Management
- Logistics / Transaction Management
- Team Building
- Performance Management
- Business Process Optimization
- Change Management
- Multi-Industry Success

PROFESSIONAL EXPERIENCE

Medline Industries, Uxbridge, MA
Global manufacturer and distributor of medical products with patient-centered solutions, services and expertise across the continuum of care.
Director of Operations
January 2022 - Present
Warehouse Manager
May 2019 – December 2021
Direct and oversee all aspects of daily production and order fulfillment ensuring that goals are met by all operational groups. Have an extremely high sense of urgency, personal energy, and stamina. Capable of handling multiple priorities and extensive time demands. High level of personal integrity. Effective communicator in both group and individual settings. Capable of navigating through complex situations, both internal and external that may require multiple decision makers. Embrace positive employee relations at all levels in the organization.

- Operational Excellence – Ensure that operational procedures for activities such as verification of incoming and outgoing shipments, handling and disposition of materials, and maintaining inventory current. Lead and measure all daily activities ensuring order fulfilment and production are completed with excellence. Partner with other leaders to ensure we resolve and overcome daily challenges ensuring that we provide the highest level of customer service.
- Management, Human Capital – Support all human resource processes at local facility. This includes helping with the sourcing and staffing all positions, support and administer the performance process, administer compensation when necessary, ensure that we have a robust training and development program that supports team member growth and advancement
- Inventory management – Monitor processes to ensure that product is received correctly, moved from trailer to racks to shipping as well as all other activity that aides in maintaining a high level of accuracy in the warehouse.
- Sales Support – Support local sales representatives / leadership to deliver the highest level of customer service and support. Provide timely responses to service failures and customer concerns.
- Financial Responsibility - Support and oversee daily and ongoing expenses to ensure that financial capital is used as efficiently as possible. Approves work order for repairs and requisitions for replacement of equipment.
- Safety - Monitor activities of team to ensure that safe practices are in place and being demonstrated. Monitor building to ensure that proper housekeeping is being practiced. Provide guidance to safety committee when necessary.

Rhode Island Hospital, Providence RI
Manager, Supply Chain
June 2015 – November 2018
Providing strategic leadership for 5 business units within the Rhode Island Hospital system, along with 3 additional business units at the Miriam Hospital, Newport Hospital, and the Bradley Hospital location. Effectively communicated with other members of the senior management team across the network to drive down inventory, increase turns and reduce total cost. Managed multiple complex projects with shifting priorities in order to create a sustainable supply chain for a rapidly growing organization capable of addressing increased corporate demands.

- Exceeded 2018 operating budget savings goal by 6.5%
- Created metrics to measure inventory levels, turns, on-time supplier, customer delivery, and supplier quality standards. Set goals for teams in these areas and ensured those goals were met or exceeded
- Work with corporate lead sourcing team to align and leverage direct and indirect spend with strategic corporate suppliers
- Coordinated global inventory management program to support significant increases in order volumes without delivery delays
- Collaborated closely with IT on multiple system projects. Handheld order selection project, Crash cart deployment and tracking projects. Wrote specifications and procedures manual for both systems
- Work with corporate team to identify, qualify, and manage strategic supply base while mitigating risk for single/sole source suppliers
- Negotiate supply, and rebate agreements with multiple suppliers to drive reduced costs and improve cash flow
- Validate all monthly savings reporting numbers for multiple business units and leading senior management level monthly and quarterly reviews
- Guide local sourcing teams through supplier selection and management process. Reviewing supplier performances monthly (locally) and quarterly (Senior Leadership)

Rhode Island Textile, Pawtucket, RI
Cost Manager / Supply Chain Independent Contractor
March 2014 – June 2016
Rhode Island Textile is the largest and most diverse narrow fabric manufacturer in the United States. RITCO is also the parent company of Westminster Pets; a pet supply distributor. The "Ruffin' it" line of products contain eco-friendly materials made from organic cotton and recycled polyester.
As Cost Manager, oversaw and maintained all SKU's developing cost structure for all new items. Conduct necessary laboratory testing and studies to develop pricing and quotations.

- Maintain item specifications
- Cost new items to establish pricing
- Time studies to determine labor cost
- Leadership role in Supply Chain WMS project implementation
    - Install new warehouse management system
    - Managed vendors/suppliers onto new ERP system
    - Negotiated rates and terms on purchased goods across the organization
    - Managed supplier expectations by quarterly review of supplier score cards
- Led a project team of individuals conducting unit testing and technical writing of procedures, processes and policies

Leviton Manufacturing, Co., Inc., Warwick RI
General Manager
February 1995 – December 2013
Global Manufacturing of Electrical Wiring Devices
As General Manager, oversaw all operations of a 410K sq. ft. semi-automated regional Distribution Center servicing both domestic and international customers. Achieving corporate objectives in quality, cost and service each year receiving DC recognition for exemplary customer service.

- Managed a 410K sq. ft. semi-automated Distribution Center (DC) In Warwick, RI. Trained and developed a team of 180 direct and indirect reports
- Reduced cost to ship a carton by 26% over a four year period while maintaining shipping quality

- Developed inventory control processes and procedures for $32m worth of inventory, maintaining an inventory accuracy rate of 99.8%
- Developed and oversaw the processes and procedures to secure company building, equipment and machinery with a value of over $15m
- Managed vendor contracts
  - Negotiated terms, pricing and condition
  - Negotiated transportation shipping rates and terms
  - Negotiated equipment leases and terms
  - Negotiated service contracts and terms
- Maintained vendor database for scorecard review on a quarterly basis
- Worked closely with corporate purchasing to align and collaborate on strategic long term vision
- Participated with Corporate Risk management, and other DC managers to develop a business continuity plan for distribution operations
- Responsible for Eastern Distribution Center Budget in access of $12m
- Attained ISO 9000 certification
- Responsible for the safety of the operation, presiding over the safety committee
- Key member of WMS project team designing, developing and implementing automated warehousing systems

Leviton Manufacturing, Co., Inc., Warwick RI

Asst. General Manager

February 1993 – February 1995

As Assistant General Manager, responsible for all day to day inbound and outbound activities for the facility. Oversaw all shift managers and 180 IBEW union employees.

- Developed and implemented accountability programs that led to improved productivity resulting in a decrease in cost to ship a carton by 13%
- Developed inventory and asset controls and processes that led to an inventory accuracy increase to 99% and a reduction of shipping errors by 63%
- Reduced OSHA reportable incidents by 33%
- Implemented WMS in Canada DC. resulting in cost reductions, improved service levels and increased inventory accuracy

Leviton Manufacturing, Co., Inc., Warwick RI

Various Positions : *May 1987 – February 1993*

Performed in various positions with increasing responsibility as part of an internal management development program.

PROFESSIONAL DEVELOPMENT

Dale Carnegie, Create an Executive Image that Wins Friends and Influence People, Providence, RI

CTPAT Training and Experience, Danbee Investigations, Midland Park, NJ

Labor Relations Strategy, Cabot Institute, Philadelphia, PA

EDUCATION

Bachelor of Arts - Business Administration, Minor: Logistics Management,
2014 Ashford University, Clinton, IA

Project Management - 2010 Bryant University, Smithfield, RI

Concentration in MIS - 1988 Rhode Island College, Providence, RI

AFFILIATIONS

Council of Supply Chain Management Professionals

Warehouse Education and Resource Council

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A
Physical Address 81 Campanelli Drive
City Uxbridge State MA Zip 01569
Mailing Address (if different from physical address) Three Lakes Drive
City Northfield State IL Zip 60093
Telephone 847-949-5500 Website www.medline.com
Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Jose Middle A Last Gloria
Alias(es, nicknames, name changes, etc.) Joe
Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X
Mailing Address [redacted] Dellwood Road
City Cranston State RI Zip 02920
Telephone [redacted] Email jogloria@medline.com
Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ashford University		2014	
Address	**City**	**State**	**Zip**
1310 19th Ave NW	Clinton	IA	52732
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Bryant University		2010	
Address	**City**	**State**	**Zip**
1150 Douglas Pike	Smithfield	RI	02917
Diploma/Degree obtained, if any			
Project Management			

School Name		From - To (MM/YY – MM/YY)	
Rhode Island College		1988	
Address	**City**	**State**	**Zip**
600 Mt Pleasant Ave	Providence	RI	02908
Diploma/Degree obtained, if any			
MIS			

School Name		From - To (MM/YY – MM/YY)	
Cranston High School East		1983-1987	
Address	**City**	**State**	**Zip**
899 Park Ave	Cranston	RI	02910
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2005 - Current	[redacted] Dellwood Road	Cranston	RI	02920
6/1985 - 12/2005	[redacted] Woodbine St	Cranston	RI	02910

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			6/2020 - Present
Business Address	**City**	**State**	**Zip**
81 Campanelli Drive	Uxbridge	MA	01569
Phone	**Title**	**Number of Employed Hours**	
508-779-0329	Director of Operations	40 + hours weekly	

Description of Duties

Ensures that operational procedures for activities such as verification of incoming and outgoing shipments, handling, and disposition of materials and maintaining current inventory.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, Inc.			5/2019 -6/2020
Business Address	**City**	**State**	**Zip**
560 West Street	Mansfield	MA	02048
Phone	**Title**	**Number of Employed Hours**	
508-779-0329	Warehouse Manager	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Rhode Island Hospital			6/2015 - 11/2018
Business Address	**City**	**State**	**Zip**
593 Eddy Street	Providence	RI	02903
Phone	**Title**	**Number of Employed Hours**	
401-444-4000	Warehouse Supervisor/ Supply Chain Manager	40 + hours weekly	

Description of Duties

Installed new warehouse management system managing all invoming and outgoing shipments.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Joe Glorioso

Original Signature (electronic, copies or stamps not accepted)

2/23/23

Date

I, Jose Gloria, **certify that as the MDEG Administrator for** Medline Industries, LP,

that I (initial that you have read and meet the following requirements):

1. JG Have a high school diploma or its equivalent;
2. JG Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JG Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JG Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jose Gloria
Print Name (First, Last)

Jose Gloria
Original Signature (electronic, copies or stamps not accepted)

2/23/23
Date

Board Use Only	Date Received: 3-2-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 81 Campanelli Drive

City Uxbridge State MA Zip 01569

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
University of Wisconsin - Parkside	1986-1991		
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name	From - To (MM/YY – MM/YY)		
Waterford Union High School	1982-1986		
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name	From - To (MM/YY – MM/YY)		
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/20
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 19 day of September, 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 81 Campanelli Drive

City Uxbridge State MA Zip 01569

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted]Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted]South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.	1986 - Current

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	CEO

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 9/15/22

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 18, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 81 Campanelli Drive

City Uxbridge State MA Zip 01569

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			
School Name		**From - To (MM/YY – MM/YY)**	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			

Description of Duties

Member of Executive Team, responsible for leading the Finance organization.

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			

Description of Duties

Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

Date 9/20/22

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022.

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 81 Campanelli Drive

City Uxbridge State MA Zip 01569

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.	1992 - Present

Business Address	City	State	Zip
Three Lakes Drive	Northfield	IL	60093

Phone	Title
847-949-5500	Chief Operating Officer

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/20
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2024

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH NA	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1040 Enterprise Pkwy South

City: West Jefferson State: OH Zip: 43162

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): James Eveland

Licensing Company Email: ralicensing@medline.com DR Email: jeveland@medline.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals	☒ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Assisted Living, Surgical Centers Nursing Homes		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Corporate Disciplinary sheet

Mary K Leonard
Original Signature (electronic, copies or stamps not accepted)

10/26/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017

Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673

Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015

Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

✓ PROCESSED 1.5.23 JS

Board Use Only	Date Received: 1-4-23	Amount: 1,000	Check # 0100056477

Medline Industries, LP- Discipline *Confidential*

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network.
12/7/2006	9101 Riverside Pkwy Lithia Springs, GA 30122	**FILE CLOSED 2008** The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility.	To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Dr. Orlando, FL 32824 --- 401 Commerce Blvd. Oldsmar, FL 34677 --- 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278)	To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd. Gainesville, FL 32609	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412)	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations.
3/5/2008	149 New Camellia Blvd. Covington, LA 70433	**FILE CLOSED 2008** Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006). After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278)	In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave. Wausau, WI 54401	**FILE CLOSED 2009** Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.

Medline Industries, LP- Discipline *Confidential*

		PHM 037). In 2010, Medline made an unrelated business decision to close this facility. After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct.	
8/21/2008	94-1420 Moaniani St. Waipahu, HI 96797	**FILE CLOSED 2013** Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L)	Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license.	See 8/3/2005 discipline for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.) After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048)	Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance.
11/1/2022	1040 Enterprise Parkway South West Jefferson, OH 43162	**FILE CLOSURE PENDING** Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine.	Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team.

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
CFO	Michael B. Drazin	[redacted] W. Kingsley Dr., Arlington Heights, IL 60004
President - QA/RA	Lara N. Simmons	[redacted] Cobblestone Rd Elkhorn, WI 53121

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Medline Industries, LP

1040 Enterprise Parkway South
West Jefferson, OH 43162

License Number: 0130000190
Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS – Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
JAMES EVELAND	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

(/Default)

STATE OF OHIO
BOARD OF PHARMACY

(/Default)

Search

CONTACT

LICENSE LOOKUP

Enter a license number in the box below to view information about it.

License Number 0130000190

SEARCH

License Number: 0130000190
Business Name: Medline Industries, LP
Location Street Address: 1040 Enterprise Parkway South
Location City: West Jefferson
Location State: OH
Location Zip: 43162
License Type: Wholesaler - Category 2
License Sub Category: FS - Full Service
License Status: Active
License Expiration Date: 2023.06.30
Contact Email: ralicensing@medline.com
Responsible Person: JAMES EVELAND

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NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1040 Enterprise Parkway, West Jefferson, OH 43162

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

07/15/2021 - 07/14/2024
Period of Accreditation

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 CN101705524-Stnd-GAWUP-22-23 USA	**CONTACT NAME:** Medline Industries, LP **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:** riskmanagement@medline.com
INSURED Medline Industries, LP 3 Lakes Dr Northfield, IL 60093	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Safety National Casualty Corporation — 15105 **INSURER B :** National Fire & Marine Insurance Co — 20079 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			GL 4065036	07/01/2022	07/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ SEE BELOW
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CA 6675933	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			42-UMO-100007-10	07/01/2022	07/01/2023	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		LDS 4065032 (AOS) PS 4065034 (WI)	07/01/2022 07/01/2022	07/01/2023 07/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Products/Completed Operations Liability			42-PCO-301515-07	07/01/2022	07/01/2023	Each Occurrence Aggregate	1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

CERTIFICATE HOLDER

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	Medline Industries, LP 3 Lakes Dr Northfield, IL 60093
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.

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CHRISTLE,TRENT JACOB	Assoc Mgr Warehouse	West Jefferson, OH C41
WHITAKER,ROBERT TODD	Mgr MedTrans	West Jefferson, OH C41
COMTOIS,RYAN MICHAEL	Mgr Warehouse	West Jefferson, OH C41
STUART,ALLAN D	Mgr Warehouse	West Jefferson, OH C41
WILLIAMS,DOUGLAS SCOTT	Mgr Warehouse	West Jefferson, OH C41
ACOSTA,ANA MARIA	OPS-Branch Administrator	West Jefferson, OH C41
CLICK,AMY LEA	OPS-Branch Administrator	West Jefferson, OH C41
GALLAGHER,HEATHER	OPS-Branch Administrator	West Jefferson, OH C41
BANKS,CORINNE SAMANTHA	OPS-Branch Trainer	West Jefferson, OH C41
CHANDLER,DEVON JOSEPH-AARON	OPS-Branch Trainer	West Jefferson, OH C41
FOSTER,RICHARD K	OPS-Branch Trainer	West Jefferson, OH C41
GLENN JR,ERIC DELANE	OPS-Branch Trainer	West Jefferson, OH C41
GONZALEZ,BASILIA	OPS-Branch Trainer	West Jefferson, OH C41
HAMILTON,CADERYN	OPS-Branch Trainer	West Jefferson, OH C41
HULT,CHRISTOPHER ROY	OPS-Branch Trainer	West Jefferson, OH C41
JACKSON,KAYLA ELIZABETH	OPS-Branch Trainer	West Jefferson, OH C41
MCKINNISS,CHARLES THOMAS	OPS-Branch Trainer	West Jefferson, OH C41
MUSIC,BRUCE JEREMY	OPS-Branch Trainer	West Jefferson, OH C41
RAMIREZ,RALPHY	OPS-Branch Trainer	West Jefferson, OH C41
RIDGWAY,CASSANDRA LEIGH	OPS-Branch Trainer	West Jefferson, OH C41
RYAN,NITA RENEE	OPS-Branch Trainer	West Jefferson, OH C41
STEINMETZ,JUSTIN DAVID	OPS-Branch Trainer	West Jefferson, OH C41
TOMLINSON,JASON SCOTT	OPS-Branch Trainer	West Jefferson, OH C41
WHITELOW,KIANA MARIE	OPS-Branch Trainer	West Jefferson, OH C41
WIGGINS,RICHARD ALAN	OPS-Branch Trainer	West Jefferson, OH C41
BRADY,NICOLE MARIE	OPS-Branch Trainer OST	West Jefferson, OH C41
JONES,LARONIA ANNETTE	OPS-Branch Trainer OST	West Jefferson, OH C41
DAVIS,CLIFTON	OPS-Delivery Driver	West Jefferson, OH C41
ESTES,ANTONE	OPS-Delivery Driver	West Jefferson, OH C41
STEVENS,GARY CHRISTIAN	OPS-Delivery Driver	West Jefferson, OH C41
BECKERS,KURT	OPS-Driver I	West Jefferson, OH C41
BOWENS,MARK	OPS-Driver I	West Jefferson, OH C41
DUDLEY,COREY TERRELL	OPS-Driver I	West Jefferson, OH C41
HAYES,STEPHEN L	OPS-Driver I	West Jefferson, OH C41
HOLLAND,JEROME F	OPS-Driver I	West Jefferson, OH C41
HOLMES,GLENN KELLY	OPS-Driver I	West Jefferson, OH C41
KIPPLE,MARK EDWARD	OPS-Driver I	West Jefferson, OH C41
LEACH,RICKEY L.	OPS-Driver I	West Jefferson, OH C41
MISCHKA,DAVID SCOTT	OPS-Driver I	West Jefferson, OH C41
PEYTON,TRAVIS	OPS-Driver I	West Jefferson, OH C41
RICHERT,THOMAS ALLEN	OPS-Driver I	West Jefferson, OH C41
VERA,JIMMIE	OPS-Driver I	West Jefferson, OH C41
BALL,KIRK	OPS-Driver II	West Jefferson, OH C41
BROCK III,HAROLD LEROY	OPS-Driver II	West Jefferson, OH C41
BROOKS,SCOTT JEFFREY	OPS-Driver II	West Jefferson, OH C41
BRUNELLO,CHARLES ANTHONY	OPS-Driver II	West Jefferson, OH C41
BUCK,FRANK HAROLD	OPS-Driver II	West Jefferson, OH C41

BAKER,GREGORY SCOTT	OPS-Warehouse Operator	West Jefferson, OH C41
BAKER,JASON TYLER	OPS-Warehouse Operator	West Jefferson, OH C41
BARBER,REGINA YOLANDA	OPS-Warehouse Operator	West Jefferson, OH C41
BARKSDALE,BRYAN	OPS-Warehouse Operator	West Jefferson, OH C41
BATES,MICHELLE N	OPS-Warehouse Operator	West Jefferson, OH C41
BAYS,MORGAN ANNISE	OPS-Warehouse Operator	West Jefferson, OH C41
BEARD,TRINA MICHELLE	OPS-Warehouse Operator	West Jefferson, OH C41
BELLAR,ANTHONY	OPS-Warehouse Operator	West Jefferson, OH C41
BERNARDO,VINCENT ALEXANDER	OPS-Warehouse Operator	West Jefferson, OH C41
BLAIN,BRANDON LEE	OPS-Warehouse Operator	West Jefferson, OH C41
BLAIR,JONATHAN ROBERT	OPS-Warehouse Operator	West Jefferson, OH C41
BOAKYE,ERIC KWABENA	OPS-Warehouse Operator	West Jefferson, OH C41
BOBO,DWAYNE ALLAN	OPS-Warehouse Operator	West Jefferson, OH C41
BONNER,JUAN B	OPS-Warehouse Operator	West Jefferson, OH C41
BOUSELAHANE SR,YAHIA	OPS-Warehouse Operator	West Jefferson, OH C41
BOWERMASTER,NATHAN WAYNE	OPS-Warehouse Operator	West Jefferson, OH C41
BOYER,WAYNE	OPS-Warehouse Operator	West Jefferson, OH C41
BUCKNEY,CAREY NEIL	OPS-Warehouse Operator	West Jefferson, OH C41
BURG,STEPHEN E	OPS-Warehouse Operator	West Jefferson, OH C41
BYRD,JANE ANN	OPS-Warehouse Operator	West Jefferson, OH C41
CAIN,JILL DIANE	OPS-Warehouse Operator	West Jefferson, OH C41
CALEVRO,RICHARD D	OPS-Warehouse Operator	West Jefferson, OH C41
CALLOWAY,GEORGE EDWARD	OPS-Warehouse Operator	West Jefferson, OH C41
CARETTI,JESSICA JANE	OPS-Warehouse Operator	West Jefferson, OH C41
CARTER,BROOK L	OPS-Warehouse Operator	West Jefferson, OH C41
CASTLE,ROCKY	OPS-Warehouse Operator	West Jefferson, OH C41
CERTAIN,JOSHUA	OPS-Warehouse Operator	West Jefferson, OH C41
CEU,VAN DAWT	OPS-Warehouse Operator	West Jefferson, OH C41
CHANDLER,DOMINIQUE	OPS-Warehouse Operator	West Jefferson, OH C41
CHANDLER,EDDIE	OPS-Warehouse Operator	West Jefferson, OH C41
CHAPMAN JR,WENDELL F	OPS-Warehouse Operator	West Jefferson, OH C41
CHICKO,TONY JAY	OPS-Warehouse Operator	West Jefferson, OH C41
CISNEROS ROMO,RICARDO BRANDON	OPS-Warehouse Operator	West Jefferson, OH C41
CLARK,RONNIE	OPS-Warehouse Operator	West Jefferson, OH C41
CLESTER,PETRIA R	OPS-Warehouse Operator	West Jefferson, OH C41
COGDILL,JEREMY	OPS-Warehouse Operator	West Jefferson, OH C41
COGDILL,TAMMY	OPS-Warehouse Operator	West Jefferson, OH C41
COLLINS,ANNETTE MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
COLLINSWORTH,BRIAN L	OPS-Warehouse Operator	West Jefferson, OH C41
CONN,VALERIE	OPS-Warehouse Operator	West Jefferson, OH C41
COOK,CHRISTINA LOUISE	OPS-Warehouse Operator	West Jefferson, OH C41
COOK,JONDA	OPS-Warehouse Operator	West Jefferson, OH C41
COPLEY,SARAH MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
COSSIN,DAWN ELAINE	OPS-Warehouse Operator	West Jefferson, OH C41
COX,ALLEN	OPS-Warehouse Operator	West Jefferson, OH C41
COX,MARCUS ALEXANDER	OPS-Warehouse Operator	West Jefferson, OH C41
DAMRON,CODY TYLER	OPS-Warehouse Operator	West Jefferson, OH C41

DANIELS,EISLEY	OPS-Warehouse Operator	West Jefferson, OH C41
DAVIDSON,TIMOTHY	OPS-Warehouse Operator	West Jefferson, OH C41
DAVIS JR,TERENCE	OPS-Warehouse Operator	West Jefferson, OH C41
DAYIB,FARHIYA	OPS-Warehouse Operator	West Jefferson, OH C41
DEAN,CRAIG	OPS-Warehouse Operator	West Jefferson, OH C41
DEFOOR,KIEREA	OPS-Warehouse Operator	West Jefferson, OH C41
DEGEORGE,MICHAEL ANTHONY LEE	OPS-Warehouse Operator	West Jefferson, OH C41
DELEON,RONNIE	OPS-Warehouse Operator	West Jefferson, OH C41
DEMOREST,DANIELLE NICOLE	OPS-Warehouse Operator	West Jefferson, OH C41
DESAI,RITESH	OPS-Warehouse Operator	West Jefferson, OH C41
DETTY JR,ALONZO	OPS-Warehouse Operator	West Jefferson, OH C41
DEVANE,RAPHAEL DONTA	OPS-Warehouse Operator	West Jefferson, OH C41
DIAKITE,TIDIANI	OPS-Warehouse Operator	West Jefferson, OH C41
DIALLO,CHERIF I	OPS-Warehouse Operator	West Jefferson, OH C41
DIALLO,FATOUMATA DJOULDE	OPS-Warehouse Operator	West Jefferson, OH C41
DIALLO,MAMADOU	OPS-Warehouse Operator	West Jefferson, OH C41
DIALLO,MARIAMA	OPS-Warehouse Operator	West Jefferson, OH C41
DILLARD,MICHAEL MARCUS	OPS-Warehouse Operator	West Jefferson, OH C41
DILLON,CARL	OPS-Warehouse Operator	West Jefferson, OH C41
DILLON,MARICEL DELA CRUZ	OPS-Warehouse Operator	West Jefferson, OH C41
DINGESS JR,WILLIE	OPS-Warehouse Operator	West Jefferson, OH C41
DOGGETT,JOAN MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
DOUGHMAN SR,CHRISTOPHER M	OPS-Warehouse Operator	West Jefferson, OH C41
DOUGLAS,BARBARA	OPS-Warehouse Operator	West Jefferson, OH C41
DOWNS,BRYANA KAY-LEE	OPS-Warehouse Operator	West Jefferson, OH C41
DRESBACH,SARA	OPS-Warehouse Operator	West Jefferson, OH C41
EDDY,MARVIN	OPS-Warehouse Operator	West Jefferson, OH C41
EMMERT,MASON	OPS-Warehouse Operator	West Jefferson, OH C41
EMMICK,JASON MICHEAL	OPS-Warehouse Operator	West Jefferson, OH C41
ERWIN,KIMBERLY	OPS-Warehouse Operator	West Jefferson, OH C41
ESPINOSA,JONATHAN	OPS-Warehouse Operator	West Jefferson, OH C41
ETHRIDGE,CHRISTOPHER SCOTT	OPS-Warehouse Operator	West Jefferson, OH C41
FAIN,EMILY LYNN	OPS-Warehouse Operator	West Jefferson, OH C41
FARAH,ABDI DAGANE	OPS-Warehouse Operator	West Jefferson, OH C41
FARSHCHI,HOUMAN	OPS-Warehouse Operator	West Jefferson, OH C41
FISHER,CAMERON PATRICK	OPS-Warehouse Operator	West Jefferson, OH C41
FISHER,PATRICK H	OPS-Warehouse Operator	West Jefferson, OH C41
FLORENCE,MEGAN WHITNEY	OPS-Warehouse Operator	West Jefferson, OH C41
FLORES,JENNIFER	OPS-Warehouse Operator	West Jefferson, OH C41
FOUT,LARA K	OPS-Warehouse Operator	West Jefferson, OH C41
FRANKS,ALTA MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
FREEMAN,JORDEN BRYCE	OPS-Warehouse Operator	West Jefferson, OH C41
FRYE JR,CRAIG AARON	OPS-Warehouse Operator	West Jefferson, OH C41
FULLEN JR,CHARLES A	OPS-Warehouse Operator	West Jefferson, OH C41
GALIHER,ALISSA YVETTE	OPS-Warehouse Operator	West Jefferson, OH C41
GALLANT,AUSTIN RAY	OPS-Warehouse Operator	West Jefferson, OH C41
GALLOWAY,PRESTON G.	OPS-Warehouse Operator	West Jefferson, OH C41

GAREY,CECIL	OPS-Warehouse Operator	West Jefferson, OH C41
GARRISON,ALIZA DIANE	OPS-Warehouse Operator	West Jefferson, OH C41
GILCHRIEST-DRAFTON III,TYREE L	OPS-Warehouse Operator	West Jefferson, OH C41
GILLMAN,COLTON	OPS-Warehouse Operator	West Jefferson, OH C41
GLENN,MARCUS	OPS-Warehouse Operator	West Jefferson, OH C41
GOODHART,WILLIAM ALBERT	OPS-Warehouse Operator	West Jefferson, OH C41
GORDIN,GARY ALLEN	OPS-Warehouse Operator	West Jefferson, OH C41
GRAVELY,MARIA KERR	OPS-Warehouse Operator	West Jefferson, OH C41
GREGORY,ALEX MASON	OPS-Warehouse Operator	West Jefferson, OH C41
GREINER,AMY	OPS-Warehouse Operator	West Jefferson, OH C41
GRIER,DEON	OPS-Warehouse Operator	West Jefferson, OH C41
GUZMAN,JOEL	OPS-Warehouse Operator	West Jefferson, OH C41
HAFSAAS,JESSICA LYNN	OPS-Warehouse Operator	West Jefferson, OH C41
HAMILTON,MOLLY	OPS-Warehouse Operator	West Jefferson, OH C41
HAMILTON,ROY PRESTON	OPS-Warehouse Operator	West Jefferson, OH C41
HAMILTON,SHEILA MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
HARMON JR,ALLEN L.	OPS-Warehouse Operator	West Jefferson, OH C41
HARP,ANTWAN SAVONCE	OPS-Warehouse Operator	West Jefferson, OH C41
HARRIS SR,CLARENCE JERREL	OPS-Warehouse Operator	West Jefferson, OH C41
HART,MIKAH-LEON BAHAMUT	OPS-Warehouse Operator	West Jefferson, OH C41
HASTINGS,STEPHANIE LEE	OPS-Warehouse Operator	West Jefferson, OH C41
HELTON,TONYA LYNN	OPS-Warehouse Operator	West Jefferson, OH C41
HENRY,BARBRA	OPS-Warehouse Operator	West Jefferson, OH C41
HERNANDEZ,MAITTE	OPS-Warehouse Operator	West Jefferson, OH C41
HERRERA,ABEL E	OPS-Warehouse Operator	West Jefferson, OH C41
HERRNSTEIN,TARA ROCHELLE	OPS-Warehouse Operator	West Jefferson, OH C41
HESTON,ZACHARY ROBERT	OPS-Warehouse Operator	West Jefferson, OH C41
HEWLETT,CONNER JUSTIN	OPS-Warehouse Operator	West Jefferson, OH C41
HILLMAN,CHESTER	OPS-Warehouse Operator	West Jefferson, OH C41
HINTON,LAMONT	OPS-Warehouse Operator	West Jefferson, OH C41
HOLDEN,ANNETTE M	OPS-Warehouse Operator	West Jefferson, OH C41
HOLMES,WINSTON LEROY	OPS-Warehouse Operator	West Jefferson, OH C41
HOLT,BERNARD JOSEPH	OPS-Warehouse Operator	West Jefferson, OH C41
HO-SANG,ANDREW LEIGH	OPS-Warehouse Operator	West Jefferson, OH C41
HUBBY SILAS,MARQUITA YVETTE	OPS-Warehouse Operator	West Jefferson, OH C41
HUFFMAN,CASADI SUE	OPS-Warehouse Operator	West Jefferson, OH C41
ISMAIL,MOHAMED ABDI	OPS-Warehouse Operator	West Jefferson, OH C41
JAISWAL,BALBIR KUMAR	OPS-Warehouse Operator	West Jefferson, OH C41
JAMES,DEMOND R	OPS-Warehouse Operator	West Jefferson, OH C41
JAMES,FAIRETTE	OPS-Warehouse Operator	West Jefferson, OH C41
JESTER,SHELLEY RENEE	OPS-Warehouse Operator	West Jefferson, OH C41
JESTER,STEPHANIE J	OPS-Warehouse Operator	West Jefferson, OH C41
JIMENEZ,JUAN MARCOS	OPS-Warehouse Operator	West Jefferson, OH C41
JOHNSON,CARL A	OPS-Warehouse Operator	West Jefferson, OH C41
JOHNSON,JAMAR F	OPS-Warehouse Operator	West Jefferson, OH C41
JOHNSON,JAMEL	OPS-Warehouse Operator	West Jefferson, OH C41
JOHNSON,KALEY	OPS-Warehouse Operator	West Jefferson, OH C41

JOHNSON,PAUL JEWEL	OPS-Warehouse Operator	West Jefferson, OH C41
JONES,CAMRYN PAUL	OPS-Warehouse Operator	West Jefferson, OH C41
JONES,JAMES CHRISTOPHER	OPS-Warehouse Operator	West Jefferson, OH C41
JONES,JULIUS JOSEPH	OPS-Warehouse Operator	West Jefferson, OH C41
JORDAN,BETHANY DAWN	OPS-Warehouse Operator	West Jefferson, OH C41
JUSTICE,CANDRELLA LYNN	OPS-Warehouse Operator	West Jefferson, OH C41
KAHIIN I,RASHIDAH ABDULLAH	OPS-Warehouse Operator	West Jefferson, OH C41
KEELER,ZACHARY	OPS-Warehouse Operator	West Jefferson, OH C41
KELLEY,PAGE KENDRA	OPS-Warehouse Operator	West Jefferson, OH C41
KHABBAS,TAREQ	OPS-Warehouse Operator	West Jefferson, OH C41
KING,CHRISTOPHER LEE	OPS-Warehouse Operator	West Jefferson, OH C41
KROMAH,DARIUS K	OPS-Warehouse Operator	West Jefferson, OH C41
KULMACZ,MICHAEL DONALD	OPS-Warehouse Operator	West Jefferson, OH C41
LACEY,RACHEL	OPS-Warehouse Operator	West Jefferson, OH C41
LAFLAMME,EDWARD F	OPS-Warehouse Operator	West Jefferson, OH C41
LAWRENCE,MARQUIES CORNYLE	OPS-Warehouse Operator	West Jefferson, OH C41
LAZZELL,RHONANDA VICKIE	OPS-Warehouse Operator	West Jefferson, OH C41
LEE,JOSHUA DAVID	OPS-Warehouse Operator	West Jefferson, OH C41
LEISURE,DOUGLAS ALLEN	OPS-Warehouse Operator	West Jefferson, OH C41
LEMASTER,CHAD MARTIN	OPS-Warehouse Operator	West Jefferson, OH C41
LESLIE,KARLA RENEE	OPS-Warehouse Operator	West Jefferson, OH C41
LINCOLN,ROBINAH SUZAN	OPS-Warehouse Operator	West Jefferson, OH C41
LITCHFIELD,CYNTHIA	OPS-Warehouse Operator	West Jefferson, OH C41
LOADMAN III,WILLIAM EARL	OPS-Warehouse Operator	West Jefferson, OH C41
LONG,CAROLYN L	OPS-Warehouse Operator	West Jefferson, OH C41
LORENZ,AIDAN JACOB	OPS-Warehouse Operator	West Jefferson, OH C41
LUCY,MICHELLE	OPS-Warehouse Operator	West Jefferson, OH C41
MALONE,SHAUNA MICHELE	OPS-Warehouse Operator	West Jefferson, OH C41
MANIRAFASHA,CHARLOTTE	OPS-Warehouse Operator	West Jefferson, OH C41
MARKLEY,ANTHONY WILSON	OPS-Warehouse Operator	West Jefferson, OH C41
MARTIN,ALIEYA RIANNE	OPS-Warehouse Operator	West Jefferson, OH C41
MARTINEZ,SHANIKQUA	OPS-Warehouse Operator	West Jefferson, OH C41
MATHENEY,RHONDA MECHELLE	OPS-Warehouse Operator	West Jefferson, OH C41
MATHERS,MATTHEW	OPS-Warehouse Operator	West Jefferson, OH C41
MATHIS,JESSE LEE	OPS-Warehouse Operator	West Jefferson, OH C41
MATHIS,MICHAEL ANTHONY	OPS-Warehouse Operator	West Jefferson, OH C41
MCCABE,ERIC	OPS-Warehouse Operator	West Jefferson, OH C41
MCCALL III III,JOHN WILLIAM	OPS-Warehouse Operator	West Jefferson, OH C41
MCCANDLISH JR,GREGORY LEE	OPS-Warehouse Operator	West Jefferson, OH C41
MCCANN,KEVIN	OPS-Warehouse Operator	West Jefferson, OH C41
MCELWEE,JOSHUA DEWAYNE	OPS-Warehouse Operator	West Jefferson, OH C41
MCGEE SR,MARCUS	OPS-Warehouse Operator	West Jefferson, OH C41
MCGRATH,NICHOLAS PARKER	OPS-Warehouse Operator	West Jefferson, OH C41
MCPHERSON,CHASE ALEXANDRA	OPS-Warehouse Operator	West Jefferson, OH C41
MELENDEZ,RAFAEL ANGEL	OPS-Warehouse Operator	West Jefferson, OH C41
MERIDETH,AMY JO	OPS-Warehouse Operator	West Jefferson, OH C41
MERSCHBACH,MOLLY LYNN	OPS-Warehouse Operator	West Jefferson, OH C41

MILEN,BRIAN MICHEAL	OPS-Warehouse Operator	West Jefferson, OH C41
MILLER JR,FERNANDO LAMARR	OPS-Warehouse Operator	West Jefferson, OH C41
MILLER,ALEXANDER	OPS-Warehouse Operator	West Jefferson, OH C41
MILLER,ERIC JEROME	OPS-Warehouse Operator	West Jefferson, OH C41
MILLER,MICHAEL BRIAN	OPS-Warehouse Operator	West Jefferson, OH C41
MILLER,SHANTIA MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
MILLERTON,CARA EARLYCE	OPS-Warehouse Operator	West Jefferson, OH C41
MILLINGTON,HEATHER RENEA	OPS-Warehouse Operator	West Jefferson, OH C41
MILLINGTON,MICHAEL ALLEN	OPS-Warehouse Operator	West Jefferson, OH C41
MILLS,JONATHAN MATTHEW	OPS-Warehouse Operator	West Jefferson, OH C41
MISCH,ERNST IAN	OPS-Warehouse Operator	West Jefferson, OH C41
MOLLA,SOCHEAT SAY	OPS-Warehouse Operator	West Jefferson, OH C41
MONTGOMERY III,JEFFREY KEITH	OPS-Warehouse Operator	West Jefferson, OH C41
MOORE,KELLY ANN	OPS-Warehouse Operator	West Jefferson, OH C41
MOORE,RICHARD	OPS-Warehouse Operator	West Jefferson, OH C41
MORENO,FRANMARY	OPS-Warehouse Operator	West Jefferson, OH C41
MOTTON,WENDELL KAVAREZ	OPS-Warehouse Operator	West Jefferson, OH C41
MUNG,SAMUEL	OPS-Warehouse Operator	West Jefferson, OH C41
MURPHY,TRENT M	OPS-Warehouse Operator	West Jefferson, OH C41
MYERS,KIMBERLY JEAN	OPS-Warehouse Operator	West Jefferson, OH C41
NAHAYO,ALEXIS	OPS-Warehouse Operator	West Jefferson, OH C41
NATION,NEPHATARY J	OPS-Warehouse Operator	West Jefferson, OH C41
NELSON,JEREMY MICHAEL	OPS-Warehouse Operator	West Jefferson, OH C41
NORRIS,SANDRA MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
NSHIMIRIMANA,BONAVENTURE	OPS-Warehouse Operator	West Jefferson, OH C41
NUNAMAKER,BETH ANN	OPS-Warehouse Operator	West Jefferson, OH C41
ODER,BRENNAN ERIC	OPS-Warehouse Operator	West Jefferson, OH C41
ODOM,TRENTON SCOTT	OPS-Warehouse Operator	West Jefferson, OH C41
ODUM,GODFRED	OPS-Warehouse Operator	West Jefferson, OH C41
PABLO RAMIREZ,MIRIAM	OPS-Warehouse Operator	West Jefferson, OH C41
PALMER,DILLON MATHIAS	OPS-Warehouse Operator	West Jefferson, OH C41
PALMER,MAKYA LEE	OPS-Warehouse Operator	West Jefferson, OH C41
PANCHAL,HEMABAHEN	OPS-Warehouse Operator	West Jefferson, OH C41
PARK,KYLEIGH MADISON	OPS-Warehouse Operator	West Jefferson, OH C41
PARKER,JESSICA	OPS-Warehouse Operator	West Jefferson, OH C41
PARKER,TIANA	OPS-Warehouse Operator	West Jefferson, OH C41
PARSLEY,RANDY	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,DHARMESHKUMAR J	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,DHRUV	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,HARISHKUMAR	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,HEMA	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,KAUSHIKKUMAR P	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,NEHA	OPS-Warehouse Operator	West Jefferson, OH C41
PATEL,PRAVEEN Z	OPS-Warehouse Operator	West Jefferson, OH C41
PATTERSON,MACKENZIE LYNN	OPS-Warehouse Operator	West Jefferson, OH C41
PAUL JR,DELBERT R	OPS-Warehouse Operator	West Jefferson, OH C41
PAYNE,BETHANY	OPS-Warehouse Operator	West Jefferson, OH C41

PENICK-GRIFFIN,PAMELA	OPS-Warehouse Operator	West Jefferson, OH C41
PENROD,LAUREN MARIE	OPS-Warehouse Operator	West Jefferson, OH C41
PERRY,TERESA A	OPS-Warehouse Operator	West Jefferson, OH C41
PHILLIPS,RONALD WILLIAM	OPS-Warehouse Operator	West Jefferson, OH C41
PITTS,BENJAMIN	OPS-Warehouse Operator	West Jefferson, OH C41
PLECKER,MITCHELL HAWLEY	OPS-Warehouse Operator	West Jefferson, OH C41
POLLOCK,COLE A	OPS-Warehouse Operator	West Jefferson, OH C41
POPHAM,KRISTOFOR	OPS-Warehouse Operator	West Jefferson, OH C41
POUCELY,NIRVA SAMANTHA	OPS-Warehouse Operator	West Jefferson, OH C41
POWELL,WESLEY C	OPS-Warehouse Operator	West Jefferson, OH C41
PURDUM,DEBRA	OPS-Warehouse Operator	West Jefferson, OH C41
PYERS,ALYSSA	OPS-Warehouse Operator	West Jefferson, OH C41
QUEEN,RICHARD	OPS-Warehouse Operator	West Jefferson, OH C41
QURESHI,BILAL	OPS-Warehouse Operator	West Jefferson, OH C41
REDFOX,CHRISTINA ANN	OPS-Warehouse Operator	West Jefferson, OH C41
REESE II,RAYMOND	OPS-Warehouse Operator	West Jefferson, OH C41
RIGSBY,CANDY ANN	OPS-Warehouse Operator	West Jefferson, OH C41
ROACH,MICHAEL R	OPS-Warehouse Operator	West Jefferson, OH C41
ROBERTS,REQUAN	OPS-Warehouse Operator	West Jefferson, OH C41
ROBINSON,CHELSI	OPS-Warehouse Operator	West Jefferson, OH C41
RODRIGUEZ PEREDA,SAMANTHA	OPS-Warehouse Operator	West Jefferson, OH C41
ROGERS,JOHNNY DAMON	OPS-Warehouse Operator	West Jefferson, OH C41
RUSSELL,SAMANTHA	OPS-Warehouse Operator	West Jefferson, OH C41
SALYER,DONNA JEAN	OPS-Warehouse Operator	West Jefferson, OH C41
SALYER,JIMMIE	OPS-Warehouse Operator	West Jefferson, OH C41
SAN,CHAKREYA	OPS-Warehouse Operator	West Jefferson, OH C41
SANFORD III,WALTER BENJIMIN	OPS-Warehouse Operator	West Jefferson, OH C41
SANTANDER,LUIS	OPS-Warehouse Operator	West Jefferson, OH C41
SANTIAGO,JANNELYS	OPS-Warehouse Operator	West Jefferson, OH C41
SCHAEFER,MICHAEL D	OPS-Warehouse Operator	West Jefferson, OH C41
SEUM,MASON RYAN	OPS-Warehouse Operator	West Jefferson, OH C41
SHAHID,MARIA	OPS-Warehouse Operator	West Jefferson, OH C41
SHAW,MYCHAEL DIJON	OPS-Warehouse Operator	West Jefferson, OH C41
SHEDIACK,SAVANNAH LYNN	OPS-Warehouse Operator	West Jefferson, OH C41
SHETH,PANKAJ	OPS-Warehouse Operator	West Jefferson, OH C41
SILAS JR,TIMOTHY LEON	OPS-Warehouse Operator	West Jefferson, OH C41
SIMON,CADENCE NICHOLE	OPS-Warehouse Operator	West Jefferson, OH C41
SIMPKINS,NICHOLAS ARON	OPS-Warehouse Operator	West Jefferson, OH C41
SKEELE,SANDRA K	OPS-Warehouse Operator	West Jefferson, OH C41
SMITH,ANDREW	OPS-Warehouse Operator	West Jefferson, OH C41
SMITH,GREG	OPS-Warehouse Operator	West Jefferson, OH C41
SMITH,JEFFREY VERDELL	OPS-Warehouse Operator	West Jefferson, OH C41
SMITH,RICHARD SCOTT	OPS-Warehouse Operator	West Jefferson, OH C41
SNOUFFER,VINCENT A	OPS-Warehouse Operator	West Jefferson, OH C41
SOUFFRANT,JOSUE	OPS-Warehouse Operator	West Jefferson, OH C41
SPAYDE,SHAWNA ANN	OPS-Warehouse Operator	West Jefferson, OH C41
SPEAKMAN JR JR,TIMOTHY	OPS-Warehouse Operator	West Jefferson, OH C41

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 1040 Enterprise Pkwy South

City West Jefferson State OH Zip 43162

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

First James Middle Albert Last Eveland

Alias(es, nicknames, name changes, etc.) Jim

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Unionville Rd

City Plain City State OH Zip 43064

Telephone [redacted] Email jeveland@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

School Name		From - To (MM/YY – MM/YY)	
Muskingum College		5/1991	
Address	**City**	**State**	**Zip**
10 College DR	New Concord	OH	43762
Diploma/Degree obtained, if any			
BA in Business Marketing & History			

School Name		From - To (MM/YY – MM/YY)	
River High School		09/1983 - 05/1987	
Address	**City**	**State**	**Zip**
52560 River High School Rd	Hannibal	OH	43931
Diploma/Degree obtained, if any			
Diploma received			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/15/20 - Current	[redacted] Unionville Rd	Plain City	OH	43064
8/2014 - 11/2020	[redacted] Running Fox Ln	Clinton	OH	44216
7/2013 - 7/2014	[redacted] Doralee Dr	Mogadore	OH	44260
2009 - 06/2013	[redacted] Ripken Circle West	Jacksonville	FL	32224
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP "Formerly Medline Industries, Inc."		7/2013 - Current	
Business Address	**City**	**State**	**Zip**
1040 Enterprise Parkway South	West Jefferson Dr	OH	43162
Phone	**Title**	**Number of Employed Hours**	
330-421-0058	Sr Director of Operations	40 + hours weekly	
Description of Duties			
Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.			

Business Name		From - To (MM/YY – MM/YY)	
See Attached Resume			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the 5tate of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

James G Ewbank
Original Signature (electronic, copies or stamps not accepted)

12/15/2022
Date

I, James Eveland, **certify that as the designated representative for**

Medline Industries, LP,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. J.E. I am at least 21 years of age;
3. J.E. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. J.E. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. J.E. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. J.E. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. J.E. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

James Eveland

Print Name (First, Last)

James A Eveland

Original Signature (electronic, copies or stamps not accepted)

12/15/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Eveland

Print Name (First, Last)

James G Eveland — 12/15/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James Eveland, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

James G Eveland — 12/15/2022

Original Signature — **Date**

Subscribed and Sworn to before me this 15 day of December 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Jim Eveland

[redacted]Running Fox LN Clinton, OH 44216 [redacted]

Summary: High performance team-builder with 16 years of distribution experience. Results oriented manager with a record of critical thinking to produce quality, productivity, and customer service which leads to outstanding cost reduction. Continual improvement achieved by seeking out opportunities to streamline systems and procedures. Proven competence in leadership, development, and motivation of effective work teams.

Areas of expertise include:

P&L Management	Budgeting and Expense Control	Performance Management
Strategic Planning	Inventory Control/Loss Prevention	WMS Development
Contract and Price Negotiation	Distribution Center Design	Lean/Continuous Improvement

Experience: **Medline Industries, LP**, Canton, OH / West Jefferson, Ohio – Largest privately held manufacturer and distributor of Healthcare supplies in the United States, providing more than 350,000 products that serve the entire continuum of care. Over $11 billion in annual sales.

2013 – Present **Sr. Director of Operations** - Direct all aspects of operations for 2 medical supply distribution centers totally 750,000 sq. ft. of space shipping to hospitals, extended-care facilities, surgery centers, physician offices, home care dealers, home health agencies and retail outlets in the Midwest. Manage a 170 person staff, including 1 Branch Manager, 1 Warehouse Manager, 5 Supervisors, 7 Team Leads, 6 Trainers, 2 Maintenance Techs., Quality, 4 Inventory team members and 2 Branch Administrators. Distribution Center responsible for fulfillment of orders that generate annual sales of $380+M.

- Focused on team member development. From 2014-2018 promoted 3 Leads to Supervisor, 1 SIT to Supervisor and a former Supervisor was promoted to WM.
- Built team to support rapid growth by developing and promoting 6 leads and 6 trainers.
- Branch of choice for training new internal and external Supervisors, Managers and Directors.
- Effectively on boarded $100M in new customers including Mercy Health. Trained and developed 90 new team members, expanded shifts while still exceeding TP and Accuracy goals.
- Drives Results – hold weekly staff meeting focused on steps Supervisors will take to improve poor performers, assign Owners to key KPI's and meet regularly with Managers to review MAP results and collaborate to create plans to course correct when needed.
- Successfully transitioned $100M+ of bulk business to LUM in 2018.
- Worked with internal and external partners to set up Annex building with 100,000 sq. ft. in advance of the new Mercy business.
- Finished 2016 as the #1 Branch in Target with 638.8 points.
- Branch of the Year 2014-2016, Accuracy Branch of the Year 2016-2017, Safety Branch of the Year 2017 and Golden Cone Winner 2017.

Experience: **Cardinal/AssuraMed,** (dba: RGH Enterprises Inc., EdgePark Medical, and Independence Medical), Jacksonville, Florida - Nationwide leader in medical supply distribution both for home delivery and wholesale, with over $1 Billion in annual sales.

2009 – 2013 **Distribution Center Manager** - Directed all aspects of operations for a 100,000 sq. ft. medical supply distribution center with $9 M of inventory, shipping to patients and businesses in the Southeastern U.S. Managed a 40-person staff, including 2 supervisors, a facility manager and a continuous improvement coordinator. Distribution Center responsible for fulfillment of orders that generated annual sales in excess of $118 M by shipping over 700,000 cartons annually.

- Actual costs in 2012 10.4% under Operating Expense budget of $2.7 M due primarily to increased productivity from Lean improvements.
- Surpassed Expenses % of Revenue goal by 3.6% in 2012.
- Outperformed 2012 cost per line goal by 6.4% by developing and implementing production standards for all inbound and outbound departments.
- Reduced budgeted overtime in 2012 by 34% by developing and implementing production schedule for two shift operation, managing resources through VTO program and hiring of part time work force.
- Created lean-time position to proactively handle replenishments to prime prior to the start of the outbound operation. Reduced overall replenishments by 37.5%, which also increased picking productivity.

- Developed strategy for slotting project in prime locations, which resulted in a 20% increase to our Lines per Hour (LPH).
- Planned and coordinated move of our diabetic cell to new location, which resulted in a 30% increase to our productivity.
- Initiated employee recognition program and created employee activity and morale committees.
- Created an Incontinence and Enteral cell, which resulted in a 25% increase to productivity (LPH).
- Decreased overall CPO (carton per order) in 2012 by 4.7%.
- Exceeded 2012 cycle count goal by 5%.
- Successfully led distribution center and team through VAWD (Verified-Accredited Wholesale Distributors) accreditation in 2012 and through CHAP (The Community Health Accreditation Program, Inc.) accreditation in 2010.
- Instituted highly effective employee safety and training programs, resulting in no time lost injuries for 960 days.

AssuraMed, Twinsburg, Ohio

2008 – 2009 **Senior Transportation Specialist** – Performed work in transportation policy development, planning and analysis. Participated in negotiations of corporate national contracts with UPS and FedEx, for small parcel spend of over $20 M annually.

- Saved $100,000+ by the utilization of labels at all distribution centers provided at no cost from UPS and FedEx.
- Negotiated a local courier for our West Coast residential deliveries that resulted in $150,000 savings in transportation costs.
- Contributed in the selection of small parcel freight auditing system, which resulted in annual savings over $100,000 from labor savings and miss billed transactions from carrier.
- Planned and coordinated project with customer service and UPS for Expedited Claim filing, which resulted in an additional $25,000 annually from loss/damaged claims.

TMR, Inc., Medina, Ohio – Innovative producer and distributor of media and marketing programs and materials.

2002 – 2008 **Director of Operations** – Directed Operational Goals and Objectives for 2 managers, 4 supervisors and 4 staff positions, overseeing 80 employees in 5 facilities for the following departments: shipping, fulfillment, printing, bindery, production, warehousing, receiving, inventory management, graphics, digital asset management and variable data.

- Saved $500,000 annually from relocating costly and inefficient 150,000 sq. ft. facility to a smaller more efficient space. .
- Identified business process opportunities for operational productivity improvements by consolidating multiple print and production locations to one space. Resulted in leaner operational workflow process and increased productivity by 35%.
- Increased color print engines performance by 20% by reducing downtime by enhancing HVAC cooling capacity and adding humidity controls.
- Reduced transportation costs by $105,000 by renegotiating our small parcel contract with FedEx.
- Created additional revenue of $29,000 a year by tracking time and material cost associated by repackaging or re-taping of boxes sent to TMR. .
- Implemented a new third party parcel insurance program that saved over $20,000 dollars a year for our company and clients.
- Negotiated new contracts with several LTL carriers, which resulted in savings of 30% on all truck shipments.
- Researched a program with carriers, FedEx and UPS to provide over $25,000 dollars towards new shipping system.

Education: Muskingum College- Graduated May, 1991 with a Bachelor of Arts in Business Marketing & History
Financed 100% of college expenses through work-study, student loans and summer employment.

Certifications: Marketing Seminar: Planning and Strategy
Management, Professional and Technical seminars
OSHA Safety Program
Lean Process Training (developed by Rockwell Collins)
Excellence in Leadership Program
Advanced Leadership & Performance Development Workshop – Ed Hendricks

References: Excellent references available upon request.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 1040 Enterprise Pkwy South

City West Jefferson State OH Zip 43162

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle Albert Last Eveland

Alias(es, nicknames, name changes, etc.) Jim

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Unionville Rd

City Plain City State OH Zip 43064

Telephone [redacted] Email jeveland@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Muskingum College		5/1991	
Address	**City**	**State**	**Zip**
10 College Dr	New Concord	OH	43762
Diploma/Degree obtained, if any			
BA in Business Marketing & History			

School Name		From - To (MM/YY – MM/YY)	
River High School		8/1983 - 5/1987	
Address	**City**	**State**	**Zip**
52560 River High School Rd	Hannibal	OH	43931
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/15/20 - Current	[redacted]Unionville Rd	Plain City	OH	43064
8/2014 - 11/2020	[redacted]Running Fox Ln	Clinton	OH	44216
7/2013 - 7/2014	[redacted]Doralee Dr	Mogadore	OH	44260
2009-6/2013	[redacted]Ripken Circle West	Jacksonville	FL	32224

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP			7/2013 - Current
Business Address	**City**	**State**	**Zip**
1040 Enterprise Parkway South	West Jefferson	OH	43162
Phone	**Title**	**Number of Employed Hours**	
330-421-0058	Director of Operations	40 + hours weekly	

Description of Duties

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
		40 + hours weekly	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

I, James Eveland, **certify that as the MDEG Administrator for**

Medline Industries, Lp,

that I (initial that you have read and meet the following requirements):

1. J.E. Have a high school diploma or its equivalent;
2. J.E. Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. J.E Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. J.E Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Eveland
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2-28-2023
Date

Board Use Only	Date Received:

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2-22-2023
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1040 Enterprise Pkwy South

City West Jefferson State OH Zip 43162

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986-1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main St	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1991 - Present	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/19/22
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/19/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/19/22

Date

Subscribed and Sworn to before me this 19 day of September 2022

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1040 Enterprise Pkwy South

City West Jefferson State OH Zip 43162

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019 - Present	[redacted]Shoreline Ct	Glencoe	IL	60022
2017 - 2019	[redacted]Ardsley Road	Winnetka	IL	60093
1999 - 2017	[redacted]South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1986 - Current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022.

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1040 Enterprise Pkwy South

City West Jefferson State OH Zip 43162

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University		2009-2010	
Address	**City**	**State**	**Zip**
633 Clark St	Evanston	IL	60208
Diploma/Degree obtained, if any			
Executive masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
University of Illinois, Urbana Champaign		1992 -1996	
Address	**City**	**State**	**Zip**
610 East John Street	Champaign	IL	61820
Diploma/Degree obtained, if any			
Bachelor of Science in Accountancy			

School Name		From - To (MM/YY – MM/YY)	
Peoria High School		1988-1992	
Address	**City**	**State**	**Zip**
1615 N. North St	Peoria	IL	61604
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/20 - Present	[redacted]W Kingsley Dr.	Arlington Heights	IL	60004
06/05 - 06/20	[redacted]W. Ashford Lane	Arlington Heights	IL	60004

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP			2018- Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	Chief Financial Officer			
Description of Duties				
Member of Executive Team, responsible for leading the Finance organization.				

Business Name			From - To (MM/YY – MM/YY)	
Illinois Tool Works			2006-2017	
Business Address		**City**	**State**	**Zip**
155 Harlem Avenue		Glenview	IL	60025
Phone	**Title**			
224-661-8870	Vice President Global FP&A and Invsetor Relations			
Description of Duties				
Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/20/22

Date

Subscribed and Sworn to before me this 20 day of SEPT 2022

Notary Public Signature

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

(Seal)

Applicant's initials MD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 1040 Enterprise Pkwy South

City West Jefferson State OH Zip 43162

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60032
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Sheridan Rd	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP - formerly known as Medline Industries, Inc.			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/15/22

Date

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

Notary Public Signature

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

(Seal)

Applicant's initials JDA

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 10th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America

BY _____
Peter S. Forker
Attorney-in-Fact

09/22/2020
***Use current or renewal date.**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☒ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 00999	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Sedgwick Claims Management Services, Inc.

Physical Address: 2670 Executive Drive Suite A

City: Indianapolis State: IN Zip: 46241

Mailing Address (if different from physical address): 8125 Sedgwick Way

City: Memphis State: TN Zip: 38125

Telephone: 317-504-9980 Website: www.sedgwick.com/brandprotection

Name of Designated Representative (DR): Diane Ryker

Licensing Company Email: licensinghelp@sedgwick.com DR Email: diane.ryker@sedgwick.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☒ Controlled Substances	☐ Repacker
☒ Hospitals	☒ [a]Medical devices, equipment, supplies, gases	☒ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☒ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A - We do not sell, dispense or distribute.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Illinois

Parent Company (if any): Sedgwick Global, Inc.

Corporation/Organization Name: Sedgwick Claims Management Services, Inc.

Mailing Address: 8125 Sedgwick Way

City: Memphis State: TN Zip: 38125

Telephone: 901-415-7400 Email: licensinghelp@sedgwick.com

Contact Person Name: Diane Ryker @ 317-504-9980

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Sedgwick Claims Management Services, Inc.

Facility Name

Diane Ryker

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/17/2023

Date

Board Use Only	Date Received: 1.23.23	Amount: 1000.00 CC ✓ 1/23/2023

NABP ACCREDITED

DRUG DISTRIBUTOR

Sedgwick Claims Management Services, Inc

located at

2670 Executive Dr, Ste A, Indianapolis, IN 46241

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

4/22/2020 - 4/21/2023
Period of Accreditation

2095



Sedgwick Claims Management Services, Inc.
As of November 2022

Shareholders / Owners

Sedgwick Global, Inc.	97.41%
Lightning Cayman Merger Sub, Ltd.	2.59%

Directors

David A. North, Jr.
Robert J. Peterson
Michael A. Arbour
Henry C. Lyons
Kimberly D. Brown

Principal Officers:

David A. North, Jr.	Executive Chairman
Home Address:	[redacted] Silverlake Lane Apt. 101, Memphis, TN 38119
DOB:	[redacted]
Robert J. Peterson	President
Home Address:	[redacted] Dogwood Creek, Germantown, TN 38139
DOB:	[redacted]
Michael A. Arbour	Chief Executive Officer
Home Address:	[redacted] W. Appleby, Palatine, IL 60067
DOB:	[redacted]
Henry C. Lyons	Executive Vice President/Treasurer/Chief Financial Officer
Home Address:	[redacted] Madison Avenue, Memphis, TN 38112
DOB:	[redacted]
Kimberly D. Brown	Executive Vice President/Chief Legal Officer/Secretary
Home Address:	[redacted] Greenbriar Lakes Cove, Piperton, TN 38018
DOB:	[redacted]
Stephen R. Hurley	Senior Vice President and Assistant Secretary
Home Address:	[redacted] Noni Valley Drive, Arlington, TN 38002
DOB:	[redacted]

Business Address for all Directors/Officers:
8125 Sedgwick Way
Memphis, TN 38125

Business Phone Number for all Directors/Officers:
(901) 415-7400

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002474A	09/30/2024

Sedgwick Claims Management Services, Inc.

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Wholesale Drug Distributor

License Number	Expire Date
48002474A	**09/30/2024**

Sedgwick Claims Management Services, Inc.

Signature

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	Sedgwick Claims Management Services, Inc.
Address:	2670 Executive Drive Suite A Indianapolis, IN 46241
Owner Name:	DIANE RYKER - DIRECTOR QUALITY ASSURANCE

License Information

Number Issued:	48002474A
License Type:	Wholesale Drug Distributor
Status:	Active
Issue date:	06/02/2021
Expiration Date:	09/30/2024
Obtained By:	Change of Ownership

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Mon Jan 09 04:59:14 PM EST 2023

Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102224B	12/31/2023

DRUG SCHEDULES

1	2	2N	3	3N	4	5
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sedgwick Claims Management Services, Inc.

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency

Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102224B	**12/31/2023**

Sedgwick Claims Management Services, Inc.

Signature

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Facility Name:	Sedgwick Claims Management Services, Inc.
Address:	2670 Executive Drive Suite A Indianapolis, IN 46241
Owner Name:	DIANE RYKER - DIRECTOR QUALITY ASSURANCE

License Information

Number Issued:	61102224B
License Type:	CSR - Wholesale Distributor
Status:	Active
Issue date:	06/02/2021
Expiration Date:	12/31/2023
Obtained By:	Change of Ownership

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Mon Jan 09 04:56:03 PM EST 2023

File Number 4959-897-1

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SEDGWICK CLAIMS MANAGEMENT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 22, 1969, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* OCTOBER *A.D.* 2022 .

Authentication #: 2229800480 verifiable until 10/25/2023
Authenticate at: https://www.ilsos.gov

Jesse White

SECRETARY OF STATE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0629874	02-29-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	01-03-2023

SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
2670 EXECUTIVE DR STE A
INDIANAPOLIS, IN 462415025

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0629874	02-29-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	01-03-2023

SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
2670 EXECUTIVE DR STE A
INDIANAPOLIS, IN 462415025

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0629874	02-29-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	01-03-2023

SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
2670 EXECUTIVE DR STE A
INDIANAPOLIS, IN 462415025

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
2012

First name	Last Name	Sedgwick	Contractor
Bosede	Akinbobola		X
Olubunmi	Akinmola	X	
Dan	Altekruse	X	
Selena	Aponte		X
Monica	Arreaza		
Khadijatu	Bah	X	
Jarad	Bailey		
Dana	Banks		X
Cassie	Barger	X	
Tanaisa	Barnes		X
Frederic	Basso		X
Deondre	Belotte		X
Daphnee	Belotte		X
Amanda	Bennett	X	
Julie	Bernard-Leplanche		X
Jalannia	Berry	X	
Tonya	Bowles	X	
Amanda	Brewer		X
Irvin	Brown	X	
Ian	Buck		X
Shontamae	Burnette	X	
Alicia	Burton		X
Bruce	Burton		X
David	Carpenter	X	
Aunyi	Carter		X
Melissa	Carter		C
Ross	Cerbus	X	
Anice	Chaplin		X
Diane	Charvat	X	
Dwayne	Cobb		X
Jeremy	Cointin	X	
Amanda	Combs	X	
Brandy	Cooper	X	

Sarah	Cummins	X	
Michelle	Davis	X	
Chuck	DeLattre	X	
Diana	Depp		X
Jeffrey	Dever	X	
Carriejane	Dokes	X	
Michelle	Doyon	X	
Christie	Duckworth	X	
Richard	Durant		X
Ken	Edwards	X	
Stephanie	Elston		X
Emily	Engle	X	
Olukayode	Fadina		X
Greg	Feltner	X	
Rob	Fenter	X	
Sue	Fields	X	
Dean	Floyd	X	
Quanesha	Ford	X	
Brittany	Garnett		X
Abi	Garrett	X	
Sugun	Gattu	X	
Mermer	Gebrehiwot		X
Yelena	Genis	X	
Cassiopea	Ghent	X	
Joshua	Gibson	X	
Darrick	Glidden	X	
Breyanna	Glover	X	
Nayeli	Gomez		X
Dorian	Gomillia		X
Anissa	Gooding	X	
Ryan	Gooley	X	
Bryan	Goossen	X	
Christopher	Grady	X	
Latasha	Hall		X

Stepahnie	Hall		X
Freddy	Hardy		X
Daija	Hart		X
Chris	Harvey	X	
Edward	Hefley	X	
Tatiana	Henderson		X
Andrea	Higgins	X	
Andy	Hindal	X	
Krystina	Holbrook	X	
Amy	Hord	X	
David	Horton	X	
Jami	Horton	X	
Deborah	Howard	X	
Ryan	Howell	X	
Semora	Hunter	X	
Damon	Jackman		X
DaRon	Jackman		X
Lillian	Jackson	X	
Keith	Jackson	X	
Dharey	Jackson	X	
Katie	Jakeway	X	
Michael	Jarrell	X	
Willie	Jasper		X
Schutz	Jeremy	X	
Janet	Kerkman		
John	Kinney	X	
Jonathan	Kruger	X	
Colton	Lang	X	
Izola	Lawrence	X	
Shalonda	Lewis		X
Heaven	Lewis		X
Renuka	Louis	X	
Jessica	Lyions-Hill	X	
Kara	Mahan	X	

Kimberly	Malone	X	
Krystle	Marshall	X	
Joan	Marshall	X	
William	Martin	X	
Tawanda	Maynie		X
Nathan	McPheron	X	
Robert	Merriwether	X	
Sandra	Millard		X
Maggie	Moore	X	
Betty	Moseby		X
Mariah	Mosley		X
Tika	Murphy	X	
Delmas	Needham	X	
Mike	Nelson	X	
Christopher	Occleshaw	X	
Chris	Oh-Kelly	X	
Fadeke	Olowoyo		X
Shahrul	Omar	X	
Donald	Papp	X	
Sandy	Patrick	X	
Robert	Patterson		X
Devonte	Peck		X
Tawanda	Peele		X
Stacie	Pencek	X	
Lance	Percifield		X
Janna	Phillips	X	
Erik Poling	Poling	X	
Dakota	Porter		X
Rosa	Portillo	X	
Destiny	Powell		X
Jacqueline	Pryor	X	
Teana	Quarles		X
Sanna	Rahimi	X	
Miranda	Ramos		X

Monique	Raney	X	
Amanda	Ratliff		X
Jamal	Reed		X
Douglas	Reynolds		X
Marla Jo	Rice	X	
Jasmine	Roberts		X
Alexis	Roberts		X
Robert	Robertson		X
Kyren	Rush		X
Diane	Ryker	X	
Mariema	Sambe Thioune	X	
Laura	Sawchuk	X	
Diamond	Scanlon		X
Stacey	Schafer	X	
Samantha	Shaner	X	
Michael	Shaw	X	
Arteia	Shelton		X
Jerry	Silcox	X	
Janeisha	Simmons		X
Heather	Smith	X	
Kim	Smith	X	
Russel	Smith		X
Marillyn	Spears	X	
Anne-Lisa	Spiegel		X
Terrance	St. Clair	X	
Jessica	Stephens		X
Joseph	Stewart		X
Erica	Stewart		X
John	Stewart	X	
Lori	Stout	X	
Michelle	Suber	X	
Liz	Sutton	X	
Patrick	Swickheimer		X
Yolanda	Taylor		X

Michelle	Tilson	X	
Ibrahima	Tounkara	X	
Anil	Vashistha	X	
Lucinda	Walker	X	
Michelle	Walker		X
Matthew	Walker	X	
Tiffany	Walton	X	
Devin	Watson		X
Jessica	Webster	X	
Lanel	West	X	
Jaime	Williams	X	
Paishona	Williams		X
Clifford	Willis	X	
Nick	Wilsey	X	
Byleahia	Wilson		X
Forrest	Wooley	X	
Aslan	Wydock	X	
Tanisha	Young		X
Blaise	Zekalo	X	

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER *Marsh USA Inc. 6410 Poplar Ave Suite 540 Memphis, TN 38119 CN101395638–GAWU-22-23	CONTACT NAME: Karen Angus PHONE (A/C, No, Ext): (901) 684-3725 FAX (A/C, No): E-MAIL ADDRESS: k.angus@marsh.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hartford Fire Insurance Co	19682
INSURED Sedgwick LP and Subsidiaries 8125 Sedgwick Way Memphis, TN 38125	INSURER B : Hartford Underwriters Insurance Company	30104
	INSURER C : Twin City Fire Insurance Co	29459
	INSURER D : Everest National Insurance Co	10120
	INSURER E : Hartford Insurance Company of the Midwest	37478
	INSURER F : Hartford Accident & Indemnity Co.	22357

COVERAGES **CERTIFICATE NUMBER:** ATL-004991388-18 **REVISION NUMBER:** 21

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			20CSEC75302	09/30/2022	09/30/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 2,000,000
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			20CSEC75305 AOS	09/30/2022	09/30/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
B	X ANY AUTO			20CSEC75307 HI	09/30/2022	09/30/2023	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
D	X UMBRELLA LIAB X OCCUR			XC5CU00153-221	09/30/2022	09/30/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			20WNC75300 (AOS)	09/30/2022	09/30/2023	X PER STATUTE / OTH-ER	
C	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N	N/A		20WBRC75301 (MA, WI)	09/30/2022	09/30/2023	E.L. EACH ACCIDENT	$ 1,000,000
E	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			20 WN C75308 (AK,ID,MT,MN)	09/30/2022	09/30/2023	E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Sedgwick Claims Management Services, Inc. as a subsidiary.

Septa is/are included as additional insured where required by written contract with respect to general liability and auto liability.

CERTIFICATE HOLDER

Sedgwick LP and Subsidiaries
8125 Sedgwick Way
Memphis, TN 38125

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Sedgwick Claims Management Services, Inc MDEG License # (if applicable) WH00999

Physical Address 2670 Executive Drive, Suite A

City Indianapolis State IN Zip 46241

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 317-504-9980 Website Sedgwick.com

Licensing Company Email Diane.Ryker@Sedgwick.com

Section 2: Personal Information

First Diane Middle Marie Last Ryker

Alias(es, nicknames, name changes, etc.) Diane Ginnetti / Diane Miller

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address 1406 W Furry Rd

City Fountaintown State IN Zip 46130

Telephone [redacted] Email Diane.Ryker@Sedgwick.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N O
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N O
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		N O

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		N O
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Riverside Community College		1998 - 1999	
Address	**City**	**State**	**Zip**
4800 Magnolia Ave	Riverside	CA	92506
Diploma/Degree obtained, if any			
Certification in Level 1-3 Law Enforcement			

School Name		From - To (MM/YY – MM/YY)	
Pasadena City College		1985 - 1986	
Address	**City**	**State**	**Zip**
1570 E Colorado Blvd	Pasadena	CA	91106
Diploma/Degree obtained, if any			
Certification in Piping Design			

School Name		From - To (MM/YY – MM/YY)	
California State University Northridge		1978 - 1981	
Address	**City**	**State**	**Zip**
18111 Nordhoff Street	Northridge	CA	91330
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Granada Hills High School		1975 - 1978	
Address	**City**	**State**	**Zip**
1055 Zelzah	Granada Hills	CA	91344
Diploma/Degree obtained, if any			
Honors - Silver Seal			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2008 - Current	[redacted] W. Furry Rd	Fountaintown	IN	46130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Sedgwick Claims Management Services, Inc			3/2021 - Present
Business Address	**City**	**State**	**Zip**
2670 Executive Drive, Suite A	Indianapolis	IN	46241
Phone	**Title**		**Number of Employed Hours**
317-504-9980	Director Quality and Compliance		2 years

Description of Duties

Compliance, licensing, quality management, Security Resume attached

Business Name			From - To (MM/YY – MM/YY)
Stericycle (Acquired in 2021 by Sedgwick)			10/2008 - 3/2021
Business Address	**City**	**State**	**Zip**
2670 Executive Drive, Suite A	Indianapolis	IN	46241
Phone	**Title**		**Number of Employed Hours**
17-504-9980	Sr, Quality Manager		13 Years

Description of Duties

Compliance Licensing, quality management, Security

Business Name			From - To (MM/YY – MM/YY)
Medegen Medical Manufacturing Services			10/2001 - 10/2008
Business Address	**City**	**State**	**Zip**
	Ontario	CA	
Phone	**Title**		**Number of Employed Hours**
	Sr. QualityMgr. / Deputy Management Rep		7 Years

Description of Duties

MDR reporting, regulatory and compliance, auditing, responsible cGMP, ISO FDA regulations

Business Name			From - To (MM/YY – MM/YY)
Alpha Therapeutic Corp			1/1956 - 10/2001
Business Address	**City**	**State**	**Zip**
	Los Angeles	CA	
Phone	**Title**		**Number of Employed Hours**
	Product Release Coordinator		15 Years

Description of Duties

FDA Submissionsm, complaints, authorization for release packaging and labeling

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		NO
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		NO
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		NO

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N / A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/21/23
Date

I, Diane Ryker, **certify that as the MDEG Administrator for** Redpoint Claims Mgmt Services Inc, **that I (initial that you have read and meet the following requirements):**

1. Yes Have a high school diploma or its equivalent;
2. Yes Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. Yes Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. Yes Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Diane Ryker
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/23
Date

Board Use Only	Date Received: 2-22-23

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Sedgwick Claims Management Services Inc.

Pharmacy/Wholesaler License # (if applicable) WH00999

Physical Address 2670 Executive Drive, Suite A

City Indianapolis State In Zip 46241

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 317-504-9980 Website Sedgwick.com

Licensing Company Email Diane.Ryker@Sedgwick.com

Section 2: Personal Information

First Diane Middle Marie Last Ryker

Alias(es, nicknames, name changes, etc.) Diane Ginnetti / Diane Miller

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] W. Furry Rd.

City Fountaintown State IN Zip 46241

Telephone [redacted] Email Diane.Ryker@Sedgwick.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		No
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		No
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		No

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		No
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Riverside Community College		1998 - 1999	
Address	**City**	**State**	**Zip**
4800 Magnolia Ave	Riverside	CA	92506
Diploma/Degree obtained, if any			
Certification in level 1-3 Law Enforcement			

School Name		From - To (MM/YY – MM/YY)	
Pasadena City College		1985 -1986	
Address	**City**	**State**	**Zip**
1570 E Colorado Blvd	Pasadena	CA	91106
Diploma/Degree obtained, if any			
Certification in Piping design			

School Name		From - To (MM/YY – MM/YY)	
California State University Northridge		1978 - 1981	
Address	**City**	**State**	**Zip**
18111 Nordhoff Street	Northridge	CA	91330
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Granada Hills High School		1975 - 1978	
Address	**City**	**State**	**Zip**
1055 Zelzah	Granada Hills	CA	91344
Diploma/Degree obtained, if any			
Honors - Silver Seal			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2008 - Current	[redacted] W. Furry Rd	Fountaintown	IN	46130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Sedgwick Claims Management Services Inc.			3/2021- Present
Business Address	**City**	**State**	**Zip**
2670 Executive Drive, Suite A	Indianapolis	IN	46241
Phone	**Title**		**Number of Employed Hours**
317-504-9980	Director Quality and Compliance Type text here		2 years

Description of Duties

Compliance, licensing, quality management, Security Resume Attached

Business Name			From - To (MM/YY – MM/YY)
Stericycle (Acquired in 2021 by Sedgwick			10/2008-3/2021
Business Address	**City**	**State**	**Zip**
2670 Executive Drive, Suite A	Indianapolis	IN	46241
Phone	**Title**		**Number of Employed Hours**
317-504-9980	Sr. Quality Manager		13 Years

Description of Duties

Compliance, licensing, quality management, Security

Business Name			From - To (MM/YY – MM/YY)
Medegen Medical Manufacturing Services			10/2001 - 10-2008
Business Address	**City**	**State**	**Zip**
	Ontario	CA	
Phone	**Title**		**Number of Employed Hours**
	Sr. Quality Mgr. / Deputy Management Rep		7 years

Description of Duties

MDR reporting, regulatory and compliance, auditing, responsible cGMP, ISO, FDA, regulations

Business Name			From - To (MM/YY – MM/YY)
Alpha Therapeutic Corp			1/1986 - 10/2001
Business Address	**City**	**State**	**Zip**
	Los Angeles	Calif	
Phone	**Title**		**Number of Employed Hours**
	Product Release Coordinator		15 years

Description of Duties

FDA Submissions, complaints, authorization for release packaging and labeling

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		No
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		No
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		No
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		NO
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		No
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		No
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		No
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		No
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		No
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		NO

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/21/23
Date

I, Diane Ryker, **certify that as the designated representative for**

Sedgwick Claims Management Services, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Diane Ryker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAVE RYKER

Print Name ~~(First, Last)~~

Original Signature ~~(electronic, copies or stamps not accepted)~~ Date 2/21/23

Please have this section completed in the presence of a Notary Public.

State of INDIANA, ss. County of MARION

I, DAVE RYKER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature **Date** 2/21/23

Subscribed and Sworn to before me this 21st day of February.

Lori L Stout

Notary Public Signature

LORI L STOUT
Notary Public, State of Indiana
Putnam County
Commission Number NP0734444
My Commission Expires
June 22, 2029

(Seal)

Diane Ryker

[redacted]W. Furry Rd
Fountaintown IN. 46130
Personal [redacted]Work (317) 504-9980
Diane.Ryker@Sedgwick.com

37 Years' experience in various areas of Quality in the Product Recall, Medical Device Manufacturing and Pharmaceutical Manufacturing Industry ranging from Receiving inspection, Product Release, Product Labeling, Document Control, Complaint handling MDR and Canadian Reporting, CAPA Systems, Internal Auditing, Supplier Auditing and Regulatory Audits DEA/FDA/ISO.

PROFESSIONAL EXPERIENCE

Director, Quality and Compliance — October 2008 to Present
Sedgwick Claims Management Services - brand protection — Indianapolis, Indiana
Stericycle 2008 - 2020 (business acquired by Sedgwick)

Sedgwick is an industry leading company handling recalls for Pharmaceutical, Medical Device, Consumer Products and the food industry in compliance with FDA/CFR and CPSC guidelines. Responsibility for ensuring we are adhering to the recall guidelines and meeting client expectations. Overall responsibility for the quality unit business responsible Manage the quality team responsible for call recording, product processing and quality systems for the recall process. Responsibility for:

- Development and responsibility for quality systems and metrics reporting.
- Manage a team of 5 colleagues, Client Documentation, Training, Document Control, Quality AQL and reporting.
- Manage client complaint handling system ensuring Root Cause and CAPA has been addressed and client communication has been provided.
- Management Review and quarterly performance metrics and trending
- State licensing for compliance
- Regulatory audits DEA and VAWD
- Perform supplier auditing for critical suppliers
- Internal auditing
- Training and compliance including development and administration of cGMP
- Assure compliance with FDA/CFR/cGMP, regulatory updates, CPSC and client requirements
- Overall security; Building, employee badging and access, and private security officers

Sr. Quality Systems Compliance Specialist / Deputy Mgmt. Rep. — October 2001 to October 2008
Medegen Medical Manufacturing Services — Ontario, California

8 Years working for a Medical Device Manufacturer supplying IV Sets and Components to hospitals and leading healthcare companies. Coordinate the development and maintenance of quality systems for the company which meets the criteria of Good Manufacturing Practice cGMP, FDA AND ISO 13485:2003 certification. Responsibility included;

- Development and coordination of the Document Control System
- Administration of the CAPA and Customer Complaint System
- Responsibility for MDR Reporting and Canadian Mandatory Reporting
- Audit key suppliers for compliance to FDA/CFR and ISO regulations

- Conduct Regulatory, Compliance and Customer Audits
- Perform Internal Audits for compliance
- Plan, promote and organize training activities.
- Management Review and Quarterly Performance Reporting and Trending
- Develop and train company on Quality, FDA and cGMP
- Developed Quality System for ISO 13485:2003 and hosted ISO Audit

Product Release Coordinator January 1986 to October 2001
Alpha Therapeutic Corporation Los Angeles, California

15 Years working for a leading drug manufacturer with various responsibilities in the Quality Department including Raw Materials coordinator, Manufacturing Quality Supervisor, Supervisor Product Inspection and Labeling and Product Release Coordinator. Responsibility included:

- Administration of control systems including release authorization for packaging, labeling and release for distribution.
- Prepare Certifications, Protocols and FDA Submission for Final Product
- Review of manufacturing and processing documentation for product release
- Author and revise departmental policies and procedures
- Assist in FDA and customer audits
- Direct responsibility for 15 inspectors for Packaging and Labeling and Plasma Clearing
- Training and certification for Quality Control Inspectors
- Performance evaluations and disciplinary action reports
- Responsibility for Return Goods and Customer Complaint Systems including testing and final disposition

EDUCATION

Granada Hills High School - Graduated 1978 Silver Seal Honors
California State University Northridge - Business Administration 1978 - 1981
Pasadena City college - Piping and Industrial Design 1985 - 1986
Riverside Community College - Law Enforcement 1998 - 1999
Noblitt & Rueland Training 2004 - 2006

- ISO 13485:2003
- Auditing Quality Systems: FDA, QSR, ISO 13485:2003 and Canadian CMDCAS
- CE Mark: Medical Devices & IVDs

ORGANIZATIONS

California State Board of Pharmacy Designated Representative / Pharmacy Exemptee 2011 - Present
American Society for Quality (ASQ) - Member since 2000
NCP Certified in Operations November 2002 - 2008
Riverside County Sheriff Mounted Posse 1993 - 2006
Riverside County Sheriff Board of Directors 7 years 1997 - 2004
National Notary Association 1989 - 199 Board of Pharmacy Exemptee Certification for Manufacturer of Dangerous Drugs 1996 - 1999

SURETY RIDER

To be attached to and form a part of

Bond No. 23260709

dated effective March 12, 2021
(MONTH-DAY-YEAR)

executed by SRCL Expert Solutions , as Principal,
(PRINCIPAL)

and by Western Surety Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name to:

Sedgwick Claims Management Services, Inc.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective September 30, 2022
(MONTH-DAY-YEAR)

Signed and Sealed November 14, 2022
(MONTH-DAY-YEAR)

Sedgwick Claims Management Services, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Western Surety Company
(SURETY)

By: _____
Maureen McNeill, Attorney-in-Fact

S-0443/GEEF 10/99

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint **Maureen McNeill**

, Individually

of **Philadelphia**, **Pennsylvania**, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond Number: **23280709**
Principal: **Sedgwick Claims Management Services, Inc.**
Obligee: **Nevada State Board of Pharmacy**

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 2nd day of February, 2021.

WESTERN SURETY COMPANY

Paul T. Bruflat

Paul T. Bruflat, Vice President

State of South Dakota }
County of Minnehaha } ss

On this 2nd day of February, 2021, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
March 2, 2026

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

M. Bent

M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this **14** day of **November**, **2022**.

WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Form F4280-2-2021

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

SURETY RIDER

To be attached to and form a part of

Bond No. 23260709

dated effective March 12, 2021
(MONTH-DAY-YEAR)

executed by SRCL Expert Solutions , as Principal,
(PRINCIPAL)

and by Western Surety Company , as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal name to:

Sedgwick Claims Management Services, Inc.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective September 30, 2022
(MONTH-DAY-YEAR)

Signed and Sealed November 14, 2022
(MONTH-DAY-YEAR)

Sedgwick Claims Management Services, Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Western Surety Company
(SURETY)

By: _____
Maureen McNeill, Attorney-in-Fact

S-0443/GEEF 10/99

Western Surety Company

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint Maureen McNeill

, Individually

of Philadelphia, Pennsylvania, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond Number: 23260709
Principal: Sedgwick Claims Management Services, Inc.
Obligee: Nevada State Board of Pharmacy

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 2nd day of February, 2021.

WESTERN SURETY COMPANY

Paul T. Bruflat

Paul T. Bruflat, Vice President

State of South Dakota } ss
County of Minnehaha }

On this 2nd day of February, 2021, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires
March 2, 2026

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

M. Bent

M. Bent, Notary Public

CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 14 day of November, 2022.

WESTERN SURETY COMPANY

L. Nelson

L. Nelson, Assistant Secretary

Form F4280-2-2021

Authorizing By-Law

ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: UPS Supply Chain Solutions, Inc.

Physical Address: 5071 S. Preston Highway

City: Shepherdsville State: KY Zip: 40165

Mailing Address (if different from physical address): S/A

City: _____ State: _____ Zip: _____

Telephone: 502-219-8582 Website: www.ups.com

Name of Designated Representative (DR): Jennifer Vandgrift

Licensing Company Email: ralicensing@ups.com DR Email: jvandgrift@ups.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
■ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*: SEE ATTACHMENT #1

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

15 Feb 2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pfizer
Address: 10501 80th Avenue City: Pleasant Prairie State: WI Zip: 53158

Name: Boehringer Ingelheim Animal Health (BIAH)
Address: 3239 Satellite Blvd City: Duluth State: GA Zip: 30096

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

N/A 12-Apr-2023

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): United Parcel Service of America, Inc.
Corporation/Organization Name: UPS Supply Chain Solutions, Inc.
Mailing Address: 12380 Morris Road
City: Alpharetta State: GA Zip: 30005
Telephone: 678-746-4100 Email: ralicensing@ups.com
Contact Person Name: Stephen Hydrick

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A 12-Apr-2023

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification SEE ATTACHMENT #2 AND ATTACHMENT #3 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** SEE ATTACHMENT #4	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** SEE ATTACHMENT #5		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** SEE ATTACHMENT #6	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ SEE ATTACHED		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ SEE ATTACHED		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** NOT APPLICABLE	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** SEE ATTACHMENT #7	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** SEE ATTACHMENT #8	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ NOT APPLICABLE	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). NOT APPLICABLE	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: NOT APPLICABLE http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. NOT APPLICABLE		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

UPS Supply Chain Solutions, Inc.

Facility Name

Jennifer Vandgrift

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

15Feb2023

Date

Board Use Only	Date Received: 4-13-23	Amount: 1000.00 CK - 110 3035

ANDY BESHEAR
GOVERNOR

KENTUCKY BOARD OF PHARMACY
125 Holmes Street, Suite 300
State Office Building Annex
Frankfort, Kentucky 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

BOARD MEMBERS
JASON BELCHER, CONSUMER
PETER P. COHRON, R.PH.
MEREDITH FIGG, PHARM.D.
ANTHONY TAGAVI, PHARM.D.
JOHN FULLER, R.PH.
JONATHAN VAN LAHR, R.PH.

EXECUTIVE DIRECTOR
CHRISTOPHER P. HARLOW, PHARM.D.

February 24, 2023

STATE OF KENTUCKY

COUNTY OF FRANKLIN

Re: **UPS Supply Chain Solutions Inc**
5071 S. Preston Highway
Shepherdsville, KY 40165

No.: **TPL00419**

I, Christopher P. Harlow, Executive Director of the Kentucky Board of Pharmacy, do hereby certify that I am an official custodian of the records of said Board and pursuant to a request, I have searched Board records and certify that as of this date **UPS Supply Chain Solutions Inc** does not have any actions on file with the Kentucky Board of Pharmacy.

UPS Supply Chain Solutions Inc currently holds an Active Kentucky Third party logistic permit, number **TPL00419**, first issued on May 18th, 2022, and will expire on June 30th, 2023.

Witness my official hand and seal of the Board on February 24, 2023.

Christopher P. Harlow, Pharm.D.
Executive Director
Kentucky Board of Pharmacy

Attachment #1

Disciplinary Statement
UPS Supply Chain Solutions, Inc. ("UPS SCS")

WHOLESALE LICENSE

Matters Related to Colorado Order
1645 Satellite Blvd, Duluth, GA

Final

As previously disclosed by UPS Supply Chain Solution, Inc. (UPS SCS), to your agency in 2010, the Colorado Board of Pharmacy's Stipulation and Final Agency Order ("Colorado Order") was effective October 18, 2010, with regard to UPS SCS's Duluth, GA facility's Colorado Out-of-State Wholesaler License # WHO-7462. UPS SCS's Duluth facility did not file Colorado's required notice of change of Designated Representative within Colorado's required 14-day timeframe to file such notice. UPS SCS implemented corrective actions and has successfully completed the terms of the Colorado order. Please note, UPS SCS's Colorado Out-of-State Wholesaler License # WHO-7462 was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Colorado Case No. 2011-000273 documentation related to the Colorado Order on file with the UPS SCS Regulatory Affairs Department.

Final

On November 15, 2011, UPS SCS informed your agency of the Iowa Board of Pharmacy's (IBoP) action concerning Iowa Wholesale Drug License #5820 and which became effective November 11, 2011. This Iowa Stipulation and Consent Order (the "Iowa Order") relates to the Colorado Order and the untimely filing of notice regarding the Colorado Order to the IBoP. UPS SCS has successfully completed the terms of the Iowa Order and Iowa Wholesale Drug License #5820 has not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Iowa Case No. 2010-162 documentation on file with the UPS SCS Regulatory Affairs Department. Note: This Iowa matter is a spin-off of the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is **not** based on an independent set of facts.

Final

On October 18, 2013, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the underlying Colorado matter summarized above, which was executed by the Michigan BOP on October 9, 2013 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two thousand five hundred dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Colorado matter summarized above. It is based on the same underlying facts that gave rise to the Colorado matter. It is not based on an independent set of facts.

PHARMACY LICENSE

Matters Related to Kentucky Agreed Orders
1860 Outer Loop Road, Louisville, KY

Final

UPS SCS dispenses medical devices, including diabetes-related pumps, to consumers from its Kentucky licensed pharmacy facility. Not all states recognize the Durable Medical Equipment or Home Medical Equipment provider category for entities that dispense medical devices rather than drugs. Those states that do not recognize these categories require a non-resident or out of state pharmacy permit for dispensing medical devices. Accordingly, UPS SCS obtained a home-state pharmacy permit in Kentucky and numerous non-resident pharmacy permits and DME/HME permits in other states. On September 12, 2012, the Kentucky Board of Pharmacy ("KYBoP") and UPS SCS executed final Agreed Orders relating to minor violations under Kentucky Administrative Regulations 2:270 and Kentucky Revised Statutes Sec. 315.121(6) in connection with late filing of pharmacy technician registrations at UPS SCS's Louisville, Kentucky facility (the "Kentucky Orders"). UPS SCS and the KYBoP agreed to address the Kentucky Orders informally by entering in the aforementioned Agreed Orders in lieu of the KYBoP filing a formal complaint. UPS SCS self-reported this action to your agency on September 18, 2012. UPS SCS takes this and all regulatory matters seriously and has implemented corrective action. Moreover, UPS SCS has instituted internal safeguards to ensure that applicable regulatory compliance is maintained in the future. UPS SCS's Kentucky pharmacy license (Kentucky Pharmacy License #P07277) remains current and in good standing and was not and has not been restricted, modified, revoked, or limited in any way.

Final

On May 14, 2013, UPS SCS informed your agency of the Texas Board of Pharmacy's (TXBoP) action concerning UPS SCS Texas Class E Nonresident Pharmacy License #26160 and which became effective May 7, 2013. As already disclosed to you, on May 14, 2013, the Texas Board of Pharmacy (TXBoP) and UPS SCS executed a final Agreed Board Order (the "Texas Order") relating to the above-mentioned Kentucky Pharmacy License Agreed Orders. Pursuant to the Texas Agreed Board Order, the TXBoP reprimanded UPS SCS's Nonresident Pharmacy License. The Texas Board of Pharmacy did not levy a fine or any other penalty on the License. The License was not and is not restricted, modified, revoked or limited in any way. UPS SCS has a copy of the Texas Agreed Board Order # L-13-004 on file with the UPS SCS Regulatory Affairs Department. Note: The Texas Order is directly related to the Kentucky pharmacy license matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is **not** based on an independent set of facts.

Final

On April 22, 2014, UPS SCS informed your agency of the Consent Order and Stipulation between the Michigan Board of Pharmacy (BOP) and UPS SCS based on the Kentucky Order summarized above, which was adopted by the Michigan BOP on April 9, 2014 (the "Michigan Order"). As previously disclosed to you, pursuant to this Consent Order, UPS SCS paid a fine of two hundred fifty dollars. The Consent Order and Stipulation specifically provided that "no patient safety issues were involved," and the BOP did not impose any other penalty. UPS SCS's Michigan licenses have not been restricted, modified, revoked, or limited in any way. Note: The Michigan Order is directly related to the Kentucky matter summarized above. It is based on the same underlying facts that gave rise to the Kentucky matter. It is not based on an independent set of facts.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2011-000273

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG WHOLESALER REGISTRATION OF UPS SUPPLY CHAIN SOLUTIONS, INC., REGISTRATION NO. WHO-7462,

Respondent.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and UPS Supply Chain Solutions, Inc. ("Respondent") to resolve all matters pertaining to Board Case Number 2011-000273, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent, its registration as a non-resident prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.

2. Respondent was originally registered as an non-resident prescription drug wholesaler in the State of Colorado on December 8, 2008, being issued registration number WHO-7462, and has been so registered at all times relevant to this disciplinary action.

3. Respondent does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following findings.

4. Respondent failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, forty-six (46) days transpired between the date the previous designated representative ceased the position and the date the application and fee were received.

5. Respondent states and affirms that it was never without the proper oversight of a designated representative but failed to timely submit the change application to the Board because of human error. Further, Respondent states and affirms that it has identified the cause of the error and has implemented corrective actions.

6. Respondent does not contest that the conduct described above constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drug.

12-22-802. Wholesaler license requirements

(2)(b) An applicant for a license shall pay any reasonable fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(3) (VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section; and

(5)(i) Update all of the information required in this part 8 whenever changes occur.

Regulation 15.01.11 Minimum required information for registration.

a. The following minimum information shall be required from each wholesaler as part of the registration:

(8) The name of the applicant's designated representative, who must meet the following requirements:

(a) Be at least twenty-one years of age;

(b) Have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the recordkeeping related to prescription drugs;

(c) Be employed by the applicant in a full-time managerial position;

(d) Be actively involved in and aware of the actual daily operation of the wholesaler;

(e) Be physically present at the facility of the applicant during regular business hours, except when the absence of the designated representative is authorized, including, but not limited to, sick leave and vacation leave;

(f) Serve in the capacity of a designated representative for only one applicant or wholesaler at a time, except where more than one licensed wholesaler is co-located in the same facility and the wholesalers are members of an affiliated group as defined by section 1504 of the federal "Internal Revenue code of 1986."

(g) Not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or controlled substances;

(h) Not have an felony convictions pursuant to federal, state, or local law; and

(i) Undergo a background check as required by CRS 12-22-803. And

(9) Wholesalers that distribute animal drugs exclusively are exempt from the requirements of 15.01.11(a)(8).

(b) Changes in any information in section 15.01.11 shall be submitted to the Colorado Board of Pharmacy within fourteen calendar days thereof.

Regulation 15.01.14 Change of name, location, or ownership, or designated representative

c. Any change in the designated representative of a wholesaler shall be reported to the board on a form supplied by the board within 14 calendar days of such change. The incoming designated representative must undergo the required background check.

7. The Board finds and concludes, and Respondent agrees, that based upon the above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-22-125.2(5), C.R.S., Respondent shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent shall therefore pay a total amount of Five Thousand Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent shall submit all future applications detailing a change in designated representative and fee to the Board within fourteen (14) days of the previous designated representative ceasing the position.

10. **Other Requirements.** Respondent acknowledges and agrees that, as a condition of this Final Agency Order, Respondent shall:

a. promptly pay all Respondent's own fees and costs associated with this Final Agency Order;

b. comply fully with this Final Agency Order; and

c. comply fully with the Pharmacists and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. **Advisements and Waivers.** Respondent enters into this Final Agency Order freely and voluntarily, whether or not Respondent has consulted with legal counsel. Respondent acknowledges its understanding that it has the following rights:

a. to have formal notice of hearing and charges served upon it;

b. to respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to Sections 12-22-125 and 12-22-125.2(2)(a), C.R.S.; and

d. to appeal this Final Agency Order.

Respondent freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent to the sanctions imposed herein.

12. **Acknowledgments.** Respondent has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent has consulted with legal counsel, that Respondent understands its legal consequences and agrees that none of its terms or conditions are unconscionable. Respondent is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent to take all appropriate steps to comply fully with this Final Agency Order. Respondent acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent to comply with all terms and conditions of this Final Agency Order.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date.** This Final Agency Order shall become effective upon signature by a Board representative.

ACCEPTED AND AGREED BY

Respondent

_____ Dated: 10/1/10
Authorized Representative / Title

Subscribed and sworn to before me in the County of Fulton, State of Georgia, this 1 day of October, 2010 by Daniel Silvernale, authorized representative of UPS Supply Chain Solutions, Inc.

My commission expires: Sept 21, 2013

DALE BANKS NOTARY PUBLIC FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES SEPT 21 2013

Notary Public

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 18th day of October, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of September 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satelite Blvd.
Duluth, GA 30097
(via email: joyroberts@ups.com)

/s/ John Steele
John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 18th day of October 2010, addressed as follows:

UPS Supply Chain Solutions, Inc.
Attn: Joy Roberts
1645 Satelite Blvd.
Duluth, GA 30097

Catie Hauguist
Agent of the Board

BEFORE THE IOWA BOARD OF PHARMACY

Re:	)	Case No. 2010-162
Wholesale Drug License of	)	
UPS SUPPLY CHAIN	)	**STIPULATION**
SOLUTIONS, L.L.C.,	)	**AND CONSENT**
License No. 5820	)	**ORDER**
Respondent	)	

Pursuant to Iowa Code §§ 17A.10 and 272C.3(4) (2011), The Iowa Board of Pharmacy (hereinafter, the "Board") and UPS Supply Chain Solutions, L.L.C. (hereinafter, "Respondent"), have agreed to settle a contested case currently on file with the Board. The Statement of Charges filed against Respondent on September 13, 2011, and the licensee disciplinary proceeding related to the charges shall be resolved without a hearing, as the Board and Respondent have agreed to the following Stipulation and Consent Order:

1. Respondent's license to operate a wholesale drug business was renewed November 19, 2010, as evidenced by Wholesale Drug License Number 5820, recorded in the permanent records of the Board.

2. Wholesale Drug License Number 5820 issued to and held by Respondent is current and in force until December 31, 2011.

3. The Board has jurisdiction over the parties and the subject matter herein.

4. A Statement of Charges was filed against Respondent on September 13, 2011. The Statement of Charges alleges Respondent violated the pharmacy laws of the State of Colorado and failed to timely report the violation to the Board.

5. The records of the investigation indicate that Respondent has successfully

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IOWA BOARD OF PHARMACY

completed the terms of the Colorado Stipulation and Final Agency Order.

6. Respondent has chosen not to contest the allegations set forth in the Statement of Charges and acknowledges that the allegations, if proven in a contested case proceeding, would constitute grounds for the discipline described herein.

7. Upon the Board's approval of this Stipulation and Consent Order, Respondent shall be assessed a civil penalty in the amount of $1000. The civil penalty payment shall be made by check, payable to the Treasurer of Iowa and mailed to the executive director of the Board within 10 days after Respondent's receipt of notice of the Board's approval of this Stipulation and Consent Order. All civil penalty payments shall be deposited into the State of Iowa general fund. Upon the Board's receipt of the civil penalty, this disciplinary proceeding shall be concluded without further order of the Board.

8. The Board does not mandate any further corrective action.

9. Respondent agrees to obey all federal and state laws, rules, and regulations substantially related to the operation of a wholesale drug business.

10. Should Respondent violate or fail to comply with any of the terms or conditions of this Stipulation and Consent Order, the Board may initiate action to revoke or suspend Respondent's Iowa license to operate a wholesale drug business or to impose other licensee discipline as authorized by Iowa Code chapters 272C and 155A (2011), and 657 Iowa Administrative Code § 36.1.

11. This Stipulation and Consent Order is the resolution of a contested case. By entering into this stipulation, Respondent waives all rights to a contested case

hearing on the allegations contained in the Statement of Charges, and waives any objections to this Stipulation and Consent Order.

12. This Stipulation and Consent Order is a proposed settlement subject to approval by a majority of the full Board. If the Board fails to approve this Stipulation and Consent Order, it shall be of no force or effect to either party. If the Board approves this Stipulation and Consent Order, it shall be the full and final resolution of this matter.

13. The Board's approval of this Stipulation and Consent Order shall constitute a FINAL ORDER of the Board in a disciplinary action.

This Stipulation and Consent Order is voluntarily submitted by UPS Supply Chain Solutions, L.L.C., to the Iowa Board of Pharmacy for its consideration on this 21st day of October 2011.

UPS SUPPLY CHAIN SOLUTIONS, L.L.C.,
Respondent
By DANIEL SILVERNALE, Vice President, Finance and Healthcare Compliance

Subscribed and sworn to before me by Daniel Silvernale, who has stated to me that he is the VP, Finance - Healthcare Compliance of UPS Supply Chain Solutions, L.L.C., and is authorized to sign this Stipulation and Consent Order on behalf of UPS Supply Chain Solutions, L.L.C., on this 21st day of October 2011.

LINDA P BOWDEN NOTARY PUBLIC FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 30, 2015

Linda P. Bowden
NOTARY PUBLIC IN AND FOR THE STATE OF GEORGIA

This Stipulation and Consent Order is accepted by the Iowa Board of Pharmacy on this 11th day of November 2011.

SUSAN FREY, Chairperson
Iowa Board of Pharmacy
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott M. Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

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STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Numbers: 53-06-002764
53-15-027264

File Number: 53-10-118763
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 23, 2011, charging UPS Supply Chain Solutions Inc., hereafter Respondent Wholesaler, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true for the purposes of this Consent Order and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS HEREBY ORDERED that for the cited violation of the Public Health Code, Respondent Wholesaler is FINED in the amount of $2,500.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Bureau of Health Care Services, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-10-118763.**

IT IS FURTHER ORDERED that in the event Respondent violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 10/9/13

MICHIGAN BOARD OF PHARMACY

By _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Wholesaler neither admits nor denies the facts alleged in the Complaint dated September 23, 2011, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Wholesaler understands and intends that by signing this Stipulation, Respondent Wholesaler is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Wholesaler is waiving the right to appear with an attorney and such witnesses as Respondent Wholesaler may desire to present a defense to said charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

> Subsequent to the adverse actions, Respondent Wholesaler submitted information about steps implemented by Respondent Wholesaler, in the state of Colorado, to ensure that this type of action will not recur, including establishing strategy groups and tactical teams which ensure regulations are met and all locations are compliant. Respondent Wholesaler indicated that a single manager coordinates the local teams to ensure all information is consistently distributed. No patient safety issues were involved in Respondent Wholesaler's actions.
>
> Respondent Wholesaler was cooperative in resolution of this matter. Respondent Wholesaler has been licensed in the state of Michigan since 2008 and has no other complaints against its license.

4. Patricia A. Smeelink, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Wholesaler and the Department and may be entered as the final order of the Disciplinary Subcommittee in said cause.

CONTINUED ON NEXT PAGE

6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Wholesaler and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department of Licensing and
Regulatory Affairs

Dated: 8-7-13

AGREED TO BY:

Daniel Silvernale, Vice President
Authorized Representative for
UPS Supply Chain Solutions Inc.
Respondent Wholesaler

Dated: 6/28/13

Approved as to form by:

Max R. Hoffman, Jr.
Attorney for Respondent Wholesaler (P67550)

This is the last page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-10-118763, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

BH/PB

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0062A

IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS, INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions, Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.

(2) (a) An investigation of Respondent's pharmacy revealed that numerous technicians worked on various dates in 2010, without being timely registered with the Board. The Respondent assured the technicians that it would take care of ensuring they were properly registered. Respondent subsequently properly registered the technicians. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).
(b) The technicians that worked without being appropriately registered with the Board were: Chelsea Hutchins, Alisha Netherton, Brittany Barger, Lauren Fisher, Karen Millay, Meghan Rae Yates, Michelle Green, Amanda Gracie, Faith Joway, Taylor Parker, Manoj Bhandari, Jonathan Pruitt, Whitney Wilson, Dustin R. Harris, Fabrice Mboya, Lauren Howell, Coco Boards, Benjamin Bickett, Jessica Horlander, Jason Cope, William Robert Bennett Jr, Thomas Hicks, Nimo Muhumed Mohamud, Harold Keith Newcom, Rodrick G Parrish, Johnathan Borho, Antoya Blackburn, Jonathan Graves, and Leilani Roach.
(c) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).

(4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.

(5) The Board and Respondent have agreed to address this matter informally by

entering into this Agreed Order, in lieu of the Board filing a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $2900.00 ($100 per technician) payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

9/12/12
Date

UPS Supply Chain Solutions, Inc.
Respondent

8/14/12
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0061A

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IN RE: PHARMACY PERMIT NO. P07277 HELD BY UPS SUPPLY CHAIN SOLUTIONS INC.

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and UPS Supply Chain Solutions Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P07277.

(2) (a) An investigation of Respondent's pharmacy revealed that Sherry Rich worked as a pharmacy technician from April 1, 2010 through November 19, 2010, without being timely registered with the Board. The Respondent assured Ms. Rich that it would take care of ensuring she was properly registered. Respondent subsequently properly registered Ms. Rich with the Board. Nonetheless, the Respondent was in violation of KRS 315.121(1)(g).

(b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(3) Respondent takes compliance with KRS 315 seriously and as part of its corporate compliance program presented to the Board a detailed corrective action plan intended to ensure on-going compliance with KRS 315.121(1)(g).

(4) This matter is considered a violation pursuant to KRS 315.121(6) and 201 KAR 2:270.

(5) The Board and Respondent have agreed to address this matter informally by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $125.00 payable by September 5, 2012. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky

Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

8/12/12
Date

UPS Supply Chain Solutions Inc.
Respondent

8/14/12
Date

AGREED BOARD ORDER #L-13-004

RE: IN THE MATTER OF
UPS SUPPLY CHAIN SOLUTIONS, INC.
(CLASS E NONRESIDENT
PHARMACY LICENSE #26160)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of Class E nonresident pharmacy license number 26160 issued to UPS Supply Chain Solutions, Inc. ("Respondent"), 1860 Outer Loop Road, Louisville, Kentucky 40219.

On September 8, 2012, Respondent self-reported to the Board the entry of two Agreed Orders by the Kentucky Board of Pharmacy, as described below in Counts (1) and (2).

By letter dated February 22, 2013, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Section 565.002 (a)(13); and Section 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011), as alleged in the Counts below.

The conduct described in the Kentucky Board of Pharmacy's Agreed Orders is substantially similar to conduct described in:

> Section 565.002(a)(3); and Section 568.002(a) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2011); and
>
> Section 297.3(a)(1) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2012).

COUNTS

(1) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0061A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that from April through November of 2010, the pharmacy allowed an unregistered individual to perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of $125.

(2) On or about September 12, 2012, the Kentucky Board of Pharmacy entered an Agreed Order in case number 11-0062A against the Kentucky pharmacy permit number P07277 held by UPS Supply Chain Solutions, Inc. The Order was based on allegations that, on various dates in 2010, the pharmacy allowed twenty-nine (29) unregistered individuals to

perform duties of a pharmacy technician without being registered with the Kentucky Board of Pharmacy. The Order imposed an administrative penalty of $2900.

An informal conference was held in the office of the Texas State Board of Pharmacy on April 2, 2013. Phillip Vowels, R.Ph., Pharmacist-in-Charge of Respondent; Sue Young, Director, Global Healthcare Compliance, for Respondent; Amy Carney, Regulatory Affairs Manager, for Respondent; Maureen O'Brien, Senior Quality Assurance Manager, for Respondent; Emily Johnson, Legal Counsel for Respondent; Hannah Heck, Legal Counsel for Respondent; and Michelle Williams, Legal Counsel for Respondent, appeared via teleconference. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin E. Arnold, General Counsel. Stacy E. Martyak, Staff Attorney, was also in attendance.

By signing this Order, Daniel Silvernale, Vice President, for and on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that Respondent's license is hereby reprimanded.

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of May, 2013.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Daniel Silvernale, Vice President of UPS Supply Chain Solutions, Inc.

APPROVED AS TO FORM:

Kerstin D. Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

UPS SUPPLY CHAIN SOLUTIONS INC.
License Number: 53-01-008968

File Number: 53-13-129412
CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an Administrative Complaint, hereafter Complaint, was issued on September 27, 2013, charging UPS Supply Chain Solutions Inc., hereafter Respondent Pharmacy, with having violated section 17768(2)(d) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; and

WHEREAS, Respondent neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations; and

WHEREAS, the Disciplinary Subcommittee has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS HEREBY FOUND that the facts alleged in the Complaint are true, for purposes of this Consent Order, and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS HEREBY ORDERED, that for the cited violation of the Public Health Code, Respondent Pharmacy is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation of the Public Health Code, Respondent Pharmacy is FINED in the amount of $250.00 to be paid to the State of Michigan within 60 days of the effective date of this Order.

IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Enforcement Division, Sanction Monitoring, P.O. Box 30189, Lansing, MI 48909.** The fine shall be paid by check or money order made payable to the state of Michigan, and the check or money order shall clearly display the file number **53-13-129412.**

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACS, R 338.1632 and section 16221(h) of the Public Health Code, supra.

CONTINUED ON NEXT PAGE

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 4/9/14

MICHIGAN BOARD OF PHARMACY

By: _____
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated September 27, 2013, but agrees that the Disciplinary Subcommittee shall treat the allegations as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and arguments were presented in support thereof.

2. Respondent Pharmacy understands and intends that by signing this Stipulation Respondent Pharmacy is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq, to require the Department of Licensing and Regulatory Affairs, hereafter Department, to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent Pharmacy is waiving the right to appear with an attorney and such witnesses as Respondent Pharmacy may desire to present a defense to the charges.

3. Factors taken into consideration in the formulation of the within Consent Order are as follows:

> Respondent Pharmacy acknowledges the Kentucky Board of Pharmacy disciplinary action which precipitated the Complaint.

4. Harvey Schmidt, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Consent Order.

5. The foregoing Consent Order is approved as to form and substance by Respondent Pharmacy and the Department and may be entered as the final order of the Disciplinary Subcommittee in this cause.

CONTINUED ON NEXT PAGE

6. The foregoing proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

Carole H. Engle, Director
Bureau of Health Care Services
Department Licensing and
Regulatory Affairs

Dated: 1-29-14

AGREED TO BY:

UPS Supply Chain Solutions Inc.
Respondent

Dated: 1/21/14

This is the final page of a Consent Order and Stipulation in the matter of UPS Supply Chain Solutions Inc., File Number 53-13-129412, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

PB

Attachment #9

UPS SUPPLY CHAIN SOLUTIONS, INC.

5071 S. Preston Highway

Shepherdsville, KY 40165

Q: Section #9

- **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner"

A:

"UPS Supply Chain Solutions, Inc., is a wholly owned subsidiary of United Parcel Services, Inc. (UPS). There are no owners of UPS Supply Chain Solutions"

NABP ACCREDITED
DRUG DISTRIBUTOR

UPS Supply Chain Solutions. Inc

located at

5071 S. Preston Highway, Shepherdsville, KY 40165

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/07/2023 - 04/06/2026
Period of Accreditation

Attachment #2

2171

UPS Supply Chain Solutions, Inc.
12380 Morris Road
Alpharetta, GA 30005
Phone ~ (678) 746 4100
State of Incorporation: Delaware
Date of Incorporation: 8/29/88
FEIN ~ 94-3083515

Name/Title	Work Address	Work Phone	Work Fax	Email
Wesley P. Wheeler **President**	12380 Morris Road Alpharetta, GA 30005	(919) 606-5575	(678) 746-8650	wwheeler@ups.com
Stephen Hydrick **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-4404	(678) 746-8650	shydrick@ups.com
John Bolla **Vice President**	12380 Morris Road Alpharetta, GA 30005	(919) 455-8564	(678) 746-8650	jbolla@ups.com
Seth Bruckner **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-7413	(678) 746-8650	sbruckner@ups.com
William M. Jacques **Vice President**	12380 Morris Road Alpharetta, GA 30005	(678) 746-8718	(678) 746-8650	wjacques@ups.com

Parent Company Information:
United Parcel Service of America, Inc.
55 Glenlake Parkway NE
Atlanta, GA 30328
P ~ (404) 828 6022
FEIN ~ 95-1732075
State/Date of Incorporation ~ DE 5/9/30

ATTACHMENT #8

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Third Party Logistic

NUMBER: TPL00419

EFFECTIVE DATE: 05/18/2022

EXPIRATION DATE: 06/30/2023

Issued to:
UPS SUPPLY CHAIN SOLUTIONS INC

5071 S PRESTON HIGHWAY
SHEPHERDSVILLE, KY 40165

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address. and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

ralicensing@ups.com

Attachment #5

Organizational Chart
UPS SUPPLY CHAIN SOLUTIONS, INC.



THIS REPORT IS SUBMITTED IN CONFIDENCE AND APPLICABLE EXEMPTIONS TO THE FREEDOM OF INFORMATION ACT ARE TO BE INVOKED TO WITHHOLD IT FROM PUBLIC DISCLOSURE

ATTACHMENT #6

State Of Delaware

Entity Details

1/6/2023 12:54:59PM

File Number:	2170882	Incorporation Date / Formation Date:	8/29/1988
Entity Name:	UPS SUPPLY CHAIN SOLUTIONS, INC.		
Entity Kind:	Corporation	Entity Type:	General
Residency:	Domestic	State:	DELAWARE
Status:	Good Standing	Status Date:	8/29/1988

Registered Agent Information

Name:	CORPORATION SERVICE COMPANY		
Address:	251 LITTLE FALLS DRIVE		
City:	WILMINGTON	Country:	
State:	DE	Postal Code:	19808
Phone:	302-636-5401		

UPS Supply Chain Solutions, Inc.
5071 S. Preston Highway
Shepherdsville, KY 40165

ATTACHMENT #7

NAME	JOB CLASS
MASCIO, RYAN T	Distribution Supervisor II
MCINTIRE, PHILLIP	Distribution Supervisor II
PREECE, JACOB D	Distribution Supervisor I
SLAVENS, BROCK W	Senior Distribution Manager
VANDGRIFT, JENNIFER I	Distribution Area Manager
WILSON, ERIC S	Distribution Supervisor I
BAILEY, ALISSA D	Warehouse Worker II
BALL, CINITA J	Warehouse Worker II
DUTTON, CAROLINE R	Warehouse Worker II
ENOCHS, GREG D	Warehouse Worker III
GEE, ZION J	Warehouse Worker III
GONZALEZ-CAJIGAS, SHANDRA L	Warehouse Worker II
GUTHRIE, HARRISON A	Warehouse Worker III
HARRIS, JESSICA L	Senior Warehouse Worker
HILL, ANGELIA F	Warehouse Worker III
HINTON, BRANDON D	Warehouse Worker III
HIRALDO FIGUEROA, EMMANUEL	Warehouse Worker III
HODGES, TAYLOR N	Distribution Specialist
JONES, KAREN A	Warehouse Worker II
LAMBERT, CRYSTAL R	Warehouse Worker II
LJALJEVIC, ELDINA	Ops Admin Assistant III
SCHLENK, JADA C	Warehouse Worker II
SIMPSON, ALESHA M	Warehouse Worker III
SPANN, THOMAS W	Warehouse Worker III
SPEARS, MEGAN A	Ops Admin Assistant III
SPROWL, KARINA A	Warehouse Worker II
VAUGHN, EMILY A	Senior Warehouse Worker
WASHINGTON, ERICA N	Warehouse Worker III
WIGGAND, RYAN J	Warehouse Worker III
WIMBERLY, DAMONT T	Warehouse Worker II
YATES, JOSHUA H	Ops Senior Admin Assistant
COTHERN, JASMINE A	Senior Warehouse Worker
HINTON, BRANDON D	Inventory Control Associate II
MILLS, DEANNA L	Warehouse Worker II
ALTMAN, ROBERT	Distribution Supervisor I
VANNETTE, STEVEN M	Distribution Supervisor I
MUDD, REBEKAH E	Warehouse Worker II
MILLER, AUTUMN R	Warehouse Worker III
HARRIS, JESSICA L	Warehouse Worker III
HODGES, AILEEN R	Warehouse Worker II
MORALES PEREZ, ALEXIS	Warehouse Worker III
SPROWL, PATRICIA A	Warehouse Worker II
BASHAM, EMILY A	Senior Warehouse Worker
RICHARDSON, EMILY L	Warehouse Worker III
KOCH, PETER	TSG
GAUDIO, NICHOLE	DIVISION MANAGER
KAVICH, MELISSA	SECURITY SUPERVISOR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: UPS Supply Chain Solutions, Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 5071 S. Preston Highway

City: Shepherdsville State: KY Zip: 40165

Mailing Address (if different from physical address): S/A

City: State: Zip:

Telephone: 502-291-8582 Website: www.ups.com

Licensing Company Email: ralicensing@ups.com

Section 2: Personal Information

First: Jennifer Middle: Inez Last: Vandgrift

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Red Dawn Dr.

City: Louisville State: KY Zip: 40216

Telephone: [redacted] Email: jvandgrift@ups.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Personal Information Cont.	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Personal Information Cont.	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

School Name		From - To (MM/YY – MM/YY)	
America Career College		01/2011 - 03/2012	
Address	City	State	Zip
4021 Rosewood Ave	Los Angeles	CA	90004
Diploma/Degree obtained, if any			
Licensed Vocational Nurse			

School Name		From - To (MM/YY – MM/YY)	
Decker College of Business		04/1997 - 06/2000	
Address	City	State	Zip
981 S. 3rd Street	Louisville	KY	40203
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

N/A 12-Apr-2023

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Current	[redacted]Red Dawn Drive	Louisville	KY	40216
05/18 - 02/21	[redacted]Breeze Circle, Apt[redacted]	Louisville	KY	40272
11/15 - 05/18	[redacted]Upper Hunter's Trc	Louisville	KY	40216
10/13 - 11/15	[redacted]Raven's Ridge Dr.	Louisville	KY	40216
05/11 - 10/13	[redacted]East Cedar Ave, Apt[redacted]	Burbank	CA	90501
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

N/A 12-Apr-2023

[redacted]

Business Name			From - To (MM/YY – MM/YY)
UPS Supply Chain Solutions, Inc.			06/2022 - Current
Business Address	**City**	**State**	**Zip**
5071 S. Preston Highway	Shepherdsville	KY	40165
Phone	**Title**	**Number of Employed Hours**	
502-291-8582	Area Manager	1,600	
Description of Duties			
Responsible for facility and all operations			

Business Name			From - To (MM/YY – MM/YY)
UPS Supply Chain Solutions, Inc.			05/18 - 05/22
Business Address	**City**	**State**	**Zip**
1920 Outer Loop	Lousiville	KY	40219
Phone	**Title**	**Number of Employed Hours**	
502-291-8582	Sr. Distribution Manager	8,320	
Description of Duties			
Responsible for facility and all operations.			

Business Name			From - To (MM/YY – MM/YY)
UPS Supply Chain Solutions, Inc.			11/13 - 04/18
Business Address	**City**	**State**	**Zip**
2260 Outer Loop Road	Lousiville	KY	40129
Phone	**Title**	**Number of Employed Hours**	
502-291-8582	Lead Operations Supervisor	9,120	
Description of Duties			
Responsible for daily operations for multiple accounts in this facility			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

N/A

Updated 12-Apr-2023

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

N/A
Apr 12 - Apr 2013

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, Licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/06/2023
Date

I, Jennifer Vandgrift **, certify that as the designated representative for**

UPS Supply Chain Solutions, Inc.

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JV I am at least 21 years of age;
3. JV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jennifer Vandgrift

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jennifer Vandgrift

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Delaware, ss. County of New Castle

I, Jennifer Vandgrift, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/06/2023

Date

Subscribed and Sworn to before me this 6th day of April 2023

Amy Frances Mueller

Notary Public Signature

(Seal)

ATTACHMENT #3

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. E706520

Application/License No. _____

UPS Supply Chain Solutions, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
5071 S. Preston Hwy Shepherdsville, KY 40165, as
Address of Applicant/Principal
PRINCIPAL, and Great American Insurance Company, a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
5071 S. Preston Hwy Shepherdsville, KY 40165 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 06/02/2022.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of June, 2022

APPLICANT/PRINCIPAL

Authorized Representative

Patrick Pouley

SURETY COMPANY

Surety Company's Representative

Michael S Brown, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Lynda M. Scott

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than one

Bond No. E706520

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, the specific bond, undertaking or contract of suretyship referenced herein; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below. The bond number on this Power of Attorney must match the bond number on the bond to which it is attached or it is invalid.

Name	Address	Limit of Power
Michael S Brown	150 Northwest Point Blvd. Elk Grove Village, IL 60007	$25000---

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 2nd day of June , 2022 .

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 2nd day of June , 2022 , before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 2nd day of June , 2022 .

Assistant Secretary

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: CorMedix, Inc.

Physical Address: 300 Connell Drive Suite 4200

City: Berkeley Heights State: NJ Zip: 07922

Mailing Address (if different from physical address): 300 Connell Dr, Suite 4200

City: Berkeley Heights State: NJ Zip: 07922

Telephone: 908-517-9500 Website: Cormedix.com

Name of Designated Representative (DR): Joseph Todisco

Licensing Company Email: statelicensing@cormedix.com DR Email: jtodisco@cormedix.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Hospital pharmacies, Specialty distributors		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Cormedix, Inc.

Corporation Name: CorMedix Inc.

Mailing Address: 300 Connell Dr, Suite 4200

City: Berkeley Heights State: NJ Zip: 07922

Telephone: 407-739-0577 Email: statelicensing@cormedix.com

Contact Person Name: Anne Boardman

Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: CRMD

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

CorMedix, Inc.
Facility Name

Joseph Todisco
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/14/23
Date

Board Use Only	Date Received: 3-20-23	Amount: 1000.00 CK - 19181

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0749202

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

300 CONNELL DR. STE 4200 BERKELEY HEIGHTS, NJ 07922-

Reg. No.
5006226

CORMEDIX, INC.
300 CONNELL DR, STE 4200
BERKELEY HEIGHTS, NJ 07922-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

Registration Number: 5006226 **Registered as:** Wholesale Print Verification Certificate

Name: CORMEDIX, INC

DBA:

Address: 300 CONNELL DR, STE 4200, BERKELEY HEIGHTS, NJ 07922

Original Issue Date: 01/19/2023 **Expiration Date: 01/31/2024**

Current Issue Date: 01/19/2023

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORMEDIX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORMEDIX INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2006.

Jeffrey W. Bullock, Secretary of State

4197395 8300

SR# 20223202943

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204115234

Date: 08-09-22

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

CORMEDIX INC.
0100989759

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on February 27, 2008.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MATTHEW DAVID
300 CONNELL DRIVE, SUITE 4200
SUITE 4200
BERKELEY HEIGHTS, NJ 07922

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 8th day of August, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6134610149

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

CorMedix

DESCRIPTION OF OPERATIONS

CorMedix Inc. is a biopharmaceutical company based in New Jersey, focused on developing and commercializing therapeutic products for the prevention and treatment of infectious and inflammatory diseases.

CorMedix, Inc is publicly traded on NASDAQ-stock exchange under the symbol- CRMD

THIRD-PARTY LOGISTICS

CorMedix, Inc products are manufactured by contract manufacturers and distributed to customers by their third-party logistics provider Cardinal Health, LaVergne TN.

Cardinal Health dba Specialty Pharmaceutical Services
501 Mason Road Ste. 200
La Vergne, TN 37086

CONTRACT MANUFACTURERS

CorMedix, Inc uses the following contract manufacturer to produce product:
Rovi
Paseo De Euorpa (Carretera Madrid, 14Y) San Sebastian de los Reyes
Madrid, Spain 28709

PRODUCTS

As a virtual manufacturer, CorMedix, Inc does not manufacture, distribute, or store product at their New Jersey facility. At no time do contact manufacturers own CorMedix, Inc products, contract with CorMedix, Inc customers, invoice or sell CorMedix, Inc products. CorMedix, Inc does not have products that are Controlled Substances. Accordingly, CoreMedix, Inc is not required to maintain DEA Registration.

Labeler Code:
72990

CorMedix

Product List

PDUFA DATE- 5/01/2023

Labeler Code- 72990

NDC Code	***Name***	***Strength***	***CS Schedule***
	DefenCath	Solution	

From: edrls@fda.hhs.gov
Sent: Wednesday, March 20, 2019 1:33 PM
To: ksnaguski@cormedix.com
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 20-MAR-2019
Labeler DUNS: 849818831
Labeler Name: CorMedix, Inc.
Labeler Code: 72990

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

CorMedix™

OWNERSHIP

CorMedix Inc. is a biopharmaceutical company based in New Jersey, focused on developing and commercializing therapeutic products for the prevention and treatment of infectious and inflammatory diseases.

CorMedix, Inc is publicly traded on NASDAQ-stock exchange under the symbol- CRMD

COMPANY INFORMATION

CorMedix, Inc
300 Connell Drive Suite 4200
Berkley Heights, NJ 07922
Phone: (908)- 375- 8272
www.cormedix.com
statelicensing@cormedix.com

State of Formation: Delaware
Date Incorporated: 07/28/2006

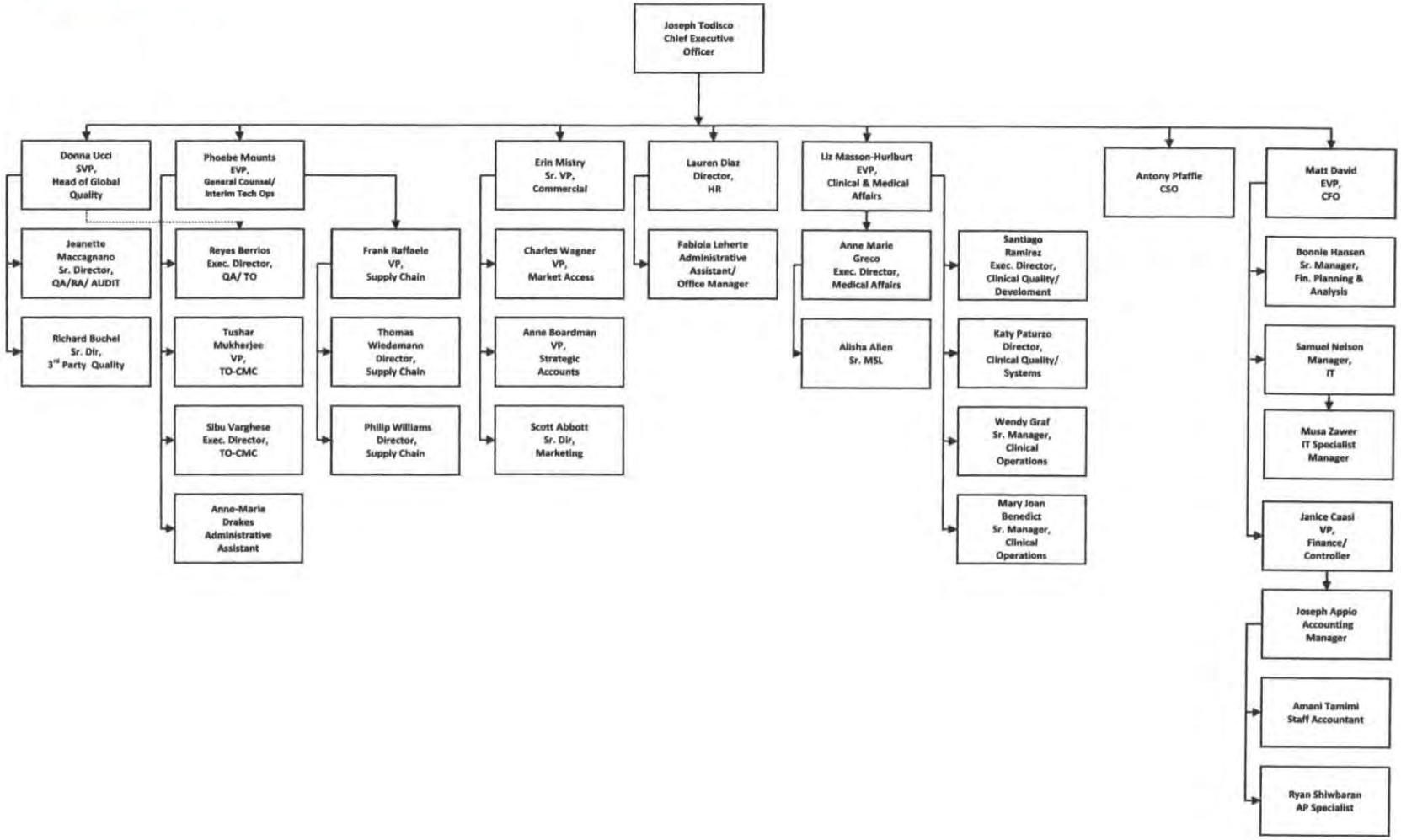
CORPORATE OFFICERS

Joseph Todisco, CEO
300 Connell Drive Suite 4200
Berkley Heights, NJ 07922
973-356-6207
Home Address:
[redacted] Ely Road
Holmdel, NJ 07733
[redacted]
DOB: [redacted]
SSN: [redacted]
DL# [redacted]

Matthew Todd David, EVP Chief Financial Officer
300 Connell Drive Suite 4200
Berkley Heights, NJ 07922
908-517-9500
Home Address:
[redacted] Woodmill Rd
Chappaqua, NY 10514
[redacted]
DOB: [redacted]
SSN: [redacted]
DL# [redacted]

Elizabeth Mary Hurlburt, Executive Vice President,
Head of Clinical Operations & Medical Affairs
300 Connell Drive Suite 4200
Berkley Heights, NJ 07922
508-769-9630
Home Address:
[redacted]ordon Street
Simsbury, CT 06070
[redacted]
DOB: [redacted]
SSN: [redacted]
DL# [redacted]

CorMedix™



QF 27 Organizational Chart	Revision 27.0	Approved By/Date	Joseph Todisco	December 01, 2022

CONTACT INFORMATION:

Cormedix Inc
300 Connell Drive
Suite 4200
Berkley Heights, NJ 07922
(908) 517-9500

Amneal Pharmaceuticals Inc
400 Crossing Blvd – 3rd Floor
Bridgewater, NJ 08807
(908) 947-3120

Ranbaxy Inc. (Acquired by Sun Pharmaceuticals)
2 Independence Way
Princeton, NJ 08540
(740) 738-2739

Par Pharmaceuticals Inc (Acquired by Endo Pharmaceuticals)
One Ram Ridge Road
Chestnut Ridge, NY 10977
(845) 573-5500

Oppenheimer & Company
85 Broad St
New York, NY 10004
(212) 668-8000
(800) 221-5588

Marsh & McLennan Companies
1166 Avenue of the Americas
New York, NY 10036
(212) 345-7171

Fordham Graduate School of Business - Sept 2000 to May 2002
140 W 62nd St
New York, NY 10023
(212) 636-6000

Georgetown University - Sept 1994 to May 1998
3700 O St Northwest
Washington, DC 20057
(202) 687-0100

Holmdel High School - Sept 1991 to June 1994
36 Crawfords Corner Rd
Holmdel, NJ 07733
(732) 946-1832

JOSEPH TODISCO

[redacted]Ely Road
Holmdel, NJ 07733
[redacted]
Mobile: [redacted]

EXPERIENCE

CORMEDIX INC. (NASDAQ: CRMD) (May 2022 – Present) **Berkley Heights, NJ**

Chief Executive Officer and Board Member

CEO and member of the board of directors for an emerging biotechnology company with a lead drug awaiting final FDA approval and a target indication for the prevention of bloodstream infections in catheterized hemodialysis patients.

AMNEAL PHARMACEUTICALS, INC (NYSE: AMRX) (2018 – May 2022) **Bridgewater, NJ**

Executive Vice President, Chief Commercial Officer

P&L responsibility for Amneal Specialty, the branded products division of Amneal Pharmaceuticals Inc. Amneal Specialty encompasses two specialty sales teams totaling more than 170 sales representatives and district managers in Neurology and Endocrinology, as well as another 30 employees engaged in business development, marketing, pricing, market access and back office commercial operations support. FY2020 net sales of $360 million, with strong sales growth in key promoted brands Rytary and Unithroid. 2021E net sales trending to ~$380mm. Delivered 14 consecutive quarters of revenue and EBITDA in excess of budgeted goals since 2018.

AMNEAL PHARMACEUTICALS FAMILY OF COMPANIES (2011 – 2018) **Bridgewater, NJ**

Senior Vice President, Global Strategy & International Operations, Amneal Pharmaceuticals LLC (2011-2018)

Responsible for creating and executing the global commercial business strategy for Amneal Pharmaceuticals, one of the fastest growing generic pharmaceutical companies in the United States from 2011-2018. Management oversight responsibility for the Corporate Development and M&A function, as well as P&L responsibility for Amneal's various International Commercial businesses, which comprised more than 100 employees and revenue over USD $140 million. Led Amneal-Impax merger negotiation, diligence and integration.

Co-Founder, CEO, Gemini Laboratories LLC (2013 – 2018)

Co-founded and led Gemini Laboratories LLC, a specialty pharmaceutical company focused on the sales and marketing of niche branded products in the US market. Established as an Affiliate of Amneal and subsequently acquired by Amneal simultaneously with Impax transaction May 7, 2018. Built business from inception, including state licensing, distribution, wholesaler agreements, hiring and training sales staff, and the in-license of the lead asset Unithroid from Jerome Stevens Pharmaceuticals. At the time of acquisition by Amneal, Gemini had 31 employees, 24 of which were sales representatives, and more than $50mm of LTM revenue and $25mm of LTM EBITDA.

RANBAXY, INC. (2007 – 2011) **Princeton, NJ**

Vice President, Business Development & Licensing

Responsible for developing and executing Ranbaxy's North American commercial business strategy in order to maximize region profitability by way of: (i) product in-licensing or acquisitions, (ii) repositioning of existing commercial assets, (iii) cost reduction and manufacturing efficiency initiatives, (iv) product selection for internal development, and (v) management of U.S. paragraph IV litigations and settlement negotiations.

PAR PHARMACEUTICAL, INC. (2003 – 2007) **Woodcliff Lake, NJ**

- ***Director – Business Development & Licensing (9/2004 – 4/2007)***
- ***Senior Project Manager – Scientific Affairs R &D (1/2004 – 9/2004)***
- ***Product Manager – Sales & Marketing (7/2003 – 1/2004)***
- ***Senior Business Development Analyst – Marketing & Business Development (3/2003 – 7/2003)***

Held a wide range of operating and strategy roles and was promoted rapidly throughout my tenure at the organization. Participated or led more than 25 transactions covering a broad range of deal types, including but not limited to, asset acquisitions, product in-licensing, divestitures and brand co-promotes. Experience encompassed both the brand and generic strategic business units.

OPPENHEIMER & COMPANY (2002 – 2003) **New York, NY**

Associate – Investment Banking

Performed financial analysis on a wide range of transaction types, including buy-side and sell side M&A engagements, PIPE financings, and initial public offerings. Experience encompassed multiple industries including pharmaceuticals, healthcare services, information technology and textile manufacturing.

MARSH & MCLENNAN COMPANIES (1998 – 2002) **New York, NY**

Analyst / Account Representative – Private Equity and M&A Services Group

Provided transactional support to Private Equity clients engaged in leveraged buy-out transactions. Support included a detailed risk assessment of the target company's insurance portfolio and liability risk.

EDUCATION

FORDHAM GRADUATE SCHOOL OF BUSINESS (2000-2002) **New York, NY**

Masters in Business Administration – Finance

- GPA 4.0
- *Phi Kappa Phi* National Honor Society; *Beta Gamma Sigma* Business Honor Society

GEORGETOWN UNIVERSITY (1994-1998) **Washington, DC**

Bachelor of Arts – Economics

- Dean's List
- *George F. Baker* Scholarship Award
- Varsity Football – Three-Time Academic All-American

HOLMDEL HIGH SCHOOL (1990-1994) **Holmdel, NJ**

- National Honor Society

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended: **December 31, 2021**

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from _____ to _____

Commission file number: 001-34673

CORMEDIX INC.

(Exact name of Registrant as Specified in Its Charter)

Delaware	20-5894890
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
300 Connell Drive, Suite 4200, Berkeley Heights, NJ	07922
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: (908) 517-9500

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, $0.001 Par Value	CRMD	Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act: none

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer ☐ Accelerated filer ☐

Non-accelerated filer ☒ Smaller reporting company ☒

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any news or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the registrant's voting common equity held by non-affiliates of the registrant, based upon the closing price of the registrant's common stock on the last business day of the registrant's most recently completed second fiscal quarter was approximately $208.4 million. Solely for the purpose of this calculation, shares held by directors and executive officers of the registrant have been excluded.

The number of outstanding shares of the registrant's common stock was 38,727,979 as of March 25, 2022.

DOCUMENTS INCORPORATED BY REFERENCE

None

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): March 2, 2023

CORMEDIX INC.
(Exact name of registrant as specified in its charter)

Delaware	001-34673	20-5894890
(State or other jurisdiction of incorporation or organization)	(Commission File Number)	(I.R.S. Employer Identification No.)

300 Connell Drive, Suite 4200 Berkeley Heights, NJ	07922
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (908) 517-9500

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2, below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Exchange Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, $0.001 par value	CRMD	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 8.01 Other Events

On March 2, 2023, CorMedix Inc. (the "Company") issued a press release announcing regulatory and manufacturing updates related to U.S. Food and Drug Administration compliance and remediation activities at the Company's contract manufacturing organization and heparin active pharmaceutical ingredient supplier. The Company further outlined manufacturing pathways for resubmission of its New Drug Application, and their respective timelines.

A copy of the press release is filed as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit No.	Description
99.1	Press Release issued March 2, 2023
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

CORMEDIX INC.

Date: March 3, 2023

By: /s/ Joseph Todisco
Name: Joseph Todisco
Title: Chief Executive Officer

Exhibit 99.1



CORMEDIX INC. ANNOUNCES REGULATORY AND MANUFACTURING UPDATES

Berkeley Heights, NJ – March 2, 2023 – CorMedix Inc. (Nasdaq: CRMD), a biopharmaceutical company focused on developing and commercializing therapeutic products for the prevention and treatment of life-threatening diseases and conditions, today announced updates related to the FDA compliance remediation activities at its primary contract manufacturing organization ("CMO") and heparin active pharmaceutical ingredient ("API") supplier, as well as updated timelines for potential resubmission of its New Drug Application ("NDA") under various scenarios. More specifically:

- CorMedix has been informed by its primary CMO ("CMO 1") that all corrective actions stemming from the FDA's June 2022 inspection have been completed and the CMO has provided to FDA documentation showing effectiveness of the corrective actions. The primary CMO awaits feedback from the Agency with respect to the compliance status of the facility.

- CorMedix has been informed by its existing supplier of heparin API ("API 1") that all corrective actions related to its June 2022 FDA Warning Letter for a non-heparin API have been completed and implementation is underway, however it is unclear to the Company based on recent FDA actions if full resolution of the outstanding warning letter would still be required prior to approving the DefenCath NDA with reference to API 1. The supplier has informed CorMedix that it has made updates to the US Heparin Drug Master File ("DMF") clarifying which activities take place at the site which is identified in the warning letter (early-stage processing) and which activities take place at a different FDA registered facility (final processing and release). The supplier has also informed CorMedix that subsequent to those updates, a supplement to an approved application referring to this DMF was recently approved by FDA. Based on this recent approval and the update to the DMF, it is possible that full resolution of the outstanding warning letter is no longer a barrier to FDA approval of the DefenCath NDA. The Company intends to seek confirmation from FDA on this issue as set out below.

Given the progress made by CMO 1 on remediation of the inspectional observations and the potential precedent created by FDA's approval of a supplement referencing the same heparin DMF utilized for DefenCath, the Company intends to submit a Type A meeting request seeking additional guidance from FDA prior to resubmission of the NDA application. The Company is in the process of compiling a briefing package and expects to submit this meeting request by mid-March. FDA typically decides whether to grant Type A meeting requests within 14 days and schedules the meeting within 30 days, however the Agency is not bound to this timeline.

Previously, the Company outlined three manufacturing pathways for resubmission and the targeted timelines for each. Based on today's updates, the Company is communicating revised timelines below for each pathway.

1. CMO 1 + API 1: This scenario potentially remains the fastest pathway to NDA resubmission and approval, provided FDA concurs that CMO 1 has remediated its compliance deficiencies and that the DMF for API 1 can be utilized prior to full resolution of the existing warning letter. CorMedix hopes to obtain guidance from FDA on these two important issues in a Type A meeting. The Company intends to resubmit the application as soon as possible following FDA's positive guidance on these two issues. Given that no new data would be contained in this resubmission, provided no additional site inspections are required, the Company believes this may be classified as a Class 1 submission with a 60-day review.

2. CMO 1 + API 2: The Company manufactured three validation batches in Q4 2022 at CMO 1 utilizing a new source of heparin API ("API 2"). The batches are still undergoing testing and analysis. Should those batches meet specifications, data for submission will be available in mid-April. The ability to resubmit utilizing this data requires FDA clearance of CMO 1. Given that this submission would include new manufacturing data, the Company would expect it to be classified as a Class 2 submission with a 6-month review. CorMedix intends to wait for FDA's guidance from the Type A meeting on pathway #1, prior to pursuing a submission with pathway #2.

3. CMO 2 + API 2: The Company previously guided to the availability of data for submission from an alternate CMO in the first half of 2023; however, due to delays in completing validation, these data are expected to be available by the end of the 3rd quarter of 2023. The Company remains focused on pathways #1 and #2 as its primary strategy, and currently intends to utilize pathway #3 as a back-up manufacturing site. In the event CorMedix elects to resubmit the NDA with pathway #3 as its primary manufacturing site, the Company would expect it to be classified as a Class 2 submission with a 6-month review.

CorMedix will provide additional clarity on these pathways on its year-end earnings call in March, and subsequent updates following its anticipated Type A meeting with FDA.

Joe Todisco, CorMedix CEO stated "I am encouraged by the solid progress made at both our existing CMO and existing heparin supplier toward resolving outstanding compliance deficiencies at their respective sites, as well as the potential precedent set by FDA in recently approving a supplement to an approved application referencing the heparin DMF. I look forward to obtaining FDAs guidance in a Type A meeting. CorMedix's goal is to obtain FDA approval of the DefenCath NDA as quickly as possible, and to do so we have created and strengthened multiple pathways to NDA resubmission. I am hopeful to have additional updates on our year-end earnings call or shortly thereafter."

About CorMedix

CorMedix Inc. is a biopharmaceutical company focused on developing and commercializing therapeutic products for the prevention and treatment of life-threatening conditions and diseases. The Company is focused on developing its lead product DefenCath™, a novel, antibacterial and antifungal solution designed to prevent costly and life-threatening bloodstream infections associated with the use of central venous catheters in patients undergoing chronic hemodialysis. DefenCath has been designated by FDA as Fast Track and as a Qualified Infectious Disease Product (QIDP), and the original New Drug Application (NDA) received priority review in recognition of its potential to address an unmet medical need. QIDP provides for an additional five years of marketing exclusivity, which will be added to the five years granted to a New Chemical Entity upon approval of the NDA. CorMedix also committed to conducting a clinical study in pediatric patients using a central venous catheter for hemodialysis when the NDA is approved, which will add an additional six months of marketing exclusivity when the study is completed. The Company received a Complete Response Letter (CRL) from FDA stating that the original NDA could not be approved until deficiencies at the contract manufacturing organization (CMO) were satisfactorily resolved. FDA notified the Company in a second CRL that the refiled NDA could not be approved until satisfactory resolution of facility deficiencies identified during a pre-approval inspection at and conveyed to the CMO and during an inspection for an unrelated active pharmaceutical ingredient at and conveyed to the manufacturing facility for the heparin supplier for DefenCath. While the CMO and heparin supplier work to resolve outstanding deficiencies, CorMedix is simultaneously working to transfer the technology to an additional CMO and qualify an additional supplier of heparin. CorMedix also intends to develop DefenCath as a catheter lock solution for use in other patient populations. The Company is also working with top-tier researchers to develop taurolidine-based therapies for rare pediatric cancers. For more information visit: www.cormedix.com.

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 that are subject to risks and uncertainties. All statements, other than statements of historical facts, regarding management's expectations, beliefs, goals, plans or CorMedix's prospects, CorMedix's plans to submit a resubmission of its NDA application for DefenCath and the timing of such submission; CorMedix's future financial position, financing plans, future revenues, projected costs and the sufficiency of our cash and short-term investments to fund our operations should be considered forward-looking. Readers are cautioned that actual results may differ materially from projections or estimates due to a variety of important factors, including: the ability of the CMO to address the deficiencies identified by the FDA; the ability of the Company's heparin supplier to address the manufacturing deficiencies identified in the warning letter for non-heparin API; the resources needed to secure approval of the NDA for DefenCath from the FDA; the risks and uncertainties of the relationships with the additional CMO and supplier of heparin; the ability to submit a supplement to CorMedix's NDA; the ability to secure final FDA approval prior to July 1, 2023 or obtain CMS approval of a resubmitted NTAP application; the risks and uncertainties associated with CorMedix's ability to manage its limited cash resources and the impact on current, planned or future research, including the continued development of DefenCath and research for additional uses for taurolidine; obtaining additional financing to support CorMedix's research and development and clinical activities and operations; preclinical results are not indicative of success in clinical trials and might not be replicated in any subsequent studies or trials; and the ability to retain and hire necessary personnel to staff our operations appropriately. We continue to assess to what extent the uncertainty surrounding the Coronavirus pandemic may impact our business and operations. These and other risks are described in greater detail in CorMedix's filings with the SEC, copies of which are available free of charge at the SEC's website at www.sec.gov or upon request from CorMedix. CorMedix may not actually achieve the goals or plans described in its forward-looking statements, and investors should not place undue reliance on these statements. CorMedix assumes no obligation and does not intend to update these forward-looking statements, except as required by law.

Investor Contact:
Dan Ferry
Managing Director
LifeSci Advisors
(617) 430-7576

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Mersana Therapeutics, Inc.

Physical Address: 840 Memorial Drive

City: Cambridge State: MA Zip: 02139

Mailing Address (if different from physical address): 840 Memorial Drive

City: Cambridge State: MA Zip: 02139

Telephone: 617-498-0020 Website: www.mersana.com

Name of Designated Representative (DR): Adrian Peskett

Licensing Company Email: statelicensing@mersana.com DR Email: apeskett@mersana.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☒ Practitioners	☐ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☒ Others: Biologics	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Mersana Therapeutics, Inc.

Mailing Address: 840 Memorial Drive

City: Cambridge State: MA Zip: 02139

Telephone: 617-498-0020 Email: statelicensing@mersana.com

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol: MRSN

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Mersana Therapeutics, Inc.
Facility Name

Alejandra Carvajal
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

March 22, 2023
Date

Board Use Only	Date Received: 5-8-23	Amount: 1000.00 CK-19660

Delaware

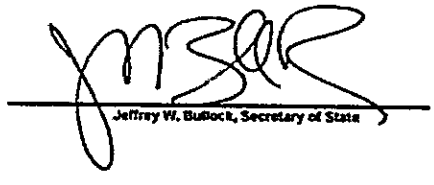
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERSANA THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3340388 8300

SR# 20231169223

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203014850

Date: 03-27-23

From: Nelly Oliver
To: Ziolkowski, Maria
Cc: Jason Waters
Subject: FW: [EXTERNAL] Labeler Code Request Approved
Date: Wednesday, November 2, 2022 12:08:36 PM

[External]

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, November 1, 2022 9:25 AM
To: Ramani Raghavan <rraghavan@mersana.com>
Subject: [EXTERNAL] Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 01-NOV-2022
Labeler DUNS: 605741409
Labeler Name: Mersana Therapeutics, Inc.
Labeler Code Assigned: 83082

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

This e-mail, including any attachments, is a confidential business communication, and may contain information that is confidential, proprietary and/or privileged. This e-mail is intended only for the individual(s) to whom it is addressed, and may not be saved, copied, printed, disclosed or used by anyone else. If you are not the(an) intended recipient, please immediately delete this e-mail from your computer system and notify the sender. Thank you.

Mersana
THERAPEUTICS

DESCRIPTION OF OPERATIONS

Mersana Therapeutics, Inc. ("Mersana") is a publicly held, Massachusetts-based, biopharmaceutical company specializing in the discovery and development of antibody-drug conjugate (ADC) therapies to treat patients fighting cancer.

THIRD-PARTY LOGISTICS

Mersana's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions, Inc.. Mersana utilizes the following facility for distribution of product:

Integrated Commercialization Solutions LLC.
420 International Boulevard
Brooks, Kentucky, 40109
614-205-6198
Krystal.Haynes@ICSconnect.com

CONTRACT MANUFACTURERS

Mersana uses the following contract manufacturer to produce product:

AndersonBrecon Inc. (dba PCI)
1635 New Milford School Road
Rockford, IL 61109
815-484-8967
FEIN: 3003015528

PRODUCTS

As a virtual manufacturer, Mersana does not manufacture, distribute or store product at their Massachusetts facility. At no time do contact manufacturers own Mersana's products, contract with Mersana's customers, invoice or sell Mersana products. Mersana's products are not controlled substances. Accordingly, Mersana is not required to maintain DEA registration.

The system will be offline for updates on Saturday 04/29/2023 from 8:00AM to 8:00PM.

Massachusetts Office of Health and Human Services (EOHHS)

Health Professions License Verification Site

Home Page > Profile > MA0001139 - MERSANA THERAPEUTICS, INC

License Information

License Type:	Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration
License Number:	MA0001139
Status:	Current
Organization Name:	MERSANA THERAPEUTICS, INC
Expiration Date:	September 30, 2023
Address:	840 MEMORIAL DRIVE CAMBRDGE, MA 02139

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

<< Back to Search Page

How to Get Help:

Mass.gov Resources

- eLicensing User Guide
- Bureau of Health Professions Licensure
- Office of Local and Regional Health
- Department of Public Health

BHPL eLicensing Support Resources

Online: eLicensing Support Request Form

Email: dph.elicensing_support@mass.gov

Phone: (617) 973-0935

TTY Line: (617) 973-0988

DO NOT provide your Social Security Number or **Date of Birth** when contacting the eLicensing Support Desk online or by email

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The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001139	09/30/2022	09/30/2023	Virtual Drug Manufacturers

ISSUED TO

MERSANA THERAPEUTICS, INC
840 MEMORIAL DRIVE
CAMBRDGE, MA 02139
ATTN: ALEJANDRA CARVAJAL CHIEF LEGAL OFFICER & SECRETARY

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY NEW

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0001139	09/30/2022	09/30/2023	Virtual Drug Manufacturers

ISSUED TO

MERSANA THERAPEUTICS, INC
840 MEMORIAL DRIVE
CAMBRDGE, MA 02139
ATTN: ALEJANDRA CARVAJAL CHIEF LEGAL OFFICER & SECRETARY

NEW

Mersana
THERAPEUTICS

OWNERSHIP

Mersana Therapeutics, Inc. ("Mersana") a publicly held biopharmaceutical company, is a virtual manufacturer located in Cambridge, Massacusetts.

COMPANY INFORMATION

Mersana Therapeutics, Inc.
840 Memorial Drive
Cambridge MA 02139
Phone: (617) 498-0020
Email: statelicensing@mersana.com
Tax ID: 04-3562403

CORPORATE OFFICERS

Anna Protopapas, President and CEO
840 Memorial Drive
Cambridge MA 02139
Phone: (617) 498-0020

Arvin Yang, Chief Medical Officer
840 Memorial Drive
Cambridge MA 02139
Phone: (617) 498-0020

Alejandra Carvajal, Chief Legal Officer & Secretary
840 Memorial Drive
Cambridge MA 02139
Phone: (617) 498-0020

Tushar Misra, Chief Manufacturing Officer
840 Memorial Drive
Cambridge MA 02139
Phone: (617) 498-0020

Brian C. DeSchuytner, CFO
840 Memorial Drive
Cambridge MA 02139
Phone: (617) 498-0020

Legal Name - Last Name	Legal Name - First Name
Feith	Dina
Paul	Kylie
Mako	Teresa
Mullan	Ashley
Anable	Raymond
Burns	Alison
Frost	Thomas
Singhal	Vandana
Bowen	Amanda
Westphalen	Dena
Knauber	Michael
Fradin	Alayna
Krishnamoorthy	Sivakumar
Keo	Jason
Kahlon	Charanjit
Skros	Renata
Redmond	Mary
Lemming	Rita
Dolan	Melissa
Baba	Kavita
Sayers	Justin
Sun	Sheng
Crawford Moore	Shanita
Dixit	Nitin
Guillen	Karen
Lewick	Rina
Quadri	Lubna
Wang	Zhengya
Wong	Johnathan
Pisarri	Carolyn
Thimmiah	Nayana
Schwake	Christopher
Kim	Janice
Yu	Wing Chi
Kumar	Niyanta
Ryan	Gerard
Madi	Hisham
Ryder-Smith	Brooke
Carlise	Robert
Thomson	Catherine
Matta	Michael
Zildjian	Sybil
Reiser	Kelly
Rash	Gregory
O'Banks	Daniel
Song	Linda
Xiao	Jianjun
Dvornikovs	Vadims
Josephs	Kathryn
Mazzarisi-Gerundo	Christy
Lee	Brian
Dickens	Andrea
Donaldson	Jade
Li	Jimmy

DiGiovanni	Amy
Sosa	Alexandria
Illidge	Jiaan
Lyons	Patricia
Fredericks	Richard
Fredette	Jason
Daoud	Baher
Di Meo	Milena Gessica
Finigan	Patrick
Sani	Shabnam
Moore	David
Hasenfuss	Roxanne
Ussery	Sarah
Nugent	Kate
DiCristo	Caroline
Lu	Min
Eichner	Brigitte
Shea	Daniel
Zhang	Yaqiu
Ng	Jasmine
Smith	Samantha
Jin	Zhuang
Wekheye	Kelley
Downing	William
Haskins	Jonathan
Grandmont	William
Singh	Harmeet
DeMars	Leslie
Troncoso	Santa
Patel	Ashish
Hannibal	Allison
Oliver	Nelly
Waters	Jason
Brody	Leonore
Luke	Anna
Garrigus	Marc
Franklin	Kostia
Keirstead	Natalie
Ma	Bingli
Joshi	Saumil
Beaty	Margretta
Torres	Caitlin
Jonas	Amreen
Bala	Mohan
Ou	Siyu
Skredenske	Jeffrey
Bellovoda	Kamela
Ferguson	Cory
Hasan	Noor
Voynov	Vladimir
Wang	Sheng
Keeton	Erika
DeMoranville	Victoria
McSweeney	Brian
Coons	Casey
Gerkman	Mihael

Raghavan	Ramani
Lang	Aubri
Soomer-James	Jahna
Clark	Suzanna
Ishida	Katsuhiko
Peskett	Adrian
Misra	Tushar
Salierno	James
Mentiply	Ian
Routhier	Caitlin
Barrett	Jamie
Bradshaw	Chelsea
Su	Dian
Massimo	Michael
Hanson	Bethany
Hodsdon	Lindsay
Tempesta	Leah
Mamlouk	Khalid
Cormier	Charlene
Hurley	Aeron
Xu	Mengmeng
Im	Ellie
Burns	Brendan
Higgins	Stacy
Sullivan	Nicole
Faircloth	Chelsey
Aldairy	Wassim
Carvajal	Alejandra
Crapo	Julia
Donovan	Lauren
Ventresca-Colon	Leah
Buerstatte	Nathan
Cox	Colleen
Jung	Young
Carrington	Cassandra
Thakkar	Virali
Santora	Katie
Yau	Mei Kwan
Crowe	Matthew
Simkins	Elissa
Tate	Jennifer
Poulson	Carla
Escudero	Diana
Goldberg	Beth
Gardner	Renee
Blackerby	Katharin
Guerrero	Camila
Jiang	Mei
Chebrolu	Srikanth
Kay	Wai Kit
Lu	Stephen
Yang	Arvin
Burger	Robert
Talbot	Matthew
Akiyama	Alan
Putiri	Emily

Keating	Katherine
Buchanan	Florence
Abdeljawad	Tarek
Bernardo	Maria Victoria
Miller	Charles
Kwan	Yuen
Fleming	Michael
Chalk	Helen
Rogalski	Caroline
Brahim	Omar
Powers	Jason
Ditty	Elizabeth
Reske	Adi
Monnell	Travis
Mandelia	Ashish
DeSchuytner	Brian
McManus	Sandra
Blonde-Trenholm	Christin
Karsligil	Orhan
Lancaster	Kelly
Liwosz	Aneta
Wang	Zhen
Vrhovac	Darko
Ayturk	Engin
Zurita	Jeffrey
Dinan	Helen
Dirksen	Anouk
Haase	Melissa
Cetinbas	Naniye
Bukhalid	Raghida
Collins	Scott
Mahalingam	Poornachandran
Shaw	Pamela
Duvall	Jeremy
Damelin	Marc
Zhu	Lei
Li	Yuanyuan
Xu	Ling
Toader	Dorin
Catcott	Kalli
Clardy	Susan
Custar	Daniel
Wagler	Thomas
Lee	David
Mosher	Rebecca
O'Connor	Sandra
Kimball	Lauren
Kelleher	Eugene
Protopapas	Anna
Bollu	Satyanarayan
Du	Bingfan
Iyengar	Radha
Ter-Ovanesyan	Elena
Perkins	Jennie
Thomas	Joshua
Uttard	Alexandre

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021.

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to

Commission file number 001-38129

Mersana Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**04-3562403**
(State or Other Jurisdiction of Incorporation or Organization)	(I.R.S. Employer Identification No.)
840 Memorial Drive Cambridge, MA	**02139**
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code **(617) 498-0020**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value	MRSN	The Nasdaq Global Select Market

Securities registered pursuant to Section 12(g) of the Act:

NONE

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined by Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

As of June 30, 2021, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the registrant's common stock held by non-affiliates was $799,836,646, based on the last reported sale price of such stock on the Nasdaq Global Select Market as of such date.

As of February 25, 2022, the registrant had 83,389,806 shares of common stock outstanding at a par value $0.0001 per share.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement that will be filed for the 2022 Annual Meeting of Stockholders within 120 days of the end of the registrant's fiscal year ended December 31, 2021 are incorporated by reference in Part III of this Annual Report on Form 10-K to the extent stated herein.

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PART I

REFERENCES TO MERSANA

Throughout this Annual Report on Form 10-K, the "Company," "Mersana," "we," "us," and "our," except where the context requires otherwise, refer to Mersana Therapeutics, Inc. and its consolidated subsidiary, and "our board of directors" refers to the board of directors of Mersana Therapeutics, Inc.

FORWARD LOOKING STATEMENTS AND INDUSTRY DATA

This Annual Report on Form 10-K contains forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our clinical results and other future conditions. The words "aim," "anticipate," "believe," "contemplate," "continue," "could," "estimate," "expect," "goal," "intend," "may," "on track," "plan," "possible," "potential," "predict," "project," "seek," "should," "target," "will," "would" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

These forward-looking statements include, among other things, statements about:

- the initiation, cost, timing, progress and results of our current and future research and development activities, preclinical studies and clinical trials;
- the adequacy of our inventory of upifitamab rilsodotin (UpRi) and XMT-1592 to support our ongoing clinical trials, as well as the outcome of planned manufacturing runs;
- the timing of, and our ability to obtain and maintain, regulatory approvals for our product candidates;
- unmet need of ovarian cancer and non-small cell lung cancer;
- our ability to quickly and efficiently identify and develop additional product candidates;
- our ability to advance any product candidate into, and successfully complete, clinical trials;
- our intellectual property position, including with respect to our trade secrets;
- the potential benefits of strategic partnership agreements and our ability to enter into selective strategic partnerships;
- our estimates regarding expenses, future revenues, capital requirements, the sufficiency of our current and expected cash resources and our need for additional financing; and
- the potential impact of the ongoing COVID-19 pandemic.

We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. We have included important factors in the cautionary statements included in this Annual Report on Form 10-K, particularly in the "Risk factors" section, that we believe could cause actual results or events to differ materially from the forward-looking statements that we make. Our forward-looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, joint ventures or investments we may make.

In addition, the COVID-19 pandemic could adversely affect our preclinical and clinical development efforts, business operations and financial results. The extent of the impact and the value of and market for our common stock will depend on future developments that are highly uncertain and cannot be predicted with confidence at this time, such as the ultimate duration of the pandemic, the emergence of new variants of the virus, travel restrictions, quarantines, physical distancing and business closure requirements in the United States and in other countries, and the effectiveness of actions taken globally to contain and treat the disease.

The forward-looking statements contained herein represent our views as of the date of this Annual Report on Form 10-K and we do not assume any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law. We anticipate that subsequent events and developments will cause our views to change. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this Annual Report on Form 10-K.

This Annual Report on Form 10-K may include industry and market data, which we may obtain from our own internal estimates and research, as well as from industry and general publications and research, surveys, and studies conducted by third parties. Industry publications, studies, and surveys generally state that they have been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. While we believe that such studies and publications are reliable, we have not independently verified market and industry data from third-party sources.

SUMMARY OF RISK FACTORS

Our business is subject to varying degrees of risk and uncertainty. Investors should consider the risks and uncertainties summarized below, as well as the risks and uncertainties discussed in Part I, Item 1A, *Risk Factors* of this Annual Report on Form 10-K.

Our business is subject to the following principal risks and uncertainties:

- We have incurred net losses since our inception, we have no products approved for commercial sale and we anticipate that we will continue to incur substantial operating losses for the foreseeable future.
- We will require substantial additional financing to achieve our goals, and a failure to obtain this necessary capital when needed could force us to delay, limit, reduce or terminate our product development or commercialization efforts.
- We have a credit facility that places certain restrictions on our operating and financial flexibility.
- We face substantial competition, which may result in others discovering, developing or commercializing products before, or more successfully than, we do.
- We only have two product candidates, upifitamab rilsodotin (UpRi) and XMT-1592, in clinical trials. A failure of any of our product candidates in clinical development could adversely affect our business and may require us to discontinue development of other product candidates based on the same technology.
- We can provide no assurance that our clinical product candidates will obtain regulatory approval or that the results of clinical trials will be favorable.
- Drug discovery and development is a complex, time-consuming and expensive process that is fraught with risk and a high rate of failure. We can provide no assurance of the successful and timely development of new antibody drug conjugate, or ADC, products.
- If we fail to attract and retain senior management and key scientific personnel, we may be unable to successfully develop our product candidates, conduct our clinical trials and commercialize our product candidates.
- We may encounter difficulties in managing our growth and expanding our operations successfully.
- Our activities, including our interactions with healthcare providers, third party payors, patients and government officials, are, and will continue to be, subject to extensive regulation involving health care, anti-corruption, data privacy and security and consumer protection laws. Failure to comply with applicable laws could result in substantial penalties, contractual damages, reputational harm, diminished revenues and curtailment or restructuring of our operations.
- We rely upon patents and other intellectual property rights to protect our technology. We may be unable to protect our intellectual property rights, and we may be liable for infringing the intellectual property rights of others.
- Our business is subject to risks arising from the outbreaks of disease, such as epidemics or pandemics, including the COVID-19 pandemic.

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ITEM 1. BUSINESS

Overview

We are a clinical-stage biopharmaceutical company focused on developing antibody drug conjugates, or ADCs, that offer a clinically meaningful benefit for cancer patients with significant unmet need. We have leveraged over 20 years of industry learning in the ADC field to develop proprietary and differentiated technology platforms that enable us to develop ADCs designed to have improved efficacy, safety and tolerability relative to existing ADC therapies.

We believe that our innovative platforms, including Dolaflexin and Dolasynthen, delivering our proprietary auristatin DolaLock payload, as well as Immunosynthen, which delivers our novel proprietary stimulator of interferon genes, or STING, agonist ImmunoLock payload, together comprise a highly efficient product engine that has enabled a robust discovery pipeline for us and our partners. Our ADCs in preclinical studies and clinical trials include first-in-class molecules that target multiple tumor types with high unmet medical need. Our belief is that our novel ADCs may have more favorable safety and efficacy compared to more traditional existing ADCs developed using first-generation technology.

We have assembled a management team with extensive and relevant experience, including specific ADC experience, from prior work at leading pharmaceutical companies such as Millennium Pharmaceuticals, Inc., Takeda Pharmaceuticals, Inc., Bayer AG, Tesaro, Inc., Vertex Pharmaceuticals Inc., Cubist Pharmaceuticals Inc., Bristol Myers Squibb, Constellation Pharmaceuticals, Inc., Sanofi S.A., GlaxoSmithKline plc, Centocor Inc., Sunovion Pharmaceuticals Inc. and Momenta Pharmaceuticals, Inc. We are supported by our board of directors and scientific advisory board, who offer complementary experience in drug discovery and development, as well as expertise in building public companies, management and business development. We believe that our highly differentiated platforms, together with the team we have assembled, position us well to discover and develop life-changing ADCs for patients fighting cancer.

Strategy

Our goal is to become a leading oncology company by leveraging the potential of our innovative and differentiated ADC technologies and the experience and competencies of our management team to discover and develop promising ADC product candidates and to commercialize cancer therapeutics that address unmet medical needs or provide significant benefit to patients. Key components of our strategy to achieve this goal are as follows:

- **Strive to Build UpRi (upifitamab rilsodotin) into a Foundational Medicine in Ovarian Cancer.** Our lead product candidate, upifitamab rilsodotin, which we refer to as UpRi, is a first-in-class Dolaflexin ADC targeting NaPi2b, an antigen broadly expressed in ovarian cancer and other cancers. We are currently evaluating UpRi in platinum-resistant ovarian cancer in a single-arm registrational trial, which we refer to as UPLIFT, for which we expect to complete enrollment in the third quarter of 2022. We are also conducting a Phase 1/2 umbrella combination trial, which we refer to as UPGRADE. The first combination we are exploring is the combination of UpRi with carboplatin, a standard platinum chemotherapy broadly used in the treatment of platinum-sensitive ovarian cancer. We may explore other combinations in the future. We expect to report interim data from UPGRADE in the second half of 2022. In the second quarter of 2022, we expect to initiate enrollment in a randomized placebo-controlled Phase 3 trial, which we refer to as UP-NEXT, to evaluate UpRi as single agent maintenance treatment in patients with platinum-sensitive ovarian cancer that have high NaPi2b expression. Together, data from these trials have the potential to establish the safety and efficacy of UpRi across a wide range of ovarian cancer patients, from those who are platinum-resistant and heavily pre-treated to those in earlier lines of the disease.

- **Strive to Build Out Our Pipeline of Highly Impactful Cancer Medicines.** Our second clinical candidate, XMT-1592, is a NaPi2b- targeted ADC leveraging our Dolasynthen platform. Our strategy is to explore XMT-1592 as an alternative to UpRi in lung and non-small cell lung adenocarcinoma based on preclinical differentiation. We are conducting a Phase 1 dose exploration trial in patients with ovarian cancer and non-small cell lung cancer, or NSCLC, which we expect to complete in the second half of 2022. Additionally, we are advancing XMT-1660, a Dolasynthen ADC targeting B7-H4, an antigen selectively expressed on tumors in areas of high unmet medical need including breast, endometrial and ovarian cancers. We expect to initiate a phase 1 clinical trial of XMT-1660 in solid tumors in mid-2022. Moreover, we have taken ADCs beyond cytotoxics by developing our Immunosynthen platform which may allow tumor-targeted activation of the innate immune system. XMT-2056, an ADC targeting a novel HER2 epitope that is different from those targeted by currently available HER2 therapies, is our first product candidate based on our Immunosynthen STING-agonist platform. We expect to initiate a Phase 1 clinical trial of XMT-2056 in solid tumors in mid-2022. We believe that each of XMT-1660 and XMT-2056 may provide opportunities in areas of high unmet need including, without limitation, breast cancer and other tumor types.

- **Strive to Build Innovation and Scientific Leadership in ADCs.** We intend to establish a leading position in the field of ADCs by continuing to advance platform innovations that further broaden the potential for our ADCs to be first and best in class medicines that deliver clinically meaningful benefit to cancer patients and by pursuing fast-to-market opportunities in areas of high unmet medical need. In addition to the product candidates described above, we also have two earlier stage preclinical candidates, which we refer to as XMT-2068 and XMT-2175, both of which leverage our Immunosynthen platform and target tumor-associated antigens.

- **Strive to Build Mersana as a Top Employer and Strategic Partner.** We aim to attract and retain talented team members with deep experience in drug discovery, development, manufacturing, and commercialization as well as in general business and administration. Our team is driven by a shared passion to advance therapies that make a significant difference in the lives of cancer patients. We will continue to cultivate the collaborative and passionate workplace culture that has allowed us to advance this mission. We also aim to leverage our technical expertise and experience with respect to our innovative and diversified platforms, Dolaflexin, Dolasynthen and Immunosynthen, to attract and cultivate strategic partnerships that facilitate our ability to bring differentiated product candidates to patients. We have established strategic research and development partnerships with Janssen Biotech, Inc., or Janssen, and Merck KGaA for the development and commercialization of additional ADC product candidates leveraging our proprietary Dolasynthen and Dolaflexin platform technologies against a limited number of targets selected by our partners. We believe the potential of our ADC technologies, supported by our scientific and technical expertise and enabled by our intellectual property strategy, all support our independent and collaborative efforts to discover and develop life-changing ADCs for patients fighting cancer.

Our current pipeline is summarized in the chart below:



*NaPi2b antibody used in UpRi (formerly XMT-1536) and XMT-1592 is in-licensed from Recepta Biopharma. Recepta has rights to commercialize UpRi and XMT-1592 in Brazil
**EMD Serono is an affiliate of Merck KGaA

ADC Background

ADCs are a validated therapeutic modality in oncology with 11 products approved for use by the Food and Drug Administration, or the FDA, and over 100 being tested in clinical trials. We believe that the field has not yet realized its full potential because first generation ADCs have several limitations and platform innovation has been limited.

The goal of first generation ADCs is to deliver cytotoxic therapy specifically to neoplastic cells while sparing normal tissue. An ADC consists of three components: the antibody, the cytotoxic payload, and a linker to join the two. The antibody portion of the ADC achieves specific targeting by binding to an antigen that ideally has high expression on the surface of the tumor cells, and low expression in healthy tissues. Once the antibody binds to the target, the ADC enters the cell, and the payload is typically released killing the cell.

The payload, the drug-to-antibody ratio, or DAR, the linker, and conjugation site of the linker with the antibody all can influence the overall efficacy and tolerability of ADCs. There has been limited innovation in these ADC components since the development of first-generation ADC platforms. We believe optimizing an ADC requires developing payload(s) with optimal properties, varying DAR for a specific target, and optimizing the conjugation site, all of which can contribute to the overall drug-like properties. We believe that our proprietary platforms improve upon first-generation ADC approaches in these aspects and have the potential to advance the field and improve patient outcomes.

Our Technologies and Platforms

The development of ADCs is not a one-size-fits-all approach. In fact, a number of diverse factors impact the properties of an ADC, including payload, DAR, site of conjugation and homogeneity. For each target antigen, there may be an optimal combination of these factors. Our novel and highly differentiated platforms are designed to allow us to optimize these properties for a given target and develop ADCs that are designed to best address patient needs.

DolaLock Payload

We refer to the cytotoxic payload we use with our Dolaflexin and Dolasynthen platforms as our DolaLock payload. Our DolaLock payload is a proprietary auristatin cytotoxic drug and is a highly potent anti-tubulin agent selectively toxic to rapidly dividing cells. The DolaLock payload has been shown in *in vitro* and *in vivo* preclinical studies to control the bystander effect by locking the cytotoxic drug inside cells after allowing a short period of antigen-independent diffusion throughout the tumor. As the drug diffuses through neighboring cells, the DolaLock payload is metabolized to a form that is still highly potent but is designed to no longer be able to cross the cell membrane, thereby controlling the bystander effect for a potentially safer and more effective cancer therapy.

A common mechanism of resistance in cancer is the up-regulation of multi-drug resistance, or MDR, pumps, such as P-glycoproteins, or PgPs, which actively pump drugs out of cancer cells to help them survive. Once metabolized, our DolaLock payload is not a substrate for PgPs, thereby avoiding this resistance mechanism. Our DolaLock payload, with its controlled bystander effect, is designed to enable the creation of ADCs that have the potential of being highly potent, well-tolerated and specifically-targeted cancer therapies.

In addition, our proprietary auristatin payload has also been shown in preclinical studies to cause immunogenic cell death and to stimulate the immune system through dendritic cell activation. Because of this, we have observed synergy with immuno-oncology agents such as PD-1 inhibitors in preclinical models.

Dolaflexin Platform

The Dolaflexin platform was designed to increase the efficacy, safety and tolerability of ADCs. Dolaflexin utilizes our proprietary Fleximer polymer, a biodegradable, highly biocompatible, water-soluble polymer that is able to carry multiple payloads. Instead of direct conjugation to an antibody, payloads are attached through an optimized, cleavable linker to the Fleximer scaffold, which is then conjugated to the antibody through a non-cleavable linker. Our Fleximer polymer has demonstrated dramatically improved drug solubility, pharmacokinetics and immunogenicity, and an increased number of payloads carried by each ADC as compared to other ADC therapies.

As a result, we believe Dolaflexin has the potential to offer the following benefits relative to first generation ADCs:

- **Proprietary DolaLock Payload:** Dolaflexin is loaded with our proprietary auristatin cytotoxic drug, which is a highly potent anti-tubulin agent and that is selectively toxic to rapidly dividing cells and has a controlled bystander effect.

- **Higher Drug-to-Antibody Ratio:** Historically, ADCs have been limited to a DAR of 3-4. The Dolaflexin platform can deliver ADCs with DAR of approximately 10, which has enabled ADCs created using this platform to demonstrate greater preclinical efficacy while also maintaining pharmacokinetics and drug-like properties.

- **Expanded Range of Addressable Tumor Targets:** The higher DAR enabled by Dolaflexin results in a higher amount of cytotoxic drug released into the tumor cell for every ADC that is internalized. As a result, we believe that Dolaflexin ADCs may demonstrate efficacy against tumor targets with lower levels of antigen expression where traditional ADCs have not been effective.

We believe these advantageous characteristics of our Dolaflexin platform provide a substantial opportunity to develop clinically meaningful ADC therapies with potential to address a broader range of cancers than first generation ADC-based approaches.

Our lead clinical candidate, UpRi, is a Dolaflexin ADC that targets NaPi2b. We are currently evaluating UpRi in the UPLIFT and UPGRADE trials and expect to initiate the UP-NEXT trial in the second quarter of 2022.

Dolasynthen Platform

The Dolasynthen platform enables an iterative approach to designing customized ADCs for a given target while retaining the properties of Dolaflexin, including the use of our proprietary DolaLock payload for a controlled bystander effect. Dolasynthen ADCs consist of a proprietary synthetic scaffold carrying an exact number of DolaLock payloads for precise control of DAR. The Dolasynthen scaffold is then bioconjugated to the antibody in a site-specific manner. The Dolasynthen scaffold has been precisely designed to provide optimal water solubility, charge balance, linker stability and DAR which together offer an opportunity for our ADCs to have superior physicochemical and pharmacokinetic properties.

Illustrated by our preclinical data, we believe Dolasynthen ADCs have broad therapeutic potential as cancer therapies. Our preclinical data demonstrate the ability of the Dolasynthen platform to generate and identify the optimal ADC for a given target and antibody.

We believe that Dolasynthen offers the benefits of Dolaflexin, including the proprietary DolaLock payload, and has the potential to offer the following additional benefits relative to traditional ADCs:

- **Precise Control of DAR:** The optimal DAR may vary between different targets and antibodies. Dolasynthen uses a proprietary scaffold that allows for precise DARs between 2-24, enabling optimization of the DAR for specific antigens and antibodies.
- **Site-Specific Bioconjugation:** The site of scaffold bioconjugation to an antibody impacts the overall properties of that ADC. Dolasynthen enables site-specific bioconjugation allowing further ADC optimization.
- **Homogenous ADC Development:** The DAR and antibody bioconjugation is consistent throughout ADCs developed with the Dolasynthen platform allowing for consistent and precise drug delivery to targeted cancer cells.
- **Increased Hydrophilicity:** The precise optimization of the hydrophilic moiety on Dolasynthen ADCs allows for increased aqueous solubility and enhanced pharmacokinetic properties.

Our second clinical candidate, XMT-1592, is a Dolasynthen ADC targeting NaPi2b-expressing tumor cells. We are conducting a Phase 1 dose exploration trial of XMT-1592 in patients with ovarian cancer and non-small cell lung cancer, NSCLC, adenocarcinoma which we expect to complete in 2022. XMT-1660, our B7-H4-targeted Dolasynthen ADC is currently in investigational new drug, or IND, -enabling studies.

ImmunoLock Payload

We refer to the STING agonist that is used as the payload with our Immunosynthen platform as our ImmunoLock Payload. It was designed to have very low cell permeability in order to control delivery and localization of its innate immune-activating effect. STING is a well-studied innate immune pathway capable of inducing anti-tumor immune activity. Our preclinical data show that the anti-tumor activity of Immunosynthen ADCs carrying the ImmunoLock payload is driven by the targeted activation of the STING pathway in tumor-resident immune cells and in tumor cells, in a target dependent manner. STING pathway activation in both cell types within the tumor provides the potential for enhanced anti-tumor activity with a STING-agonist ADC compared to other innate immune approaches that activate only the immune cells and are not capable of activating the tumor cells.

Immunosynthen Platform

Immunosynthen is our novel immunostimulatory ADC platform designed to take ADCs beyond the delivery of traditional cytotoxic payloads and into targeted stimulation of the innate immune system. Through the tumor-targeted delivery of a novel STING agonist, ADCs created with our Immunosynthen platform have the potential to address the challenges of efficacy, delivery and tolerability posed by the intratumoral or intravenous injection of free (unconjugated) STING agonists. We have generated preclinical data across multiple, diverse targets by creating Immunosynthen ADCs based on a variety of antibodies directed to those targets and evaluating them in a range of tumor models. In each case we have demonstrated significant anti-tumor activity *in vivo (*including complete tumor regressions) after a single low, well-tolerated dose. Additional characterization has demonstrated increased cytokine expression and immune cell infiltration in the tumor microenvironment, as well as the

induction of immunological memory. We have demonstrated tolerability and characterized the favorable pharmacokinetic profile of Immunosynthen ADCs in non-human primates, after multiple intravenous doses and at exposures significantly higher than those required for robust efficacy in mice.

Immunosynthen ADCs have been designed to overcome the limitations of free STING agonists and to offer a highly differentiated approach from other innate immune activators due to the following:

- **Non-Cell Permeable STING Agonist ImmunoLock Payload:** Our novel and proprietary payload has very low cell permeability, remaining in the cell to which it is delivered by the antibody, where it can exert its effect.

- **Enhanced Pharmacokinetic Properties:** The prolonged pharmacokinetics of ADCs and active transport into tumor cells and tumor-resident immune cells can overcome pharmacokinetic and permeability issues of the free agonists, resulting in more robust and sustained activation of the innate immune response in the tumor.

- **Immunosynthen STING ADCs Provide Targeted Activation in Two Cell Types:** Because STING, unlike other innate immune pathways, can be activated in tumor cells and tumor-resident immune cells, target-dependent delivery can result in innate immune activation of both cell types, providing potent and robust anti-tumor responses and the induction of immunological memory.

Together these features have the potential to improve therapeutic index by selectively activating the innate immune system in the tumor environment and minimizing activation in other tissues. We are building a pipeline of Immunosynthen ADC candidates applicable to a broad range of clinical indications. Our first Immunosynthen ADC development candidate, XMT-2056 targets a novel epitope of HER2 and we expect to initiate a Phase 1 clinical trial in mid-2022.

Our product candidates

We are leveraging our platforms to develop a robust pipeline of product candidates with the potential of becoming clinically meaningful cancer therapies. Our pipeline strategy focuses on targets that have been biologically validated (either through ADCs or other modalities), where the advantages of our platforms may lead to clinically superior therapeutic benefits, where we have the potential to achieve first-in-class status, or where fast-to-market opportunities are available. Our lead product candidate, UpRi, is currently being evaluated in the UPLIFT and UPGRADE trials and we expect to initiate the UP-NEXT trial in 2022. Our next product candidate, XMT-1592, is being evaluated in a dose exploration trial. We are also advancing XMT-1660, a B7-H4-targeted Dolasynthen ADC, and XMT-2056, our first Immunosynthen ADC targeting a novel epitope of HER2, both of which are currently in IND-enabling studies. In addition, our partners have multiple ADC product candidates leveraging our Dolaflexin technology in various stages of development.

Upifitamab rilsodotin (UpRi): our NaPi2b-targeted Dolaflexin ADC

UpRi, a first-in-class ADC targeting the sodium-dependent phosphate transport protein NaPi2b, utilizes the Dolaflexin platform to deliver about 10 DolaLock payload molecules per antibody. We believe the NaPi2b antigen is broadly expressed in ovarian cancer and other cancers with limited expression in normal tissue. NaPi2b is a member of the SLC34 family of sodium-dependent transporters and plays an important role in maintaining phosphate homeostasis. We initiated a Phase 1/2 clinical trial of UpRi in December 2017 with the primary objectives of determining the recommended phase 2 dose and characterizing the efficacy, safety and tolerability and the secondary objective of assessing the correlation of the NaPi2b biomarker expression and efficacy. The dose escalation portion of the trial established 43 mg/m2 up to a maximum of approximately 80 mg as the maximum tolerated dose. The expansion portion of the trial evaluated two doses, 36 mg/m2 and 43 mg/m2, up to a maximum of 80 mg.

There are currently no tests approved by the FDA to measure NaPi2b expression on tumor cells. Our initial clinical trials have not prospectively identified patients with NaPi2b-expressing tumors, but our development plan for UpRi includes the development of a proprietary immunohistochemistry assay to measure NaPi2b expression in tumors. Based on our retrospective evaluation of tumors collected in the dose escalation and expansion portions of our initial UpRi Phase 1 trial, we believe that high NaPi2b expression is present in approximately two-thirds of ovarian cancer patients. We intend to continue developing our assay in order to confirm the broad prevalence of NaPi2b expression in our target patient populations while correlating those expression levels with the efficacy observed in such patients. We are currently collaborating with a third party to create and obtain regulatory approval for our assay as a commercial companion or complementary diagnostic. We expect to use the assay to evaluate Tumor Proportion Score of greater than or equal to 75% (TPS75) to identify patients with high NaPi2b tumor expression and to help us enrich our data analyses based on biomarker expression.

Over the course of 2020, we presented early Phase 1 UpRi clinical data, including presentations at the American Society of Clinical Oncology and the European Society for Medical Oncology and at company presentations to investors. These data were from the dose escalation and expansion portions of our UpRi Phase 1 trial, and they demonstrated encouraging clinical activity in heavily-pretreated patients with a safety profile differentiated from those of first generation ADCs. In August 2020, the FDA granted Fast Track Designation for UpRi for the treatment of patients with platinum-resistant high-grade serous ovarian cancer who have received up to three prior lines of systemic therapy or patients who have received four prior lines of systemic therapy regardless of platinum status. In January 2021 and in September 2021, we provided interim clinical data updates from our expansion cohort. The interim data presented in September 2021 was based on approximately 100 ovarian patients for efficacy analysis and an overall group of approximately 200 patients for safety evaluation. All of the data from these patients were from our ongoing Phase 1/2 clinical trial. These data supported UpRi's clinically meaningful activity in heavily-pretreated ovarian cancer patients with an objective response rate, or ORR, of approximately 34%, including complete responses, in evaluable patients with high NaPi2b tumor expression. The data also showed that UpRi was generally well tolerated without the severe toxicities commonly seen with other ADCs such as neutropenia, ocular toxicities, or peripheral neuropathy. The most common grade 3 or higher adverse events reported in this heavily pretreated trial population included fatigue and transiently increased aspartate aminotransferase. Other adverse events of clinical interest included infrequent, generally low-grade pneumonitis that generally resolves with dose reduction, delay, discontinuation and treatment with steroids. Based on these safety and efficacy data and our population pharmacokinetics analyses of the overall group of approximately 200 patients administered UpRi as of the data cut off, we determined that the phase 2 recommended dose of UpRi is 36 mg/m2 up to a total dose of approximately 80mg. This is the dose that we are currently evaluating in UPLIFT. In November 2021, we announced that we had completed enrollment of a Phase 1/2 dose escalation cohort of NSCLC adenocarcinoma patients. Based on the data collected from that cohort, we deprioritized further monotherapy development in NSCLC, instead focusing on developing UpRi in ovarian cancer.

In April 2021, we initiated UPLIFT which is enrolling patients with platinum-resistant ovarian cancer and with one to four prior lines of therapy, without regard to NaPi2b expression; however, we are confirming the potentially predictive role of the biomarker retrospectively using a novel diagnostic assay to identify patients with high NaPi2b expression. Patients with three to four prior lines of therapy may enroll without prior bevacizumab treatment, accommodating differences in bevacizumab use in early disease. The primary endpoint is ORR in the high NaPi2b patient population and the secondary endpoints are ORR in the overall population, as well as duration of response and safety. UPLIFT is ongoing with sites in the United States, Europe and Australia, and we expect to complete enrollment of approximately 100 patients with NaPi2b high expression and up to 180 patients overall in the third quarter of 2022. If we achieve positive results from UPLIFT, we believe that the trial may enable us to submit a Biologics Licensing Application, or BLA, for UpRi for the treatment of patients with platinum-resistant ovarian cancer with one to four prior lines of therapy, under the FDA's accelerated approval pathway.

In July 2021, we also initiated UPGRADE and began the umbrella trial with an initial evaluation of UpRi combined with carboplatin, a standard platinum chemotherapy used to treat patients with platinum-sensitive ovarian cancer, followed by UpRi monotherapy. The dose escalation portion of UPGRADE is intended to determine the recommended Phase 2 dose of UpRi in combination with carboplatin, and the dose exploration portion of this trial is intended to provide proof of concept for the combination. We expect to report interim data from UPGRADE in the second half of 2022. We believe data from UPGRADE will inform further development of UpRi in combination with other therapies used in platinum-sensitive ovarian cancer.

We expect to initiate UP-NEXT in the second quarter of 2022. The design of UP-NEXT was informed by discussions with the FDA and the Committee for Medicinal Products for Human Use, or CHMP. UP-NEXT could serve as a post-approval confirmatory trial, supporting the expansion of UpRi into earlier lines of therapy. We expect UP-NEXT to enroll platinum-sensitive ovarian cancer patients who have achieved a response or stable disease after platinum therapy. Eligible patients with BRCA mutation must have received prior treatment with poly adenosine diphosphate ribose polymerase, or PARP, inhibitor therapy. Additionally, eligible patients must have high NaPi2b tumor expression. In recognition of the unmet medical need and the lack of a standard of care for these patients, the trial will be randomized against placebo.

XMT-1592: our NaPi2b targeted Dolasynthen ADC

XMT-1592 was created using our Dolasynthen platform and also targets tumors that express NaPi2b. XMT-1592 comprises the same proprietary NaPi2b antibody and potent auristatin DolaLock payload with controlled bystander effect as in UpRi, with the additional features that our Dolasynthen platform offers, including homogeneity, site-specific bioconjugation and precise DAR. Preclinically, XMT-1592 has shown a differentiated profile particularly in a NSCLC adenocarcinoma model, where data suggested it was four times more efficacious than UpRi, consistent with higher payload delivery to the tumor. Based on these preclinical data, we are exploring XMT-1592 as a potential opportunity in NSCLC adenocarcinoma. XMT-1592 is currently

being evaluated in Phase 1 dose exploration trial in patients with ovarian cancer and NSCLC adenocarcinoma. We expect to complete dose exploration in the second half of 2022.

XMT-1660: our B7-H4-targeted Dolasynthen ADC candidate

XMT-1660 is our B7-H4-targeted ADC created with our Dolasynthen platform. We believe the expression profile of B7-H4, a cell surface antigen, is well suited for our unique DolaLock payload. B7-H4 can be expressed on tumor cells and on immunosuppressive tumor associated macrophages, or TAMs, which may lead to additional processing of the ADC and more payload in the tumor environment. We believe DolaLock's direct cytotoxic effect as well as its immunostimulatory effect through dendritic cell activation and immunogenic cell death are well suited to the biology of the B7-H4 target. We have generated favorable preclinical efficacy data and non-human primate tolerability data with Dolasynthen ADCs targeting B7-H4 with precise DARs of 2 and 6. We selected the DAR6 variant based on this preclinical data. We believe that targeting B7-H4 with XMT-1660 provides significant opportunities for development in areas of high unmet need such as breast cancer, endometrial and ovarian cancer. XMT-1660 is currently in IND-enabling studies, and we expect to initiate Phase 1 dose escalation for XMT-1660 in patients with solid tumors in mid-2022.

XMT-2056: our First Immunosynthen ADC candidate

XMT-2056 is our first Immunosynthen STING-agonist ADC. As described above, the therapeutic rationale of an Immunosynthen ADC is to selectively deliver the STING agonist to tumor cells and tumor-resident immune cells in a target-dependent manner, while avoiding delivery to healthy tissues. XMT-2056 is designed to offer a differentiated and complementary therapeutic approach to the treatment of HER2-expressing tumors. XMT-2056 targets a novel HER2 epitope that is distinct from the epitopes targeted by trastuzumab or pertuzumab, providing an opportunity for development as a monotherapy as well as in combination with well-established or investigational anti-HER2 agents. In preclinical studies, XMT-2056 was generally well-tolerated in non-human primate studies with no clinical signs and no adverse findings in clinical pathology or histopathology after single and repeat intravenous doses. XMT-2056 is currently in IND-enabling studies, and we expect to initiate Phase 1 dose escalation for XMT-2056 in patients with solid tumors in mid-2022.

Ovarian cancer unmet need and epidemiology

Worldwide, ovarian cancer had incidence of approximately 314,000 and caused an estimated 207,000 deaths in 2020. With a U.S. incidence of approximately 21,000 and mortality of 14,000 in 2021 according to the National Cancer Institute Surveillance, Epidemiology and End Results Program, ovarian cancer was the second most common gynecologic malignancy and the most common cause of gynecologic cancer death in the United States. Diagnosis is made histologically, and evaluation is commonly performed following surgical removal of an ovary or fallopian tube or biopsies of the peritoneum. The ovarian cancer standard of care is characterized by initial surgery followed by platinum-containing chemotherapy followed by periods of either observation or maintenance. Nearly 85% of ovarian cancer patients typically relapse following initial treatment. Subsequent treatment depends on the depth and duration of response to initial platinum treatment. Ovarian cancer patients who progress within six months of completion of platinum-based therapy are considered to have platinum-resistant disease. Unmet medical need is significant for patients with platinum-resistant ovarian cancer as treatment options are mainly limited to single agent chemotherapies such as pegylated liposomal doxorubicin, topotecan and paclitaxel. Multiple Phase 3 trials of single agent chemotherapies in patients with platinum-resistant disease and one to three prior therapies have exhibited an overall response rate of 4-12% and median progression-free survival of 3-4 months.

With targeted agents approved in platinum-resistant disease increasingly being prescribed in earlier lines of therapy, the unmet need is expected to remain severe. Bevacizumab in combination with chemotherapy is indicated to treat a subset of platinum-resistant ovarian cancer patients with no more than two prior therapies but it is not always well-tolerated and has shown no overall survival benefit. Use of bevacizumab in combination with platinum-containing chemotherapy in the frontline and platinum-sensitive recurrent settings mean an increasing number of platinum-resistant patients are pre-treated with bevacizumab and are not candidates for additional bevacizumab combination treatment. More recently, PARP inhibitors have been approved for heavily-pretreated ovarian cancer including platinum-resistant disease. However, they are predominantly used in a subset of patients with cancers harboring BRCA1 and BRCA2 mutations. Similarly, use of PARP inhibitors in earlier lines of recurrent platinum-sensitive maintenance and more recently frontline maintenance therapy following platinum-based chemotherapy means an increasing number of platinum-resistant patients are pre-treated with PARP inhibitors and are not candidates for additional PARP inhibitor therapy.

NSCLC unmet need and epidemiology

Worldwide, lung cancer had an incidence of approximately 2.2 million and caused an estimated 1.8 million deaths in 2020. With a U.S. incidence of approximately 236,000 new cases and over 130,000 deaths in 2021, lung cancer was the deadliest form of cancer in the United States. The five year survival rate is less than 20% on average. Approximately 95% of all lung cancers are classified as either small cell lung cancer or NSCLC. NSCLC can be further divided into squamous or non-squamous. The majority of non-squamous NSCLC is classified as adenocarcinoma. These histological distinctions are important for proper staging, treatment and prognosis. For patients with NSCLC, initial treatment is largely determined by the stage of disease. Surgical resection offers the best opportunity for long-term survival and cure in patients with resectable early-stage NSCLC. Locally-advanced NSCLC is treated by combinations of radiotherapy, immunotherapy, chemotherapy and surgery. The majority of patients present with inoperable disease. Metastatic NSCLC is managed with systemic chemotherapy and immunotherapy.

The standard of care is evolving for NSCLC with the introduction of immunotherapies for patients without oncogenic driver mutations and new targeted therapies for patients with EGFR, ALK, ROS-1, NTRK or BRAF mutations. For patients with metastatic disease without oncogenic driver mutations, frontline platinum-based chemotherapy is combined with or, depending on PD-L1 expression status, replaced by, immunotherapy using anti-PD-1 or anti-PD-L1 monoclonal antibodies. For patients with metastatic disease harboring oncogenic driver mutations, several generations of targeted agents are available with different resistance profiles. Frontline therapy is often followed by relapse and recurrence and treatment options for these patients are substantially more limited. The standard of care of docetaxel alone or in combination with targeted agents has an overall response rate of 14-23%, median progression-free survival of 3-4 months and median overall survival of 9-12 months.

With PD-1 and PD-L1 inhibitors and next generation targeted therapies moving into frontline, the unmet need in recurrent lung cancer is expected to remain severe.

Breast cancer unmet need and epidemiology

Worldwide, breast cancer was the most common cancer with an incidence of approximately 2.3 million and estimated 685,000 deaths in 2020. The U.S. incidence was approximately 282,000 new cases with over 43,600 deaths in 2021. While patients with localized disease typically have a relatively good prognosis, the 5-year survival of patients with distant metastasis is only 29%. There are four main female breast cancer subtypes, which are, in order of prevalence: Hormone Receptor positive (HR+)/ Human Epidermal Growth Factor Receptor 2 negative (HER2-) ("Luminal A"), HR-/HER2- ("Triple Negative"), HR+/HER2+ ("Luminal B"), and HR-/HER2+ ("HER2-enriched"). Treatment choice is driven by both subtype and stage of disease. Surgical resection offers the best opportunity for long-term survival and cure in patients with resectable early-stage disease. Some patients receive radiation therapy and/or systemic therapy post-surgery, with treatment choice driven by cancer subtype.

Systemic therapy is the mainstay of treatment for metastatic breast cancer. Once again, the treatment choice is determined by cancer subtype and by what treatments patients have received previously. The primary treatment option for patients who are HR+ is endocrine therapy, including aromatase inhibitors. Patients who are HER2+ are usually treated with HER2 targeting agents such as trastuzumab and pertuzumab, among others. Other targeted agents that are used in metastatic breast cancer include CDK4/6 inhibitors, mTOR inhibitors, PARP inhibitors, PIK3CA inhibitor, immunotherapy and ADCs. Patients can also receive chemotherapies, alone or in combination with other agents. In addition, a number of new therapeutic options are under clinical investigation. Despite the availability of these treatment options, outcomes in metastatic breast cancer continue to be poor, and new treatments that improve survival and quality of life are urgently needed.

Strategic partnerships

Strategic partnerships with leading biopharmaceutical companies to advance Dolasynthen and Dolaflexin ADC product candidates

We believe that our ADC platforms have broad applicability across a number of targets. In February 2022, we entered into a research collaboration and license agreement with Janssen Biotech, Inc., or Janssen, to collaborate on the discovery of Dolasynthen ADCs for up to three antigen targets utilizing Janssen's antibodies, with Janssen leading development, manufacturing and commercialization worldwide. We refer to this as the Janssen Collaboration. Our primary objective in entering into the Janssen Collaboration was to collaborate with a leading global pharmaceutical company to further validate the potential of our Dolasynthen platform, to enable novel ADC product candidates, to provide near-term funding and to drive significant long-term value. We have also used strategic partnering to accelerate bringing Dolaflexin ADCs to patients. In 2014, we entered into a collaboration with Merck KGaA for the development and commercialization of ADC product candidates

utilizing Dolaflexin for up to six target antigens; we refer to this as the Merck KGaA Collaboration. In entering into the Merck KGaA Collaboration, our primary objectives were to collaborate with leading pharmaceutical company to further validate the potential of ADC product candidates utilizing Dolaflexin, as well as to provide near-term funding and to drive significant long-term value. Under these collaboration agreements, we own the rights to any improvements to our ADC platform(s). The details of our material existing strategic partnerships are as follows:

Janssen Collaboration

In February 2022, we entered into the Janssen Collaboration pursuant to which we granted Janssen an exclusive license to use our proprietary Dolasynthen platform and other technology to develop, manufacture and commercialize antibody-drug conjugates directed to up to three targets selected by Janssen. Our responsibilities are to perform bioconjugation activities to create ADCs for Janssen based on antibodies provided by Janssen. We will also perform certain chemistry, manufacturing and controls development and early stage manufacturing activities for ADCs that Janssen progresses through development, up to and including the manufacturing of clinical drug substance, at Janssen's cost. Except with respect to this limited manufacturing, Janssen will be responsible for the further development, manufacturing and commercialization of the ADCs developed under the Janssen Collaboration, including obtaining any necessary regulatory approvals, at Janssen's cost.

Under the terms of the Janssen Collaboration, we received an upfront payment of $40 million. Certain development and regulatory milestones will also be payable by Janssen for the research programs, including upon certain discovery milestones, initiation of certain clinical trials, and regulatory approval of certain licensed products in certain geographies, with an aggregate total of up to $501 million in the event ADCs directed to all three targets are advanced by Janssen. In the event the ADCs developed by Janssen are commercialized, we are eligible to receive certain commercial milestones for each program upon the achievement of specified aggregate sales thresholds based on all ADCs for an applicable target, with an aggregate total of up to approximately $530 million in the event ADCs directed to all three targets are commercialized by Janssen. In addition, we are eligible to receive tiered royalties at percentages ranging from the mid-single digits to the low-double digits on future net sales of ADCs.

The Janssen Collaboration will remain in effect, unless earlier terminated, until the expiration of the last-to-expire royalty term for the last ADC. Royalty term means on an ADC-by-ADC and country-by-country basis, the period commencing upon the first commercial sale of an ADC in such country and ending upon the latest to occur of: (a) the date of expiration of the last royalty-bearing patent claim with respect to such ADC in such country; (b) the expiration of regulatory exclusivity for such ADC in such country, if any; and (c) the tenth (10th) anniversary of the first commercial sale of such ADC in such country. Upon the expiration of the royalty term with respect to an ADC in a country, Janssen's license becomes a perpetual, irrevocable, non-exclusive, fully-paid and royalty-free right and license, with the right to grant sublicenses, under the relevant platform technology and our interest in any joint technology to develop, manufacture, commercialize and otherwise exploit such ADC in such country.

Merck KGaA Collaboration

In June 2014, we entered into the Merck KGaA Collaboration under which we formed a strategic partnership with Merck KGaA because of their expertise in oncology drug development. Under this agreement, we are responsible for generating ADC product candidates against Merck KGaA-selected target antigens. Merck KGaA received rights to select up to six target antigens, of which it has selected all six. Merck KGaA is responsible for generating antibodies against the target antigens, and we are responsible for generating Dolaflexin and conjugating this to such antibodies to create the ADC product candidates. With respect to each target antigen selected by Merck KGaA, we granted Merck KGaA an exclusive, worldwide license under certain of our Fleximer ADC-related patents and know-how to develop, manufacture and commercialize ADC product candidates directed to such target antigen. Merck KGaA is then responsible for the further development and commercialization of these ADC product candidates. In addition, if Merck KGaA advances candidates, we are responsible for manufacturing these ADC product candidates for good laboratory practices toxicology studies and Phase 1 clinical trials at Merck KGaA's expense and Merck KGaA is responsible for all further manufacture of these ADC product candidates. Merck KGaA is required to pay its own costs in the development, commercialization and manufacture of these ADC product candidates and to reimburse us for our costs incurred in performing our research activities under this agreement.

Through December 31, 2021, we have received an upfront payment of $12 million and milestone payments of $3 million under the Merck KGaA Collaboration. If products are successfully developed and commercialized against all six target antigens, we would be entitled to receive future development, regulatory and commercial milestones of up to $777 million. We are entitled to receive tiered royalties in the low- to mid-single digit percentages on net sales of products targeting Merck KGaA's target

antigens during the applicable royalty term if products are successfully developed and commercialized by Merck KGaA under the Merck KGaA Collaboration.

Unless earlier terminated, the Merck KGaA Collaboration will expire upon the expiration of the last royalty term for a product under the agreement in all countries or, if Merck KGaA does not designate any ADC product candidates produced by us under the agreement as preclinical development candidates, upon the expiration of the last-to-expire research program. The royalty term means, on a product-by-product and country-by-country basis, the period commencing upon the first commercial sale of a product and ending upon the later to occur of: (i) the expiration of the last Mersana patent right that covers or claims the exploitation of such product in such country, or (ii) 10 years from the date of first commercial sale of such product in such country. Upon the expiration of each royalty term for each product on a country-by-country basis, Merck KGaA's exclusive license will convert to a perpetual, non-exclusive, royalty-free license with respect to such product in such country. Merck KGaA may terminate the Merck KGaA Collaboration in its entirety or with respect to any target antigen for convenience upon 60 days' prior written notice. Each party may terminate the Merck KGaA Collaboration in its entirety upon an uncured material breach of the agreement by the other party.

Asana Biosciences collaboration agreement

In March 2012, we entered to a collaboration agreement with Asana Biosciences, or Asana (by assignment from Endo Pharmaceuticals Inc.). Pursuant to the terms of this agreement, we used Asana's novel antibodies to develop novel ADCs using our fleximer technology. Asana is responsible for product development, manufacturing and commercialization of any ADC products.

Strategic partnerships to access antibodies and develop new platforms to progress our proprietary pipeline

Our focus is to progress our proprietary pipeline of ADCs. For this reason, we have partnered with biotechnology companies that have the capability to generate high quality antibodies or that have existing antibodies that we can license for inclusion in our ADCs. We have also entered into license agreements with biotechnology companies that own certain patent rights and related know-how that enable us to develop new ADC platforms. These strategic partnerships have facilitated the acceleration of our proprietary pipeline.

Recepta license for the NaPi2b antibody

In July 2015, we entered into a license agreement with Recepta Biopharma S.A., or Recepta, a Brazilian biopharmaceutical company, licensing Recepta's NaPi2b antibody for use in UpRi and XMT-1592 and granting Recepta the exclusive right to commercialize UpRi and XMT-1592 in Brazil, which was amended in September 2021. We refer to this as the Recepta License. Under the Recepta License, Recepta granted us an exclusive license and sub-license with respect to certain patents licensed by Recepta from Ludwig Institute for Cancer Research and technology owned by Recepta to develop and exploit products containing Recepta's NaPi2b antibody, including UpRi and XMT-1592, worldwide for the diagnosis, prophylaxis and treatment of human cancer. We granted Recepta an exclusive license under our rights in such patents and technology and certain of our ADC-related patents and technology to commercialize any such products developed by us, including UpRi and XMT-1592, in Brazil. We are responsible for using commercially reasonable efforts to develop and commercialize products under the Recepta License globally, with at least one trial site in our Phase 3 clinical trials, and at our own expense in certain major markets. Recepta may conduct development activities in Brazil at its own expense after providing us the opportunity to first conduct such activities at Recepta's expense. If a product is successfully developed and commercialized by Recepta in Brazil, we will use diligent efforts to enter into an agreement for the supply of such products to Recepta for sale in Brazil.

Under the Recepta License, we paid Recepta an upfront payment of $1 million during the year ended December 31, 2015 and are obligated to pay Recepta up to $65.5 million in development, regulatory and commercial milestones and tiered royalties in the low-single digit percentages on net sales of products outside of Brazil until the expiration of the royalty term if products are successfully developed and commercialized. Through December 31, 2021, we have incurred $4.0 million and paid $2.8 million in development milestone payments. We are entitled to receive tiered royalties in the low- to mid-single digit percentages on net sales of products in Brazil until the expiration of the royalty term if products are successfully developed and commercialized. The royalty term means, on a product-by-product and country-by-country basis, the period ending upon the later of (i) with respect to products commercialized by Mersana, the expiration of the last-to-expire Recepta patent that covers the product in such country (including the term of any applicable supplementary protection certificate) or with respect to products commercialized by Recepta, the expiration of the last-to-expire Mersana patent that covers the product in Brazil (including the term of any applicable supplementary protection certificate) or (ii) 10 years from the date of first commercial sale of such product in such country. Upon the expiration of each royalty term in each country for each applicable product, the exclusive

licenses granted to each party under the agreement will become fully-paid up and royalty-free. The Recepta License will remain in effect until otherwise terminated as set forth below. We may terminate the Recepta License for convenience in its entirety or on a country-by-country basis (except with respect to Brazil) or product-by-product basis upon 180 days' prior written notice for a termination in its entirety or upon 45 days' prior written notice for a termination in part. Each party may terminate the Recepta License in its entirety upon bankruptcy or similar proceedings of the other party, upon a patent challenge by the other party or upon an uncured material breach of the agreement by the other party. However, if such breach only relates to one country, the Recepta License may only be terminated with respect to such country.

Synaffix commercial license agreement

In January 2019, we entered into a commercial license agreement with Synaffix B.V., or Synaffix, which we amended and restated in November 2021 to expand our relationship with Synaffix. We refer to the amended and restated agreement as the Synaffix License. Under the Synaffix License, we have the right to develop, manufacture and commercialize ADCs directed to targets using Synaffix's proprietary site-specific conjugation technology for up to twelve targets. Through December 31, 2021, we have licensed two targets from Synaffix in connection with our development of XMT-1592 and XMT-1660, for which we have paid $1.5 million in license fees, and $0.8 million in milestone payments. We are required to make milestone payments to Synaffix of up to an aggregate of $28.0 million in development and regulatory milestones and up to $20.0 million in one-time sales milestones based on the achievement of annual sales objectives for each of these two targets. Additionally, we paid upfront fees of $2.5 million at the time of amending and restating the Synaffix License in November 2021, which may be applied to reservation and license fees associated with our selection of the next three targets. Upon licensing any future targets, we will be obligated to pay in the range of $48.0 million to $117.0 million for issuance, development, regulatory and one-time sales milestones. We further amended the Synaffix License in February 2022 in connection with the Janssen Collaboration and agreed to pay Synaffix an additional fee of $1.5 million which may be applied to future reservation and license fees, as well as certain portions of potential future development milestones.

Upon commencement of commercial sales of any ADC product directed to a licensed target, if any, we are required to pay to Synaffix tiered royalties in the low-single digit percentages on net sales of the respective products. The Synaffix License remains in effect on a country-by-country and licensed product-by-licensed product basis until the expiration of the last-to-expire valid claim in a patent licensed under the Synaffix License covering such product in such country. Upon the expiration of the Synaffix License for each licensed product in each country, the licenses granted to us for such product in such country will become fully paid-up and perpetual. We may terminate the Synaffix License in its entirety or on a licensed product-by-licensed product basis at any time. Either party may terminate the Synaffix License, subject to a specified notice and cure period, for a breach by the other party of a material provision of the agreement or upon an insolvency-related event experienced by the other party.

Manufacturing

We do not own or operate and currently have no plans to establish any current good manufacturing practices, or cGMP, compliant manufacturing facilities. We currently rely, and expect to continue to rely, on external Contract Manufacturing Organizations, or CMOs, for the manufacture of product to support our activities through regulatory approval and commercial manufacturing. We have personnel with pharmaceutical development and manufacturing experience who are responsible for the relationships with our CMOs. In the future, we expect to use these CMOs to manufacture commercial supply of our products, which will require these CMOs to increase scale of production. We do not currently have qualified alternate suppliers in the event the current CMOs that we utilize are unable to scale production for commercial manufacturing. The Dolaflexin, Dolasynthen and Immunosynthen manufacturing processes involve readily available starting materials and use unit operations that are well-precedented in the field of chemical/pharmaceutical production. The current UpRi supply chain utilizes the same vendors that we could use for commercialization. The current XMT-1592 supply chain utilizes the same vendors that we could use for commercialization with the exception of components necessary for the Synaffix bioconjugation technology, where the identification of a commercially capable vendor is ongoing. The current supply chains for XMT-1660 and XMT-2056 have several vendors in common, and based on what we know today, we believe we could use these vendors for commercialization purposes.

Government regulation

The research, development, testing, manufacture, quality control, packaging, labeling, storage, record-keeping, distribution, import, export, promotion, advertising, marketing, sale, pricing and reimbursement of drug and biologic products are extensively regulated by governmental authorities in the United States and other countries. The processes for obtaining regulatory approvals in the United States and in foreign countries and jurisdictions, along with compliance with applicable statutes and regulations and other regulatory requirements, both pre-approval and post-approval, require the expenditure of

substantial time and financial resources. The regulatory requirements applicable to biological product development, approval and marketing are subject to change, and regulations and administrative guidance often are revised or reinterpreted by the agencies in ways that may have a significant impact on our business.

U.S. government regulation of biological products

In the United States, the FDA licenses biological products, or biologics, under the Public Health Service Act, or the PHSA, and regulates such products under the Food, Drug and Cosmetic Act, or FDCA. A company, institution, or organization which takes responsibility for the initiation and management of a clinical development program for such products, and for their regulatory approval, is typically referred to as a sponsor. A sponsor seeking approval to market and distribute a new biologic in the United States must satisfactorily complete each of the following steps:

- completion of preclinical laboratory tests, animal studies and formulation studies according to good laboratory practices, or GLP, regulations or other applicable regulations;
- design of a clinical protocol and submission to the FDA of an IND, which must become effective before human clinical trials may begin and must be updated when certain changes are made;
- approval by an independent institutional review board, or IRB, or ethics committee representing each clinical trial site before each clinical trial may be initiated;
- performance of adequate and well-controlled human clinical trials in accordance with applicable IND regulations, good clinical practices, or GCPs, and other clinical-trial related regulations to evaluate the safety and efficacy of the investigational product for each proposed indication;
- preparation and submission to the FDA of a BLA requesting marketing approval for one or more proposed indications, including payment of application user fees;
- review of the BLA by an FDA advisory committee, where applicable;
- satisfactory completion of one or more FDA inspections of the manufacturing facility or facilities at which the biologic is produced to assess compliance with cGMP requirements to assure that the facilities, methods and controls are adequate to preserve the product's identity, strength, quality and purity;
- satisfactory completion of any FDA audits of clinical trial sites to assure compliance with GCPs and the integrity of the clinical data submitted in support of the BLA; and
- FDA review and approval of the BLA, which may be subject to additional post- approval requirements, including the potential requirement to implement a Risk Evaluation and Mitigation Strategy, or REMS, and any post- approval clinical trials required by the FDA.

Preclinical studies

Before a sponsor begins testing a product candidate with potential therapeutic value in humans, the product candidate enters the preclinical testing stage. Preclinical tests include laboratory evaluations of product chemistry, formulation and stability, as well as other studies to evaluate, among other things, the toxicity of the product candidate. The conduct of the preclinical tests and formulation of the compounds for testing must comply with federal regulations and requirements, including GLP regulations and standards and the United States Department of Agriculture's Animal Welfare Act, if applicable. The results of the preclinical tests, together with manufacturing information and analytical data, are submitted to the FDA as part of an IND.

Some long-term preclinical testing, such as animal tests of reproductive adverse events and carcinogenicity, and long-term toxicity studies, may continue after the IND is submitted.

The IND and IRB processes

An IND is an exemption from the FDCA that allows an unapproved product candidate to be shipped in interstate commerce for use in an investigational clinical trial and a request for FDA authorization to administer such investigational product to humans. An IND must be secured prior to interstate shipment and administration of any product candidate that is not the subject of an approved BLA. In support of a request for an IND, sponsors must submit a protocol for each clinical trial and any subsequent protocol amendments must be submitted to the FDA as part of the IND. An IND automatically becomes effective 30 days after receipt by the FDA, unless before that time the FDA raises concerns or questions related to one or more proposed clinical trials and places the trial on a clinical hold. In such a case, the IND sponsor and the FDA must resolve any outstanding concerns before the clinical trial may proceed. As a result, submission of an IND may not result in the FDA allowing clinical trials to commence.

Following commencement of a clinical trial under an IND, the FDA may also place a clinical hold or partial clinical hold on that trial. A clinical hold is an order issued by the FDA to the sponsor to delay a proposed clinical investigation or to suspend an ongoing investigation. A partial clinical hold is a delay or suspension of only part of the clinical work requested under the IND. For example, a partial clinical hold might state that a specific protocol or part of a protocol may not proceed, while other parts of a protocol or other protocols may do so. No more than 30 days after the imposition of a clinical hold or partial clinical hold, the FDA will provide the sponsor a written explanation of the basis for the hold. Following the issuance of a clinical hold or partial clinical hold, a clinical investigation may only resume once the FDA has notified the sponsor that the investigation may proceed. The FDA will base that determination on information provided by the sponsor correcting the deficiencies previously cited or otherwise satisfying the FDA that the investigation can proceed or recommence. Occasionally, clinical holds are imposed due to manufacturing issues that may present safety issues for the clinical trial subjects.

A sponsor may choose, but is not required, to conduct a foreign clinical trial under an IND. When a foreign clinical trial is conducted under an IND, all IND requirements must be met unless waived by the FDA. When a foreign clinical trial is not conducted under an IND, the sponsor must ensure that the trial complies with certain regulatory requirements of the FDA in order to use the trial data as support for an IND or application for marketing approval. Specifically, the trials must be conducted in accordance with GCP, including undergoing review and receiving approval by an independent ethics committee, or IEC, and seeking and receiving informed consent from subjects. GCP requirements encompass both ethical and data integrity standards for clinical trials. The FDA's regulations are intended to help ensure the protection of human subjects enrolled in non-IND foreign clinical trials, as well as the quality and integrity of the resulting data.

In addition to the foregoing IND requirements, an IRB representing each institution participating in the clinical trial must review and approve the plan for any clinical trial before it commences at that institution, and the IRB must conduct continuing review and re-approve the trial at least annually. The IRB, which must operate in compliance with FDA regulations, must review and approve, among other things, the clinical trial protocol and informed consent information to be provided to trial subjects and must monitor the trial until completed. An IRB can suspend or terminate approval of a clinical trial at its institution, or an institution it represents, if the clinical trial is not being conducted in accordance with the IRB's requirements or if the product candidate has been associated with unexpected serious harm to patients.

Additionally, some trials are overseen by an independent group of qualified experts organized by the trial sponsor, known as a data safety monitoring board, or DSMB. This group provides authorization as to whether or not a trial may move forward at designated checkpoints based on review of available data from the trial, to which only the DSMB maintains access. Suspension or termination of development during any phase of a clinical trial can occur if the DSMB determines that the participants or patients are being exposed to an unacceptable health risk.

Expanded access

Expanded access, sometimes called "compassionate use," is the use of investigational new products outside of clinical trials to treat patients with serious or immediately life-threatening diseases or conditions when there are no comparable or satisfactory alternative treatment options. The rules and regulations related to expanded access are intended to improve access to investigational products for patients who may benefit from investigational therapies. FDA regulations allow access to investigational products under an IND by the company or the treating physician for treatment purposes on a case-by-case basis for: individual patients (single-patient IND applications for treatment in emergency settings and non-emergency settings);

intermediate-size patient populations; and larger populations for use of the investigational product under a treatment protocol or Treatment IND Application.

When considering an IND application for expanded access to an investigational product with the purpose of treating a patient or a group of patients, the sponsor and treating physicians or investigators will determine suitability when all of the following criteria apply: patient(s) have a serious or immediately life-threatening disease or condition, and there is no comparable or satisfactory alternative therapy to diagnose, monitor, or treat the disease or condition; the potential patient benefit justifies the potential risks of the treatment and the potential risks are not unreasonable in the context or condition to be treated; and the expanded use of the investigational product for the requested treatment will not interfere with the initiation, conduct or completion of clinical investigations that could support marketing approval of the product or otherwise compromise the potential development of the product.

There is no obligation for a sponsor to make its investigational products available for expanded access; however, as required by amendments to the FDCA included in the 21st Century Cures Act, or the Cures Act, passed in 2016, if a sponsor has a policy regarding how it responds to expanded access requests with respect to product candidates in development to treat serious diseases or conditions, it must make that policy publicly available. Sponsors are required to make such policies publicly available upon the earlier of initiation of a Phase 2 or Phase 3 trial for a covered investigational product; or 15 days after the investigational product receives designation from the FDA as a breakthrough therapy, fast track product, or regenerative medicine advanced therapy.

In addition, on May 30, 2018, the Right to Try Act was signed into law. The law, among other things, provides a federal framework for certain patients to access certain investigational new products that have completed a Phase 1 clinical trial and that are undergoing investigation for FDA approval. Under certain circumstances, eligible patients can seek treatment without enrolling in clinical trials and without obtaining FDA permission under the FDA expanded access program. There is no obligation for a manufacturer to make its products available to eligible patients as a result of the Right to Try Act, but the manufacturer must develop an internal policy and respond to patient requests according to that policy.

Human clinical trials

Clinical trials involve the administration of the investigational product candidate to human subjects under the supervision of a qualified investigator in accordance with GCP requirements which include, among other things, the requirement that all research subjects provide their informed consent in writing before they participate in any clinical trial. Clinical trials are conducted under written clinical trial protocols detailing, among other things, the objectives of the trial, inclusion and exclusion criteria, the parameters to be used in monitoring safety and the effectiveness criteria to be evaluated. Each protocol, and any subsequent material amendment to the protocol, must be submitted to the FDA as part of the IND, and progress reports detailing the status of the clinical trials must be submitted to the FDA annually. The FDA has issued regulations authorizing a sponsor to transfer certain responsibilities for the conduct of a clinical trial to a contract research organization, or CRO.

Human clinical trials are typically conducted in three sequential phases, but the phases may overlap or be combined. Additional trials may also be required after approval.

Phase 1 clinical trials are initially conducted in a limited population, which may be healthy volunteers or subjects with the target disease, to test the product candidate for safety, including adverse effects, dose tolerance, absorption, metabolism, distribution, excretion and pharmacodynamics in healthy humans or in patients. During Phase 1 clinical trials, information about the product candidate's pharmacokinetics and pharmacological effects may be obtained to permit the design of well-controlled and scientifically valid Phase 2 clinical trials.

Phase 2 clinical trials are generally conducted in a limited patient population to identify possible adverse effects and safety risks, evaluate the efficacy of the product candidate for specific targeted indications and determine dose tolerance and optimal dosage. Multiple Phase 2 clinical trials may be conducted by the sponsor to obtain information prior to beginning larger and more costly Phase 3 clinical trials. Phase 2 clinical trials are typically well-controlled and closely monitored.

Phase 3 clinical trials proceed if the Phase 2 clinical trials demonstrate that a dose range of the product candidate is potentially effective and has an acceptable safety profile. Phase 3 clinical trials are undertaken using a larger patient population to further evaluate dosage, provide substantial evidence of clinical efficacy and further test for safety in an expanded and diverse patient population at multiple geographically dispersed clinical trial sites. A well-controlled, statistically robust Phase 3 clinical trial may be designed to deliver the data that regulatory authorities will use to decide whether or not to approve, and, if approved, how to appropriately label a new biologic product. Such Phase 3 clinical trials are referred to as "pivotal" trials.

A clinical trial may combine the elements of more than one phase and the FDA often requires more than one Phase 3 trial to support marketing approval of a product candidate. A company's designation of a clinical trial as being of a particular phase is not necessarily indicative that the trial will be sufficient to satisfy the FDA requirements of that phase because this determination cannot be made until the protocol and data have been submitted to and reviewed by the FDA. Moreover, as noted above, a pivotal trial is a clinical trial that is believed to satisfy FDA requirements for the evaluation of a product candidate's safety and efficacy such that it can be used, alone or with other pivotal or non-pivotal trials, to support regulatory approval. Generally, pivotal trials are Phase 3 trials, but they may be Phase 2 trials if the design provides a well-controlled and reliable assessment of clinical benefit, particularly in an area of unmet medical need.

In some cases, the FDA may approve a BLA for a product candidate but require the sponsor to conduct additional clinical trials to further assess the product candidate's safety and effectiveness after approval. Such post-approval trials, typically referred to as Phase 4 clinical trials, may be conducted after initial marketing approval. These trials are used to gain additional experience from the treatment of a larger number of patients in the intended treatment group. In certain instances, the FDA may mandate the performance of Phase 4 clinical trials, such as to verify clinical benefit in the case of products approved under accelerated approval regulations. Failure to exhibit due diligence with regard to conducting mandatory Phase 4 clinical trials could result in withdrawal of FDA approval for products.

In August 2018, the FDA released a draft guidance entitled "Expansion Cohorts: Use in First-In-Human Clinical Trials to Expedite Development of Oncology Drugs and Biologics," which outlines how developers can utilize an adaptive trial design commonly referred to as a seamless trial design in early stages of oncology biological product development (i.e., the first-in-human clinical trial) to compress the traditional three phases of trials into one continuous trial called an expansion cohort trial. Information to support the design of individual expansion cohorts are included in IND applications and assessed by FDA. Expansion cohort trials can potentially bring efficiency to product development and reduce developmental costs and time.

Finally, sponsors of clinical trials are required to register and disclose certain clinical trial information on a public registry (clinicaltrials.gov) maintained by the U.S. National Institutes of Health, or NIH. In particular, information related to the product, patient population, phase of investigation, clinical trial sites and investigators and other aspects of the clinical trial is made public as part of the registration of the clinical trial. The NIH's Final Rule on registration and reporting requirements for clinical trials became effective in 2017, and both NIH and the FDA have recently signaled the government's willingness to begin enforcing those requirements against non-compliant clinical trial sponsors.

Interactions with FDA during the clinical development program

Following the clearance of an IND and the commencement of clinical trials, the sponsor will continue to have interactions with the FDA. Progress reports detailing the results of clinical trials must be submitted annually within 60 days of the anniversary dates that the IND went into effect and more frequently if serious adverse events occur. These reports must include a development safety update report, or DSUR. In addition, IND safety reports must be submitted to the FDA for any of the following: serious and unexpected suspected adverse reactions; findings from other trials or animal or *in vitro* testing that suggest a significant risk in humans exposed to the product; and any clinically important increase in the occurrence of a serious suspected adverse reaction over that listed in the protocol or investigator brochure. Phase 1, Phase 2 and Phase 3 clinical trials may not be completed successfully within any specified period, or at all. The FDA will typically inspect one or more clinical sites to assure compliance with GCP and the integrity of the clinical data submitted.

In addition, sponsors are given opportunities to meet with the FDA at certain points in the clinical development program. Specifically, sponsors may meet with the FDA prior to the submission of an IND (Pre-IND meeting), at the end of Phase 2 clinical trial (EOP2 meeting) and before a BLA is submitted (Pre-BLA meeting). Meetings at other times may also be requested. There are three types of meetings that occur between sponsors and the FDA. Type A meetings are those that are necessary for an otherwise stalled product development program to proceed or to address an important safety issue. Type B meetings include pre-IND and pre-BLA meetings, as well as end of phase meetings such as EOP2 meetings. A Type C meeting is any meeting other than a Type A or Type B meeting regarding the development and review of a product, including for example meetings to facilitate early consultations on the use of a biomarker as a new surrogate endpoint that has never been previously used as the primary basis for product approval in the proposed context of use.

Manufacturing and other regulatory requirements

Concurrent with clinical trials, sponsors usually complete additional animal safety studies, develop additional information about the chemistry and physical characteristics of the product candidate and finalize a process for manufacturing commercial quantities of the product candidate in accordance with cGMP requirements. The manufacturing process must be capable of consistently producing quality batches of the product candidate and, among other criteria, the sponsor must develop methods

for testing the identity, strength, quality, and purity of the finished product. Additionally, appropriate packaging must be selected and tested, and stability studies must be conducted to demonstrate that the product candidate does not undergo unacceptable deterioration over its shelf life.

Specifically, the FDA's regulations require that pharmaceutical products be manufactured in specific approved facilities and in accordance with cGMPs. The cGMP regulations include requirements relating to organization of personnel, buildings and facilities, equipment, control of components and product containers and closures, production and process controls, packaging and labeling controls, holding and distribution, laboratory controls, records and reports and returned or salvaged products. Manufacturers and other entities involved in the manufacture and distribution of approved pharmaceuticals are required to register their establishments with the FDA and some state agencies, and they are subject to periodic unannounced inspections by the FDA for compliance with cGMPs and other requirements. Inspections must follow a "risk-based schedule" that may result in certain establishments being inspected more frequently. Manufacturers may also have to provide, on request, electronic or physical records regarding their establishments. Delaying, denying, limiting, or refusing inspection by the FDA may lead to a product being deemed to be adulterated. Changes to the manufacturing process, specifications or container closure system for an approved product are strictly regulated and often require prior FDA approval before being implemented. The FDA's regulations also require, among other things, the investigation and correction of any deviations from cGMP and the imposition of reporting and documentation requirements upon the sponsor and any third-party manufacturers involved in producing the approved product.

Pediatric trials

Under the Pediatric Research Equity Act, or PREA, applications and certain types of supplements to applications must contain data that are adequate to assess the safety and effectiveness of the product for the claimed indications in all relevant pediatric subpopulations, and to support dosing and administration for each pediatric subpopulation for which the product is safe and effective. The sponsor must submit an initial Pediatric Study Plan, or PSP, within 60 days of an end-of-phase 2 meeting or as may be agreed between the sponsor and the FDA. Those plans must contain an outline of the proposed pediatric clinical trial or trials that the sponsor plans to conduct, including trial objectives and design, age groups, relevant endpoints and statistical approach, or a justification for not including such detailed information, and any request for a deferral of pediatric assessments or a full or partial waiver of the requirement to provide data from pediatric trials along with supporting information. The sponsor and the FDA must reach agreement on a final plan. A sponsor can submit amendments to an agreed-upon initial PSP at any time if changes to the pediatric plan need to be considered based on data collected from nonclinical studies, early phase clinical trials, and/or other clinical development programs.

For investigational products intended to treat a serious or life-threatening disease or condition, the FDA must, upon the request of a sponsor, meet to discuss preparation of the initial PSP or to discuss deferral or waiver of pediatric assessments. In addition, the FDA will meet early in the development process to discuss pediatric study plans with sponsors, and the FDA must meet with sponsors by no later than the end-of-phase 1 meeting for serious or life-threatening diseases and by no later than ninety days after the FDA's receipt of the PSP.

The FDA may, on its own initiative or at the request of the sponsor, grant deferrals for submission of some or all pediatric data until after approval of the product for use in adults, or full or partial waivers from the pediatric data requirements. A deferral may be granted for several reasons, including a finding that the product or therapeutic candidate is ready for approval for use in adults before pediatric trials are complete or that additional safety or effectiveness data needs to be collected before the pediatric trials begin. The law now requires the FDA to send a PREA Non-Compliance letter to sponsors who have failed to submit their pediatric assessments required under PREA, have failed to seek or obtain a deferral or deferral extension or have failed to request approval for a required pediatric formulation. Unless otherwise required by regulation, the pediatric data requirements do not apply to products with orphan designation, although FDA has recently taken steps to limit what it considers abuse of this statutory exemption in PREA. The FDA also maintains a list of diseases that are exempt from PREA requirements due to low prevalence of disease in the pediatric population.

Expedited review programs

The FDA is authorized to expedite the review of applications in several ways. Under the Fast Track program, the sponsor of a product candidate may request the FDA to designate the product for a specific indication as a Fast Track product concurrent with or after the filing of the IND. Candidate products are eligible for Fast Track designation if they are intended to treat a serious or life-threatening condition and demonstrate the potential to address unmet medical needs for the condition. Fast Track designation applies to the combination of the product candidate and the specific indication for which it is being studied. In

addition to other benefits, such as the ability to have greater interactions with the FDA, the FDA may initiate review of sections of a Fast Track application before the application is complete, a process known as rolling review.

Any product candidate submitted to the FDA for marketing, including under a Fast Track program, may be eligible for other types of FDA programs intended to expedite development and review, such as breakthrough therapy designation, priority review and accelerated approval.

- *Breakthrough therapy designation.* To qualify for the breakthrough therapy program, product candidates must be intended to treat a serious or life-threatening disease or condition and preliminary clinical evidence must indicate that such product candidates may demonstrate substantial improvement on one or more clinically significant endpoints over existing therapies. The FDA will seek to ensure the sponsor of a breakthrough therapy product candidate receives intensive guidance on an efficient development program, intensive involvement of senior managers and experienced staff on a proactive, collaborative and cross-disciplinary review and rolling review.

- *Priority review.* A product candidate is eligible for priority review if it treats a serious condition and, if approved, it would be a significant improvement in the safety or effectiveness of the treatment, diagnosis or prevention compared to marketed products. FDA aims to complete its review of priority review applications within six months as opposed to 10 months for standard review.

- *Accelerated approval.* Biologic products studied for their safety and effectiveness in treating serious or life-threatening illnesses and that provide meaningful therapeutic benefit over existing treatments may receive accelerated approval. Accelerated approval means that a product candidate may be approved on the basis of adequate and well controlled clinical trials establishing that the product candidate has an effect on a surrogate endpoint that is reasonably likely to predict a clinical benefit, or on the basis of an effect on a clinical endpoint other than survival or irreversible morbidity or mortality or other clinical benefit, taking into account the severity, rarity and prevalence of the condition and the availability or lack of alternative treatments. As a condition of approval, the FDA may require that a sponsor of a biologic product candidate receiving accelerated approval perform adequate and well controlled post-marketing clinical trials. In addition, the FDA currently requires as a condition for accelerated approval pre-approval of promotional materials.

- *Regenerative advanced therapy.* With passage of the 21st Century Cures Act, or the Cures Act, in December 2016, Congress authorized the FDA to accelerate review and approval of products designated as regenerative advanced therapies. A product is eligible for this designation if it is a regenerative medicine therapy that is intended to treat, modify, reverse or cure a serious or life-threatening disease or condition and preliminary clinical evidence indicates that the product candidate has the potential to address unmet medical needs for such disease or condition. The benefits of a regenerative advanced therapy designation include early interactions with the FDA to expedite development and review, benefits available to breakthrough therapies, potential eligibility for priority review and accelerated approval based on surrogate or intermediate endpoints.

None of these expedited programs changes the standards for approval but each may help expedite the development or approval process governing product candidates.

Submission and filing of BLAs

Assuming successful completion of the required clinical testing, the results of the preclinical studies and clinical trials, along with information relating to the product's chemistry, manufacturing, controls, safety updates, patent information, abuse information and proposed labeling, are submitted to the FDA as part of an application requesting approval to market the product candidate for one or more indications. To support marketing approval, the data submitted must be sufficient in quality and quantity to establish the safety, potency and purity of the biological product to the satisfaction of the FDA. The fee required for the submission and review of an application under the Prescription Drug User Fee Act, or PDUFA, is substantial (for example, for FY2022 this application fee is approximately $3.1 million), and the sponsor of an approved application is also subject to an annual program fee, currently more than $369,000 per eligible prescription product. These fees are typically adjusted annually, and exemptions and waivers may be available under certain circumstances, including where the applicant is a small business submitting its first human therapeutic application for review.

The FDA conducts a preliminary review of all applications within 60 days of receipt and must inform the sponsor at that time or before whether an application is sufficiently complete to permit substantive review. In pertinent part, FDA's regulations state that an application "shall not be considered as filed until all pertinent information and data have been received" by the FDA. In the event that FDA determines that an application does not satisfy this standard, it will issue a Refuse to File, or RTF,

determination to the applicant. Typically, an RTF will be based on administrative incompleteness, such as clear omission of information or sections of required information such that substantive and meaningful review is precluded. The FDA may request additional information rather than accept an application for filing. In this event, the application must be resubmitted with the additional information. The resubmitted application is also subject to review before the FDA accepts it for filing.

After the submission is accepted for filing, the FDA begins an in-depth substantive review of the application. The FDA reviews the application to determine, among other things, whether the proposed product is safe and effective for its intended use, whether it has an acceptable purity profile and whether the product is being manufactured in accordance with cGMP. Under the goals and policies agreed to by the FDA under PDUFA, the FDA has ten months from the filing date in which to complete its initial review of a standard application that is a new molecular entity, and six months from the filing date for an application with "priority review." The review process may be extended by the FDA for three additional months to consider new information or in the case of a clarification provided by the applicant to address an outstanding deficiency identified by the FDA following the original submission. Despite these review goals, it is not uncommon for FDA review of an application to extend beyond the PDUFA goal date.

In connection with its review of an application, the FDA will typically submit information requests to the applicant and set deadlines for responses thereto. The FDA will also conduct a pre-approval inspection of the manufacturing facilities for the new product to determine whether the manufacturing processes and facilities comply with cGMPs. The FDA will not approve the product unless it determines that the manufacturing processes and facilities are in compliance with cGMP requirements and are adequate to assure consistent production of the product within required specifications. The FDA also may inspect the sponsor and one or more clinical trial sites to assure compliance with IND and GCP requirements and the integrity of the clinical data submitted to the FDA.

Additionally, the FDA may refer an application, including applications for novel product candidates which present difficult questions of safety or efficacy, to an advisory committee for review, evaluation and recommendation as to whether the application should be approved and under what conditions. Typically, an advisory committee is a panel of independent experts, including clinicians and other scientific experts that reviews, evaluates and provides a recommendation as to whether the application should be approved and under what conditions. The FDA is not bound by the recommendation of an advisory committee, but it considers such recommendations when making final decisions on approval.

The FDA also may require submission of a REMS if it determines that a REMS is necessary to ensure that the benefits of the product outweigh its risks and to assure the safe use of the product. The REMS could include medication guides, physician communication plans, assessment plans and/or elements to assure safe use, such as restricted distribution methods, patient registries or other risk minimization tools. The FDA determines the requirement for a REMS, as well as the specific REMS provisions, on a case-by-case basis. If the FDA concludes a REMS is needed, the sponsor of the application must submit a proposed REMS and the FDA will not approve the application without a REMS.

Decisions on BLAs

After evaluating the application and all related information, including the advisory committee recommendations, if any, and inspection reports of manufacturing facilities and clinical trial sites, the FDA will issue either a Complete Response Letter, or CRL, or an approval letter. To reach this determination, the FDA must determine that the expected benefits of the proposed product outweigh its potential risks to patients. This assessment is informed by the severity of the underlying condition and how well patients' medical needs are addressed by currently available therapies; uncertainty about how the premarket clinical trial evidence will extrapolate to real-world use of the product in the post-market setting; and whether risk management tools are necessary to manage specific risks.

A CRL indicates that the review cycle of the application is complete, and the application will not be approved in its present form. A CRL generally outlines the deficiencies in the submission and may require substantial additional testing or information in order for the FDA to reconsider the application. The CRL may require additional clinical or other data, additional pivotal Phase 3 clinical trial(s) and/or other significant and time- consuming requirements related to clinical trials, preclinical studies or manufacturing. If a CRL is issued, the applicant will have one year to respond to the deficiencies identified by the FDA, at which time the FDA can deem the application withdrawn or, in its discretion, grant the applicant an additional six month extension to respond. The FDA has committed to reviewing resubmissions in response to an issued CRL in either two or six months depending on the type of information included. Even with the submission of this additional information, however, the FDA ultimately may decide that the application does not satisfy the regulatory criteria for approval.

An approval letter, on the other hand, authorizes commercial marketing of the product with specific prescribing information for specific indications. That is, the approval will be limited to the conditions of use (e.g., patient population, indication) described

in the FDA-approved labeling. Further, depending on the specific risk(s) to be addressed, the FDA may require that contraindications, warnings or precautions be included in the product labeling, require that post-approval trials, including Phase 4 clinical trials, be conducted to further assess a product's safety after approval, require testing and surveillance programs to monitor the product after commercialization or impose other conditions, including distribution and use restrictions or other risk management mechanisms under a REMS which can materially affect the potential market and profitability of the product. The FDA may prevent or limit further marketing of a product based on the results of post-marketing trials or surveillance programs. After approval, some types of changes to the approved product, such as adding new indications, manufacturing changes and additional labeling claims, are subject to further testing requirements and FDA review and approval.

Post-approval requirements

Following approval of a new prescription product, the manufacturer, the approved product and the product's manufacturing locations are subject to pervasive and continuing regulation by the FDA, governing, among other things, monitoring and record-keeping activities, reporting of adverse experiences with the product and product problems to the FDA, product sampling and distribution, manufacturing and promotion and advertising. Although physicians may prescribe legally available products for unapproved uses or patient populations (i.e., "off-label uses"), manufacturers may not market or promote such uses. The FDA and other agencies actively enforce the laws and regulations prohibiting the promotion of off-label uses, and a company that is found to have improperly promoted off-label uses may be subject to significant liability. In September 2021, the FDA published final regulations which describe the types of evidence that the agency will consider in determining the intended use of a biologic.

If a company is found to have promoted off-label uses, it may become subject to administrative and judicial enforcement by the FDA, the Department of Justice, or the Office of the Inspector General of the Department of Health and Human Services, as well as state authorities. This could subject a company to a range of penalties that could have a significant commercial impact, including civil and criminal fines and agreements that materially restrict the manner in which a company promotes or distributes products, as well as adverse public relations and reputational harm. The federal government has levied large civil and criminal fines against companies for alleged improper promotion, and has also requested that companies enter into consent decrees or permanent injunctions under which specified promotional conduct is changed or curtailed.

Further, if there are any modifications to the product, including changes in indications, labeling or manufacturing processes or facilities, the sponsor may be required to submit and obtain FDA approval of a new application or supplement, which may require the sponsor to develop additional data or conduct additional preclinical studies and clinical trials. Securing FDA approval for new indications is similar to the process for approval of the original indication and requires, among other things, submitting data from adequate and well-controlled clinical trials to demonstrate the product's safety and efficacy in the new indication. Even if such trials are conducted, the FDA may not approve any expansion of the labeled indications for use in a timely fashion, or at all. There also are continuing, annual user fee requirements that are now assessed as program fees for certain products.

In addition, the FDA may withdraw the approval if compliance with regulatory requirements and standards is not maintained or if problems occur after the product reaches the market. Later discovery of previously unknown problems with a product, including adverse events of unanticipated severity or frequency, or with manufacturing processes, or failure to comply with regulatory requirements, may result in mandatory revisions to the approved labeling to add new safety information, imposition of post-market clinical trials requirement to assess new safety risks or imposition of distribution or other restrictions under a REMS program.

Other potential consequences include, among other things:

- restrictions on the marketing or manufacturing of the product, complete withdrawal of the product from the market or product recalls;
- safety alerts, Dear Healthcare Provider letters, press releases or other communications containing warnings or other safety information about a product;
- mandated modification of promotional materials and labeling and issuance of corrective information;
- fines, warning letters, untitled letters or other enforcement-related letters or clinical holds on post-approval clinical trials;

- refusal of the FDA to approve pending applications or supplements to approved applications, or suspension or revocation of product approvals;
- product seizure or detention, or refusal to permit the import or export of products;
- injunctions or the imposition of civil or criminal penalties; and
- consent decrees, corporate integrity agreements, debarment, or exclusion from federal health care programs.

Regulatory exclusivity governing biologics

When a biological product is licensed for marketing by FDA with approval of a BLA, the product may be entitled to certain types of market and data exclusivity barring FDA from approving competing products for certain periods of time. In March 2010, the Patient Protection and Affordable Care Act was enacted in the United States and included the Biologics Price Competition and Innovation Act of 2009, or the BPCIA. The BPCIA amended the PHSA to create an abbreviated approval pathway for biological products that are biosimilar to or interchangeable with an FDA-licensed reference biological product. To date, the FDA has approved a number of biosimilars and the first interchangeable biosimilar product was approved on July 30, 2021 and a second product previously approved as a biosimilar was designated as interchangeable in October 2021.

Under the BPCIA, a manufacturer may submit an application for a product that is "biosimilar to" a previously approved biological product, which the statute refers to as a "reference product." In order for the FDA to approve a biosimilar product, it must find that there are no clinically meaningful differences between the reference product and the proposed biosimilar product in terms of safety, purity and potency. The biosimilar sponsor may demonstrate that its product is biosimilar to the reference product on the basis of data from analytical studies, animal studies and one or more clinical trials to demonstrate safety, purity and potency in one or more appropriate conditions of use for which the reference product is approved.

For the FDA to approve a biosimilar product as interchangeable with a reference product, the agency must find not only that the product is biosimilar to the reference product but also that it can be expected to produce the same clinical results as the reference product such that the two products may be switched without increasing safety risks or risks of diminished efficacy relative to exclusive use of the reference biologic. Upon licensure by the FDA, an interchangeable biosimilar may be substituted for the reference product without the intervention of the health care provider who prescribed the reference product. Following approval of the interchangeable biosimilar product, the FDA may not grant interchangeability status for any second biosimilar until one year after the first commercial marketing of the first interchangeable biosimilar product.

A reference biological product is granted 12 years of exclusivity from the time of first licensure of the product, and the FDA will not accept an application for a biosimilar or interchangeable product based on the reference biological product until four years after the date of first licensure of the reference product. Even if a product is considered to be a reference product eligible for exclusivity, however, another company could market a competing version of that product if the FDA approves a full BLA for such product containing the sponsor's own preclinical data and data from adequate and well-controlled clinical trials to demonstrate the safety, purity, and potency of their product. There have been recent government proposals to reduce the 12-year reference product exclusivity period, but none has been enacted to date. At the same time, since passage of the BPCIA, many states have passed laws or amendments to laws, which address pharmacy practices involving biosimilar products.

Orphan drug designation and exclusivity

Orphan drug designation in the United States is designed to encourage sponsors to develop products intended for treatment of rare diseases or conditions. In the United States, a rare disease or condition is statutorily defined as a condition that affects fewer than 200,000 individuals in the United States or that affects more than 200,000 individuals in the United States and for which there is no reasonable expectation that the cost of developing and making available the product for the disease or condition will be recovered from sales of the product in the United States.

Orphan drug designation qualifies a company for tax credits and potentially market exclusivity for seven years following the date of the product's approval if granted by the FDA. An application for designation as an orphan product can be made any time prior to the filing of an application for approval to market the product. A product becomes an orphan when it receives orphan drug designation from the Office of Orphan Products Development at the FDA based on acceptable confidential requests. The product must then go through the review and approval process like any other product.

A sponsor may request orphan drug designation of a previously unapproved product or new orphan indication for an already marketed product. In addition, a sponsor of a product that is otherwise the same product as an already approved orphan drug

may seek and obtain orphan drug designation for the subsequent product for the same rare disease or condition if it can present a plausible hypothesis that its product may be clinically superior to the first approved product. More than one sponsor may receive orphan drug designation for the same product for the same rare disease or condition, but each sponsor seeking orphan drug designation must file a complete request for designation.

If a product with orphan designation receives the first FDA approval for the disease or condition for which it has such designation or for a select indication or use within the rare disease or condition for which it was designated, the product generally will receive orphan drug exclusivity. Orphan drug exclusivity means that the FDA may not approve another sponsor's marketing application for the same product for the same disease or condition for seven years, except in certain limited circumstances. If a product designated as an orphan drug ultimately receives marketing approval for an indication broader than what was designated in its orphan drug application, it may not be entitled to exclusivity.

The period of market exclusivity begins on the date that the marketing application is approved by the FDA and applies only to the disease or condition for which the product has been designated. Orphan drug exclusivity will not bar approval of another product under certain circumstances, including if the company with orphan drug exclusivity is not able to meet market demand or the subsequent product is shown to be clinically superior to the approved product on the basis of greater efficacy or safety, or providing a major contribution to patient care. Under Omnibus legislation signed by President Trump on December 27, 2020, the requirement for a product to show clinical superiority applies to drug products that received orphan drug designation before enactment of amendments to the FDCA in 2017 but have not yet been approved by FDA.

In September 2021, the Court of Appeals for the 11th Circuit held that, for the purpose of determining the scope of market exclusivity, the term "same disease or condition" in the statute means the designated "rare disease or condition" and could not be interpreted by the FDA to mean the "indication or use." Thus, the court concluded, orphan drug exclusivity applies to the entire designated disease or condition rather than the "indication or use." It is unclear how this court decision will be implemented by the FDA.

Pediatric exclusivity

Pediatric exclusivity is a type of non-patent marketing exclusivity in the United States and, if granted, provides for the attachment of an additional six months of exclusivity. For biologic products, the six month period may be attached to any existing regulatory exclusivities but not to any patent terms. The conditions for pediatric exclusivity include the FDA's determination that information relating to the use of a new product in the pediatric population may produce health benefits in that population, the FDA making a written request for pediatric clinical trials, and the sponsor agreeing to perform, and reporting on, the requested clinical trials within the statutory timeframe. This six-month exclusivity may be granted if a sponsor submits pediatric data that fairly respond to a written request from the FDA for such data. The data do not need to show the product to be effective in the pediatric population studied. If reports of requested pediatric studies are submitted to and accepted by the FDA within the statutory time limits, whatever statutory or regulatory periods of exclusivity or patents that cover the product are extended by six months. Although this is not a patent term extension, it effectively extends the regulatory period during which the FDA cannot approve another application.

Patent term restoration and extension

In the United States, a patent claiming a new product, its method of use or its method of manufacture may be eligible for a limited patent term extension under the Hatch-Waxman Act, which permits a patent extension of up to five years for patent term lost during product development and FDA regulatory review. Assuming grant of the patent for which the extension is sought, the restoration period for a patent covering a product is typically one-half the time between the effective date of the IND involving human beings and the submission date of the BLA, plus the time between the submission date of the application and the ultimate approval date. Patent term restoration cannot be used to extend the remaining term of a patent past a total of 14 years from the product's approval date in the United States. Only one patent applicable to an approved product is eligible for the extension, and the application for the extension must be submitted prior to the expiration of the patent for which extension is sought. A patent that covers multiple products for which approval is sought can only be extended in connection with one of the approvals. The USPTO reviews and approves the application for any patent term extension in consultation with the FDA.

Companion diagnostics

In August 2014, the FDA issued final guidance clarifying the requirements that will apply to approval of therapeutic products and *in vitro* companion diagnostics. According to the guidance, for novel biologics, a companion diagnostic device and its corresponding therapeutic should be approved or cleared contemporaneously by the FDA for the use indicated in the therapeutic product's labeling. Approval or clearance of the companion diagnostic device will ensure that the device has been

adequately evaluated and has adequate performance characteristics in the intended population. In July 2016, the FDA issued a draft guidance intended to assist sponsors of the therapeutic product and *in vitro* companion diagnostic device on issues related to co-development of the products.

The 2014 guidance also explains that a companion diagnostic device used to make treatment decisions in clinical trials of a biologic product candidate generally will be considered an investigational device, unless it is employed for an intended use for which the device is already approved or cleared. If used to make critical treatment decisions, such as patient selection, the diagnostic device generally will be considered a significant risk device under the FDA's Investigational Device Exemption, or IDE, regulations. Thus, the sponsor of the diagnostic device will be required to comply with the IDE regulations. According to the guidance, if a diagnostic device and a product are to be studied together to support their respective approvals, both products can be studied in the same investigational study, if the study meets both the requirements of the IDE regulations and the IND regulations. The guidance provides that depending on the details of the study plan and subjects, a sponsor may seek to submit an IND application alone, or both an IND- and IDE-application.

In April 2020, the FDA issued additional guidance which describes considerations for the development and labeling of companion diagnostic devices to support the indicated uses of multiple biological oncology products, when appropriate. This guidance builds upon existing policy regarding the labeling of companion diagnostics. In its 2014 guidance, the FDA stated that if evidence is sufficient to conclude that the companion diagnostic is appropriate for use with a specific group of therapeutic products, the companion diagnostic's intended use/indications for use should name the specific group of therapeutic products, rather than specific products. The 2020 guidance expands on the policy statement in the 2014 guidance by recommending that companion diagnostic developers consider a number of factors when determining whether their test could be developed, or the labeling for approved companion diagnostics could be revised through a supplement, to support a broader labeling claim such as use with a specific group of oncology therapeutic products (rather than listing an individual therapeutic product(s)).

Under the FDCA, *in vitro* diagnostics, including companion diagnostics, are regulated as medical devices. In the United States, the FDCA and its implementing regulations, and other federal and state statutes and regulations govern, among other things, medical device design and development, preclinical and clinical testing, premarket clearance or approval, registration and listing, manufacturing, labeling, storage, advertising and promotion, sales and distribution, export and import and post-market surveillance. Unless an exemption applies, diagnostic tests require pre-notification marketing clearance or approval from the FDA prior to commercial distribution.

The FDA previously has required *in vitro* companion diagnostics intended to select the patients who will respond to the product candidate to obtain pre-market approval, or PMA, simultaneously with approval of the therapeutic product candidate. The PMA process, including the gathering of clinical and preclinical data and the submission to and review by the FDA, can take several years or longer. It involves a rigorous premarket review during which the sponsor must prepare and provide the FDA with reasonable assurance of the device's safety and effectiveness and information about the device and its components regarding, among other things, device design, manufacturing and labeling. PMA applications are subject to an application fee.

Healthcare compliance

In the United States, biopharmaceutical manufacturers and their products are subject to extensive regulation at the federal and state level, such as laws intended to prevent fraud and abuse in the healthcare industry. Healthcare providers and third-party payors play a primary role in the recommendation and prescription of pharmaceutical products that are granted marketing approval. Arrangements with providers, consultants, third-party payors, and customers are subject to broadly applicable fraud and abuse, anti-kickback, false claims laws, reporting of payments to healthcare providers and patient privacy laws and regulations and other healthcare laws and regulations that may constrain our business and/or financial arrangements. Restrictions under applicable federal and state healthcare laws and regulations, including certain laws and regulations applicable only if we have marketed products, include the following:

- federal false claims, false statements and civil monetary penalties laws prohibiting, among other things, any person from knowingly presenting, or causing to be presented, a false claim for payment of government funds or knowingly making, or causing to be made, a false statement to get a false claim paid;

- federal healthcare program anti-kickback law, which prohibits, among other things, persons from offering, soliciting, receiving or providing remuneration, directly or indirectly, to induce either the referral of an individual for, or the purchasing or ordering of, a good or service for which payment may be made under federal healthcare programs such as Medicare and Medicaid;

- the federal Health Insurance Portability and Accountability Act of 1996, or HIPAA, which, in addition to privacy protections applicable to healthcare providers and other entities, prohibits executing a scheme to defraud any healthcare benefit program or making false statements relating to healthcare matters;

- federal laws that require pharmaceutical manufacturers to report certain calculated product prices to the government or provide certain discounts or rebates to government authorities or private entities, often as a condition of reimbursement under government healthcare programs;

- federal Open Payments (or federal "sunshine" law), which requires pharmaceutical and medical device companies to monitor and report certain financial interactions with certain healthcare providers to the Center for Medicare & Medicaid Services, or CMS, within the U.S. Department of Health and Human Services, or HHS, for re-disclosure to the public, as well as ownership and investment interests held by certain healthcare providers and their immediate family members;

- federal consumer protection and unfair competition laws, which broadly regulate marketplace activities and activities that potentially harm consumers;

- analogous state laws and regulations, including: state anti-kickback and false claims laws; state laws requiring pharmaceutical companies to comply with specific compliance standards, restrict financial interactions between pharmaceutical companies and healthcare providers or require pharmaceutical companies to report information related to payments to health care providers or marketing expenditures; and state laws governing privacy, security and breaches of health information in certain circumstances, many of which differ from each other in significant ways and often are not preempted by HIPAA, thus complicating compliance efforts; and

- laws and regulations prohibiting bribery and corruption such as the Foreign Corrupt Practices Act, which, among other things, prohibits U.S. companies and their employees and agents from authorizing, promising, offering, or providing, directly or indirectly, corrupt or improper payments or anything else of value to foreign government officials, employees of public international organizations or foreign government-owned or affiliated entities, candidates for foreign public office, and foreign political parties or officials thereof.

Violations of these laws are punishable by criminal and/or civil sanctions, including, in some instances, exclusion from participation in federal and state health care programs, such as Medicare and Medicaid. Ensuring compliance is time consuming and costly. Similar healthcare laws and regulations exist in the European Union and other jurisdictions, including reporting requirements detailing interactions with and payments to healthcare providers and laws governing the privacy and security of personal information.

Healthcare reform

A primary trend in the U.S. healthcare industry and elsewhere is cost containment. There have been a number of federal and state proposals during the last few years regarding the pricing of pharmaceutical products, limiting coverage and reimbursement for medical products and other changes to the healthcare system in the United States.

In March 2010, the United States Congress enacted the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010, or collectively the PPACA, which, among other things, includes changes to the coverage and payment for pharmaceutical products under government healthcare programs. Other legislative changes have been proposed and adopted since the PPACA was enacted. In August 2011, the Budget Control Act of 2011, among other things, created measures for spending reductions by Congress. A Joint Select Committee on Deficit Reduction, tasked with recommending a targeted deficit reduction of at least $1.2 trillion for the years 2013 through 2021, was unable to reach required goals, thereby triggering the legislation's automatic reduction to several government programs. These changes included aggregate reductions to Medicare payments to providers of up to 2% per fiscal year, which went into effect in April 2013 and will remain in effect through 2031. These Medicare sequester reductions have been suspended through the end of March 2022. From April 2022 through June 2022, a 1% sequester cut will be in effect, with the full 2% cut resuming thereafter.

Since enactment of the PPACA, there have been, and continue to be, numerous legal challenges and Congressional actions to repeal and replace provisions of the law. For example, with enactment of the Tax Cuts and Jobs Act of 2017, or the Tax Act, which was signed by President Trump on December 22, 2017, Congress repealed the "individual mandate." The repeal of this provision, which requires most Americans to carry a minimal level of health insurance, became effective in 2019. On December

14, 2018, a U.S. District Court judge in the Northern District of Texas ruled that the individual mandate portion of the PPACA is an essential and inseverable feature of the PPACA, and therefore because the mandate was repealed as part of the Tax Act, the remaining provisions of the PPACA are invalid as well. The U.S. Supreme Court heard this case on November 10, 2020 and, on June 17, 2021, dismissed this action after finding that the plaintiffs do not have standing to challenge the constitutionality of the ACA. Litigation and legislation over the PPACA are likely to continue, with unpredictable and uncertain results.

The Trump Administration also took executive actions to undermine or delay implementation of the PPACA, including directing federal agencies with authorities and responsibilities under the PPACA to waive, defer, grant exemptions from, or delay the implementation of any provision of the PPACA that would impose a fiscal or regulatory burden on states, individuals, healthcare providers, health insurers, or manufacturers of pharmaceuticals or medical devices. On January 28, 2021, however, President Biden rescinded those orders and issued a new executive order that directs federal agencies to reconsider rules and other policies that limit access to healthcare, and consider actions that will protect and strengthen that access. Under this order, federal agencies are directed to re-examine: policies that undermine protections for people with pre-existing conditions, including complications related to COVID-19; demonstrations and waivers under Medicaid and the PPACA that may reduce coverage or undermine the programs, including work requirements; policies that undermine the Health Insurance Marketplace or other markets for health insurance; policies that make it more difficult to enroll in Medicaid and under the PPACA; and policies that reduce affordability of coverage or financial assistance, including for dependents.

Pharmaceutical prices

The prices of prescription pharmaceuticals have also been the subject of considerable discussion in the United States. There have been several recent U.S. congressional inquiries, as well as proposed and enacted state and federal legislation designed to, among other things, bring more transparency to pharmaceutical pricing, review the relationship between pricing and manufacturer patient programs, and reduce the costs of pharmaceuticals under Medicare and Medicaid. In 2020, President Trump issued several executive orders intended to lower the costs of prescription products and certain provisions in these orders have been incorporated into regulations. These regulations include an interim final rule implementing a most favored nation model for prices that would tie Medicare Part B payments for certain physician-administered pharmaceuticals to the lowest price paid in other economically advanced countries, effective January 1, 2021. That rule, however, has been subject to a nationwide preliminary injunction and, on December 29, 2021, CMS issued a final rule to rescind it. With issuance of this rule, CMS stated that it will explore all options to incorporate value into payments for Medicare Part B pharmaceuticals and improve beneficiaries' access to evidence-based care.

In addition, in October 2020, the HHS and the FDA published a final rule allowing states and other entities to develop a Section 804 Importation Program, or SIP, to import certain prescription products from Canada into the United States. The final rule is currently the subject of ongoing litigation, but at least six states (Vermont, Colorado, Florida, Maine, New Mexico, and New Hampshire) have passed laws allowing for the importation of products from Canada with the intent of developing SIPs for review and approval by the FDA. Further, on November 20, 2020, HHS finalized a regulation removing safe harbor protection for price reductions from pharmaceutical manufacturers to plan sponsors under Part D, either directly or through pharmacy benefit managers, unless the price reduction is required by law. The implementation of the rule has been delayed by the Biden administration from January 1, 2022 to January 1, 2023 in response to ongoing litigation. The rule also creates a new safe harbor for price reductions reflected at the point-of-sale, as well as a new safe harbor for certain fixed fee arrangements between pharmacy benefit managers and manufacturers, the implementation of which have also been delayed by the Biden administration until January 1, 2023.

On July 9, 2021, President Biden signed Executive Order 14063, which focuses on, among other things, the price of pharmaceuticals. The Order directs the HHS to create a plan within 45 days to combat "excessive pricing of prescription pharmaceuticals and enhance domestic pharmaceutical supply chains, to reduce the prices paid by the federal government for such pharmaceuticals, and to address the recurrent problem of price gouging." On September 9, 2021, HHS released its plan to reduce pharmaceutical prices. The key features of that plan are to: (a) make pharmaceutical prices more affordable and equitable for all consumers and throughout the health care system by supporting pharmaceutical price negotiations with manufacturers; (b) improve and promote competition throughout the prescription pharmaceutical industry by supporting market changes that strengthen supply chains, promote biosimilars, and increase transparency; and (c) foster scientific innovation to promote better healthcare and improve health by supporting public and private research and making sure that market incentives promote discovery of valuable and accessible new treatments.

At the state level, individual states are increasingly aggressive in passing legislation and implementing regulations designed to control pharmaceutical and biological product pricing, including price or patient reimbursement constraints, discounts, restrictions on certain product access and marketing cost disclosure and transparency measures, and, in some cases, designed to encourage importation from other countries and bulk purchasing. A number of states, for example, require pharmaceutical manufacturers and other entities in the supply chain, including health carriers, pharmacy benefit managers, wholesale distributors, to disclose information about pricing of pharmaceuticals. In addition, regional healthcare organizations and individual hospitals are increasingly using bidding procedures to determine what pharmaceutical products and which suppliers will be included in their prescription pharmaceutical and other healthcare programs. These measures could reduce the ultimate demand for our products, once approved, or put pressure on our product pricing. We expect that additional state and federal healthcare reform measures will be adopted in the future, any of which could limit the amounts that federal and state governments will pay for healthcare products and services, which could result in reduced demand for our product candidates or additional pricing pressures.

Federal and state data privacy laws

There are multiple privacy and data security laws that may impact our business activities, in the United States and in other countries where we conduct trials or where we may do business in the future. These laws are evolving and may increase both our obligations and our regulatory risks in the future. In the health care industry generally, under HIPAA, the HHS has issued regulations to protect the privacy and security of protected health information, or PHI, used or disclosed by covered entities including certain healthcare providers, health plans and healthcare clearinghouses. HIPAA also regulates standardization of data content, codes and formats used in healthcare transactions and standardization of identifiers for health plans and providers. HIPAA also imposes certain obligations on the business associates of covered entities that obtain protected health information in providing services to or on behalf of covered entities. HIPAA may apply to us in certain circumstances and may also apply to our business partners in ways that may impact our relationships with them. Our clinical trials are regulated by the Common Rule, which also includes specific privacy-related provisions. In addition to federal privacy regulations, there are a number of state laws governing confidentiality and security of health information that may be applicable to our business. In addition to possible federal civil and criminal penalties for HIPAA violations, state attorneys general are authorized to file civil actions for damages or injunctions in federal courts to enforce HIPAA and seek attorney's fees and costs associated with pursuing federal civil actions. In addition, state attorneys general (along with private plaintiffs) have brought civil actions seeking injunctions and damages resulting from alleged violations of HIPAA's privacy and security rules. State attorneys general also have authority to enforce state privacy and security laws. New laws and regulations governing privacy and security may be adopted in the future as well.

At the state level, California has enacted legislation that has been dubbed the first "GDPR-like" law in the United States. Known as the California Consumer Privacy Act, or CCPA, it creates new individual privacy rights for consumers (as that word is broadly defined in the law) and places increased privacy and security obligations on entities handling personal data of consumers or households. The CCPA went into effect on January 1, 2020 and requires covered companies to provide new disclosures to California consumers, provide such consumers new ways to opt-out of certain sales of personal information, and allow for a new cause of action for data breaches. Additionally, effective starting on January 1, 2023, the California Privacy Rights Act, or CPRA, will significantly modify the CCPA, including by expanding consumers' rights with respect to certain sensitive personal information. The CPRA also creates a new state agency that will be vested with authority to implement and enforce the CCPA and the CPRA. The CCPA and CPRA could impact our business activities depending on how it is interpreted and exemplifies the vulnerability of our business to not only cyber threats but also the evolving regulatory environment related to personal data and individually identifiable health information. These provisions may apply to some of our business activities. In addition, other states, including Virginia and Colorado, already have passed state privacy laws and other states will likely be considering similar laws in the near future.

Because of the breadth of these laws and the narrowness of the statutory exceptions and regulatory safe harbors available under such laws, it is possible that some of our current or future business activities, including certain clinical research, sales and marketing practices and the provision of certain items and services to our customers, could be subject to challenge under one or more of such privacy and data security laws. The heightening compliance environment and the need to build and maintain robust and secure systems to comply with different privacy compliance and/or reporting requirements in multiple jurisdictions could increase the possibility that a healthcare company may fail to comply fully with one or more of these requirements. If our operations are found to be in violation of any of the privacy or data security laws or regulations described above that are applicable to us, or any other laws that apply to us, we may be subject to penalties, including potentially significant criminal, civil and administrative penalties, damages, fines, contractual damages, reputational harm, diminished profits and future earnings, additional reporting requirements and/or oversight if we become subject to a consent decree or similar agreement to resolve allegations of non-compliance with these laws, and the curtailment or restructuring of our operations, any of which

could adversely affect our ability to operate our business and our results of operations. To the extent that any product candidates we may develop, once approved, are sold in a foreign country, we may be subject to similar foreign laws.

Approval and regulation of medical products in the European Union

In addition to regulations in the United States, we will be subject to a variety of foreign regulations governing clinical trials and commercial sales and distribution of our products outside of the United States. Whether or not we obtain FDA approval for a product candidate, we must obtain approval by the comparable regulatory authorities of foreign countries or economic areas, such as the 27-member European Union, before we may commence clinical trials or market products in those countries or areas. In the European Union, our product candidates also may be subject to extensive regulatory requirements. As in the United States, medicinal products can be marketed only if a marketing authorization from the competent regulatory agencies has been obtained. Similar to the United States, the various phases of preclinical and clinical research in the European Union are subject to significant regulatory controls.

With the exception of the European Union and European Economic Area, or EEA, applying the harmonized regulatory rules for medicinal products, the approval process and requirements governing the conduct of clinical trials, product licensing, pricing and reimbursement vary greatly between countries and jurisdictions and can involve additional testing and additional administrative review periods. The time required to obtain approval in other countries and jurisdictions might differ from and be longer than that required to obtain FDA approval. Regulatory approval in one country or jurisdiction does not ensure regulatory approval in another, but a failure or delay in obtaining regulatory approval in one country or jurisdiction may negatively impact the regulatory process in others.

Clinical trials

On January 31, 2022, the new Clinical Trials Regulation (EU) No 536/2014 became effective in the European Union and replaced the prior Clinical Trials Directive 2001/20/EC. The new regulation aims at simplifying and streamlining the authorization, conduct and transparency of clinical trials in the European Union. Under the new coordinated procedure for the approval of clinical trials, the sponsor of a clinical trial to be conducted in more than one Member State of the European Union, or EU Member State, will only be required to submit a single application for approval. The submission will be made through the Clinical Trials Information System, a new clinical trials portal overseen by the EMA and available to clinical trial sponsors, competent authorities of the EU Member States and the public.

The new regulation did not change the preexisting requirement that a sponsor must obtain prior approval from the competent national authority of the EU Member State in which the clinical trial is to be conducted. If the clinical trial is conducted in different EU Member States, the competent authorities in each of these EU Member States must provide their approval for the conduct of the clinical trial. Furthermore, the sponsor may only start a clinical trial at a specific clinical site after the applicable ethics committee has issued a favorable opinion.

Parties conducting certain clinical trials must, as in the United States, post clinical trial information in the European Union at the EudraCT website: https://eudract.ema.europa.eu.

Marketing authorization in the European Union

Marketing authorization applications, or MAAs, can be filed either under the so-called centralized or national authorization procedures, albeit through the mutual recognition or decentralized procedure for a product to be authorized in more than one EU Member State.

The centralized procedure provides for the grant of a single marketing authorization following a favorable opinion by the European Medicines Agency, or EMA, that is valid in all EU Member States, as well as Iceland, Liechtenstein and Norway, which are part of the EEA. The centralized procedure is compulsory for medicines produced by specified biotechnological processes, products designated as orphan medicinal products, advanced-therapy medicines (such as gene-therapy, somatic cell-therapy or tissue-engineered medicines) and products with a new active substance indicated for the treatment of specified diseases, such as HIV/ AIDS, cancer, diabetes, neurodegenerative disorders or autoimmune diseases and other immune dysfunctions and viral diseases. The centralized procedure is optional for products that represent a significant therapeutic, scientific or technical innovation, or whose authorization would be in the interest of public health. Under the centralized procedure the maximum timeframe for the evaluation of an MAA by the EMA is 210 days, excluding clock stops, when additional written or oral information is to be provided by the sponsor in response to questions asked by the Committee for Medicinal Products for Human Use, or the CHMP. Accelerated assessment might be granted by the CHMP in exceptional

cases, when a medicinal product is expected to be of a major public health interest, particularly from the point of view of therapeutic innovation. The timeframe for the evaluation of an MAA under the accelerated assessment procedure is of 150 days, excluding stop-clocks.

There are also two other possible routes to authorize medicinal products in several EU countries, which are available for investigational medicinal products that fall outside the scope of the centralized procedure:

- *Decentralized procedure*. Using the decentralized procedure, a sponsor may apply for simultaneous authorization in more than one EU country of medicinal products that have not yet been authorized in any EU country and that do not fall within the mandatory scope of the centralized procedure. The sponsor may choose a member state as the reference member State to lead the scientific evaluation of the application.

- *Mutual recognition procedure*. In the mutual recognition procedure, a medicine is first authorized in one EU Member State (which acts as the reference member state), in accordance with the national procedures of that country. Following this, further marketing authorizations can be progressively sought from other EU countries in a procedure whereby the countries concerned agree to recognize the validity of the original, national marketing authorization produced by the reference member state.

Under the above-described procedures, before granting the marketing authorization, the EMA or the competent authorities of the Member States of the EEA make an assessment of the risk-benefit balance of the product on the basis of scientific criteria concerning its quality, safety and efficacy.

Conditional approval

In particular circumstances, EU legislation (Article 14–a Regulation (EC) No 726/2004 (as amended by Regulation (EU) 2019/5 and Regulation (EC) No 507/2006 on Conditional Marketing Authorizations for Medicinal Products for Human Use) enables sponsors to obtain a conditional marketing authorization prior to obtaining the comprehensive clinical data required for an application for a full marketing authorization. Such conditional approvals may be granted for product candidates (including medicines designated as orphan medicinal products) if (1) the product candidate is intended for the treatment, prevention or medical diagnosis of seriously debilitating or life-threatening diseases; (2) the product candidate is intended to meet unmet medical needs of patients; (3) a marketing authorization may be granted prior to submission of comprehensive clinical data provided that the benefit of the immediate availability on the market of the medicinal product concerned outweighs the risk inherent in the fact that additional data are still required; (4) the risk-benefit balance of the product candidate is positive, and (5) it is likely that the sponsor will be in a position to provide the required comprehensive clinical trial data. A conditional marketing authorization may contain specific obligations to be fulfilled by the marketing authorization holder, including obligations with respect to the completion of ongoing or new clinical trials and with respect to the collection of pharmacovigilance data. Conditional marketing authorizations are valid for one year, and may be renewed annually, if the risk-benefit balance remains positive, and after an assessment of the need for additional or modified conditions or specific obligations. The timelines for the centralized procedure described above also apply with respect to the review by the CHMP of applications for a conditional marketing authorization.

Pediatric trials

Prior to obtaining a marketing authorization in the European Union, sponsors have to demonstrate compliance with all measures included in an EMA-approved Pediatric Investigation Plan, or PIP, covering all subsets of the pediatric population, unless the EMA has granted a product-specific waiver, a class waiver or a deferral for one or more of the measures included in the PIP. The respective requirements for all marketing authorization procedures are set forth in Regulation (EC) No 1901/2006, which is referred to as the Pediatric Regulation. This requirement also applies when a company wants to add a new indication, pharmaceutical form or route of administration for a medicine that is already authorized. The Pediatric Committee of the EMA, or PDCO, may grant deferrals for some medicines, allowing a company to delay development of the medicine in children until there is enough information to demonstrate its effectiveness and safety in adults. The PDCO may also grant waivers when development of a medicine in children is not needed or is not appropriate because (a) the product is likely to be ineffective or unsafe in part or all of the pediatric population; (b) the disease or condition occurs only in adult population; or (c) the product does not represent a significant therapeutic benefit over existing treatments for pediatric population. Before a marketing authorization application can be filed, or an existing marketing authorization can be amended, the EMA determines that companies actually comply with the agreed studies and measures listed in each relevant PIP.

PRIME designation

In March 2016, the EMA launched an initiative to facilitate development of product candidates in indications, often rare, for which few or no therapies currently exist. The PRIority MEdicines, or PRIME, scheme is intended to encourage product development in areas of unmet medical need and provides accelerated assessment of products representing substantial innovation reviewed under the centralized procedure. Products from small- and medium-sized enterprises, or SMEs, may qualify for earlier entry into the PRIME scheme than larger companies. Many benefits accrue to sponsors of product candidates with PRIME designation, including but not limited to, early and proactive regulatory dialogue with the EMA, frequent discussions on clinical trial designs and other development program elements, and accelerated marketing authorization application assessment once a dossier has been submitted. Importantly, a dedicated agency contact and rapporteur from the CHMP or Committee for Advanced Therapies are appointed early in the PRIME scheme, facilitating increased understanding of the product at EMA's Committee level. A kick-off meeting initiates these relationships and includes a team of multidisciplinary experts at the EMA to provide guidance to the sponsor on the overall development and regulatory strategies.

Periods of authorization and renewals

A marketing authorization is valid for five years in principle and the marketing authorization may be renewed after five years on the basis of a re-evaluation of the risk-benefit balance by the EMA or by the competent authority of the authorizing member state. To this end, the marketing authorization holder must provide the EMA or the competent authority with a consolidated version of the file in respect of quality, safety and efficacy, including all variations introduced since the marketing authorization was granted, at least nine months before the marketing authorization ceases to be valid. Once renewed, the marketing authorization is valid for an unlimited period, unless the European Commission or the competent authority decides, on justified grounds relating to pharmacovigilance, to proceed with one additional five-year renewal. Any authorization which is not followed by the actual placing of the product on the EU market (in case of centralized procedure) or on the market of the authorizing member state within three years after authorization ceases to be valid (the so-called sunset clause).

Regulatory requirements after marketing authorization

As in the United States, both marketing authorization holders and manufacturers of medicinal products are subject to comprehensive regulatory oversight by the EMA and the competent authorities of the individual EU Member States both before and after grant of the manufacturing and marketing authorizations. The holder of an EU marketing authorization for a medicinal product must, for example, comply with EU pharmacovigilance legislation and its related regulations and guidelines which entail many requirements for conducting pharmacovigilance, or the assessment and monitoring of the safety of medicinal products. The manufacturing process for medicinal products in the European Union is also highly regulated and regulators may shut down manufacturing facilities that they believe do not comply with regulations. Manufacturing requires a manufacturing authorization, and the manufacturing authorization holder must comply with various requirements set out in the applicable EU laws, including compliance with EU cGMP standards when manufacturing medicinal products and active pharmaceutical ingredients.

In the European Union, the advertising and promotion of approved products are subject to EU Member States' laws governing promotion of medicinal products, interactions with clinicians, misleading and comparative advertising and unfair commercial practices. In addition, other legislation adopted by individual EU Member States may apply to the advertising and promotion of medicinal products. These laws require that promotional materials and advertising in relation to medicinal products comply with the product's Summary of Product Characteristics, or SmPC, as approved by the competent authorities. Promotion of a medicinal product that does not comply with the SmPC is considered to constitute off-label promotion, which is prohibited in the European Union.

Regulatory exclusivity

In the European Union, new products authorized for marketing (i.e., reference products) qualify for eight years of data exclusivity and an additional two years of market exclusivity upon marketing authorization. The data exclusivity period prevents generic sponsors from relying on the preclinical and clinical trial data contained in the dossier of the reference product when applying for a generic marketing authorization in the European Union during a period of eight years from the date on which the reference product was first authorized in the European Union. The market exclusivity period prevents a successful generic sponsor from commercializing its product in the European Union until ten years have elapsed from the initial authorization of the reference product in the European Union. The ten-year market exclusivity period can be extended to a maximum of eleven years if, during the first eight years of those ten years, the marketing authorization holder obtains an authorization for one or more new therapeutic indications which, during the scientific evaluation prior to their authorization, are held to bring a significant clinical benefit in comparison with existing therapies.

Orphan drug designation and exclusivity

The criteria for designating an orphan medicinal product in the European Union are similar in principle to those in the United States. Under Article 3 of Regulation (EC) 141/2000, a medicinal product may be designated as orphan if (1) it is intended for the diagnosis, prevention or treatment of a life-threatening or chronically debilitating condition, (2) either (a) such condition affects no more than five in 10,000 persons in the European Union when the application is made, or (b) the product, without the benefits derived from orphan status, would not generate sufficient return in the European Union to justify investment and (3) there exists no satisfactory method of diagnosis, prevention or treatment of such condition authorized for marketing in the European Union, or if such a method exists, the product will be of significant benefit to those affected by the condition. The term 'significant benefit' is defined in Regulation (EC) 847/2000 to mean a clinically relevant advantage or a major contribution to patient care.

Orphan medicinal products are eligible for financial incentives such as reduction of fees or fee waivers and are, upon grant of a marketing authorization, entitled to ten years of market exclusivity for the approved therapeutic indication. During this ten year market exclusivity period, the EMA or the competent authorities of the Member States of the EEA, cannot accept an application for a marketing authorization for a similar medicinal product for the same indication. A similar medicinal product is defined as a medicinal product containing a similar active substance or substances as contained in an authorized orphan medicinal product, and which is intended for the same therapeutic indication. The application for orphan designation must be submitted before the application for marketing authorization. The sponsor will receive a fee reduction for the marketing authorization application if the orphan designation has been granted, but not if the designation is still pending at the time the marketing authorization is submitted. Orphan designation does not convey any advantage in, or shorten the duration of, the regulatory review and approval process.

The ten-year market exclusivity in the European Union may be reduced to six years if, at the end of the fifth year, it is established that the product no longer meets the criteria for orphan designation, for example, if the product is sufficiently profitable not to justify maintenance of market exclusivity. Additionally, marketing authorization may be granted to a similar product for the same indication at any time if: (1) the second sponsor can establish that its product, although similar, is safer, more effective or otherwise clinically superior; (2) the sponsor consents to a second orphan medicinal product application; or (3) the sponsor cannot supply enough orphan medicinal product.

Pediatric exclusivity

If a sponsor obtains a marketing authorization in all EU Member States, or a marketing authorization granted in the centralized procedure by the European Commission, and the trial results for the pediatric population are included in the product information, even when negative, the medicine is then eligible for an additional six-month period of qualifying patent protection through extension of the term of the Supplementary Protection Certificate, or SPC, or alternatively a one year extension of the regulatory market exclusivity from ten to eleven years, as selected by the marketing authorization holder.

Patent term extensions

The European Union also provides for patent term extension through Supplementary Protection Certificates, or SPCs. The rules and requirements for obtaining a SPC are similar to those in the United States. An SPC may extend the term of a patent for up to five years after its originally scheduled expiration date and can provide up to a maximum of fifteen years of marketing exclusivity for a product. In certain circumstances, these periods may be extended for six additional months if pediatric exclusivity is obtained. Although SPCs are available throughout the European Union, sponsors must apply on a country-by-country basis. Similar patent term extension rights exist in certain other foreign jurisdictions outside the European Union.

Reimbursement and pricing of prescription pharmaceuticals

In the European Union, similar political, economic and regulatory developments to those in the United States may affect our ability to profitably commercialize our product candidates, if approved. In markets outside of the United States and the European Union, reimbursement and healthcare payment systems vary significantly by country and many countries have instituted price ceilings on specific products and therapies. In many countries, including those of the European Union, the pricing of prescription pharmaceuticals is subject to governmental control and access. In these countries, pricing negotiations with governmental authorities can take considerable time after the receipt of marketing approval for a product. To obtain reimbursement or pricing approval in some countries, pharmaceutical firms may be required to conduct a clinical trial that compares the cost-effectiveness of the product to other available therapies.

Approval of companion diagnostic devices

In the European Union, medical devices such as companion diagnostics must comply with the General Safety and Performance Requirements, or SPRs, detailed in Annex I of the EU Medical Devices Regulation (Regulation (EU) 2017/745), or MDR which came into force on May 26, 2021 and replaced the previously applicable EU Medical Devices Directive (Council Directive 93/42/EEC). Compliance with SPRs and additional requirements applicable to companion medical devices is a prerequisite to be able to affix the CE Mark of Conformity to medical devices, without which they cannot be marketed or sold. To demonstrate compliance with the SPRs, a manufacturer must undergo a conformity assessment procedure, which varies according to the type of medical device and its classification. The MDR is meant to establish a uniform, transparent, predictable, and sustainable regulatory framework across the European Union for medical devices.

Separately, the regulatory authorities in the European Union also adopted a new In Vitro Diagnostic Regulation, or IVDR, (EU) 2017/746, which will become effective in May 2022. The new regulation will replace the In Vitro Diagnostics Directive (IVDD) 98/79/EC. Manufacturers wishing to apply to a notified body for a conformity assessment of their in vitro diagnostic medical device have until May 2022 to update their Technical Documentation to meet the requirements and comply with the new, more stringent Regulation. Once applicable, the regulation will, among other things: strengthen the rules on placing devices on the market and reinforce surveillance once they are available; establish explicit provisions on manufacturers' responsibilities for the follow-up of the quality, performance, and safety of devices placed on the market; improve the traceability of medical devices throughout the supply chain to the end-user or patient through a unique identification number; set up a central database to provide patients, healthcare professionals and the public with comprehensive information on products available in the European Union; and strengthen rules for the assessment of certain high-risk devices, such as implants, which may have to undergo an additional check by experts before they are placed on the market.

General Data Protection Regulation

Many countries outside of the United States maintain rigorous laws governing the privacy and security of personal information. The collection, use, disclosure, transfer, or other processing of personal data, including personal health data, regarding individuals who are located in the EEA, and the processing of personal data that takes place in the EEA, is subject to the General Data Protection Regulation, or GDPR, which became effective on May 25, 2018. The GDPR is wide-ranging in scope and imposes numerous requirements on companies that process personal data, and it imposes heightened requirements on companies that process health and other sensitive data, such as requiring in many situations that a company obtain the consent of the individuals to whom the sensitive personal data relate before processing such data. Examples of obligations imposed by the GDPR on companies processing personal data that fall within the scope of the GDPR include providing information to individuals regarding data processing activities, implementing safeguards to protect the security and confidentiality of personal data, appointing a data protection officer, providing notification of data breaches and taking certain measures when engaging third-party processors.

The GDPR also imposes strict rules on the transfer of personal data to countries outside the EEA, including the United States, and permits data protection authorities to impose large penalties for violations of the GDPR, including potential fines of up to €20 million or 4% of annual global revenues, whichever is greater. The GDPR also confers a private right of action on data subjects and consumer associations to lodge complaints with supervisory authorities, seek judicial remedies, and obtain compensation for damages resulting from violations of the GDPR. Compliance with the GDPR is a rigorous and time-intensive process that may increase the cost of doing business or require companies to change their business practices to ensure full compliance. In July 2020, the Court of Justice of the European Union, or the CJEU, invalidated the EU-U.S. Privacy Shield framework, one of the mechanisms used to legitimize the transfer of personal data from the EEA to the United States. The CJEU decision also drew into question the long-term viability of an alternative means of data transfer, the standard contractual clauses, for transfers of personal data from the EEA to the United States. Following the withdrawal of the United Kingdom from the European Union, the U.K. Data Protection Act 2018 applies to the processing of personal data that takes place in the United Kingdom and includes parallel obligations to those set forth by GDPR.

Brexit and the regulatory framework in the United Kingdom

The United Kingdom's withdrawal from the European Union took place on January 31, 2020. The European Union and the United Kingdom reached an agreement on their new partnership in the Trade and Cooperation Agreement, or the Agreement, which was applied provisionally beginning on January 1, 2021 and which entered into force on May 1, 2021. The Agreement focuses primarily on free trade by ensuring no tariffs or quotas on trade in goods, including healthcare products such as medicinal products. Thereafter, the European Union and the United Kingdom will form two separate markets governed by two distinct regulatory and legal regimes. As such, the Agreement seeks to minimize barriers to trade in goods while accepting that border checks will become inevitable as a consequence that the United Kingdom is no longer part of the single market. As of

January 1, 2021, the Medicines and Healthcare products Regulatory Agency, or the MHRA, became responsible for supervising medicines and medical devices in Great Britain, comprising England, Scotland and Wales under domestic law whereas Northern Ireland continues to be subject to EU rules under the Northern Ireland Protocol. The MHRA will rely on the Human Medicines Regulations 2012 (SI 2012/1916) (as amended), or the HMR, as the basis for regulating medicines. The HMR has incorporated into the domestic law the body of EU law instruments governing medicinal products that pre-existed prior to the United Kingdom's withdrawal from the European Union.

Intellectual property

We actively seek to protect the proprietary technology that we consider important to our business, including pursuing patents that cover our ADC platforms, proprietary compositions of matter, ADC product candidates and methods of using and manufacturing the same, as well as any other relevant inventions and improvements that are considered commercially important to the development of our business. We also rely on trade secrets, know-how and continuing technological innovation to develop and maintain our proprietary and intellectual property position.

Our commercial success will depend significantly on our ability to obtain and maintain patents and other proprietary protection for the technology, inventions and improvements we consider important to our business, and to defend our patents, preserve the confidentiality of our trade secrets and operate without infringing the patents and proprietary rights of third parties. Our policy is to seek to protect our proprietary and intellectual property position by, among other methods, filing U.S., international (under Patent Cooperation Treaty, or PCT) and foreign patent applications related to our proprietary technology, inventions and improvements that we consider to be important to the development and implementation of our business. We also believe in protecting our unpatented trade secrets and know-how and continuing our technological innovation to develop our business and to maintain our competitive position.

The term of individual patents depends upon the legal term for patents in the countries in which they are obtained. In most countries, including the United States, the patent term is 20 years from the earliest filing date of a non-provisional patent application. In the United States, a patent's term may be lengthened by patent term adjustment, which compensates a patentee for administrative delays by the USPTO in examining and granting a patent or may be shortened if a patent is terminally disclaimed over an earlier filed patent. The term of a patent that covers a drug or biological product may also be eligible for patent term extension when FDA approval is granted, provided statutory and regulatory requirements are met. In the future, if and when our drug candidates receive approval by the FDA or foreign regulatory authorities, we expect to apply for patent term extensions on issued patents covering those drugs, depending upon the length of the clinical trials for each drug and other factors. There can be no assurance that any of our pending patent applications will issue or that we will benefit from any patent term extension or favorable adjustments to the terms of any of our patents.

As with other biotechnology and pharmaceutical companies, our ability to maintain and solidify our proprietary and intellectual property position for our drug candidates and technologies will depend on our success in obtaining effective patent claims and enforcing those claims if granted. However, our pending patent applications, and any patent applications that we may in the future file or license from third parties, may not result in the issuance of patents. We also cannot predict the breadth of claims that may be allowed or enforced in our patents. Any issued patents that we may currently own or license or may receive in the future may be challenged, invalidated, circumvented or have the scope of their claims narrowed. For example, we cannot be certain of the priority of inventions covered by pending third party patent applications. If third parties prepare and file patent applications in the United States that also claim technology or therapeutics to which we have rights, we may have to participate in interference proceedings in the USPTO to determine priority of invention, which could result in substantial costs to us, even if the eventual outcome is favorable to us, which is highly unpredictable. In addition, because of the extensive time required for clinical development and regulatory review of a drug candidate we may develop, it is possible that, before any of our drug candidates can be commercialized, any related patent may expire or remain in force for only a short period following commercialization, thereby limiting the protection such patent would afford the respective product and any competitive advantage such patent may provide. For more information regarding the risks related to our intellectual property, please see "Risk factors—Risks related to our intellectual property."

As of January 31, 2022, we owned, in all of our patent portfolios, 22 issued U.S. patents, 13 pending non-provisional U.S. patent applications, five pending provisional U.S. patent applications, 102 issued foreign patents, five pending PCT patent applications and 138 pending foreign patent applications (including four allowed foreign patent applications) in a number of foreign jurisdictions, including, but being not limited to, Argentina, Australia, Brazil, Canada, China, Europe, Eurasia, Gulf Cooperation Council, Hong Kong, Israel, India, Japan, Mexico, Macau, Pakistan, New Zealand, Russia, South Korea, South Africa, and Taiwan. Our 10 issued U.S. patents covering our Fleximer ADC platform are projected to expire in 2032, excluding any additional term for patent term adjustments or patent term extensions; our two issued U.S. patents covering our Dolaflexin

ADC platform are projected to expire in 2034 and 2038, excluding any additional term for patent term adjustments or patent term extensions; our one issued U.S. patent covering our STING agonist payload is projected to expire in 2040, excluding any additional term for patent term adjustments or patent term extensions; our additional nine issued U.S. patents are projected to expire between 2032 and 2037, excluding any additional term for patent term adjustments or patent term extensions; and any patent that may issue from our pending U.S. applications is projected to expire between 2037 and 2042, in each case, excluding any additional term for patent term adjustments or patent term extensions. In addition, we have exclusively in licensed four issued U.S. patents and one issued European patent for the NaPi2b antibody from Recepta, which Recepta licensed from Ludwig Institute for Cancer Research. These in-licensed issued U.S. and European patents are projected to expire in 2029, excluding any additional term for patent term adjustments or patent term extensions. Recepta still owns one pending Brazilian patent application for the NaPi2b antibody, which is not licensed to us. A patent issuing from this Brazilian patent application is projected to expire in 2029. We have also non-exclusively in-licensed from Synaffix certain patents and patent applications for their proprietary site-specific conjugation technology. These in-licensed Synaffix patents and patent applications are seven issued US patents, four pending non-provisional U.S. patent applications, eight issued foreign patents, one pending PCT patent applications and 14 pending foreign patent applications, in a number of foreign jurisdictions, including, but being not limited to, China, Europe, India, Japan, and Netherlands. These in-licensed issued U.S. and European patents are projected to expire from 2031 to 2040, excluding any additional term for patent term adjustments or patent term extensions. We have so far not filed for patent protection in all national and regional jurisdictions where such protection may be available. In addition, we may decide to abandon national and regional patent applications before they are granted. Finally, the grant proceeding of each national or regional patent is an independent proceeding which may lead to situations in which applications might in some jurisdictions be refused by the relevant registration authorities, while granted by others. It is also quite common that depending on the country, various scopes of patent protection may be granted on the same product candidate or technology.

The intellectual property portfolio of our ADC platforms, our ADC product candidates and components thereof and companion diagnostics are summarized below. Some of these portfolios are in very early stages and prosecution has yet to commence on some of the pending patent applications. Prosecution is a lengthy process, during which the scope of the claims initially submitted for examination by the USPTO may be narrowed (sometimes significantly) by the time they issue, if they issue at all. We expect this to be the case with respect to our pending patent applications referred to below.

Fleximer ADC platform

The intellectual property portfolio for our Fleximer ADC platform is directed to compositions of matter for the Fleximer ADCs, as well as methods of using and making these novel conjugates, compositions of matter for Fleximer drug conjugates prior to conjugation with the antibody or antibody fragment and methods of making the same, and compositions of matter for our proprietary auristatin DolaLock compounds and conjugates thereof (e.g., to Fleximer and/or an antibody or antibody fragment). As of January 31, 2022, we owned 10 issued U.S. patents, one pending non-provisional U.S. patent application, 48 issued foreign patents, and four pending foreign patent applications (including one allowed foreign patent application) in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Europe, Hong Kong, Israel, India, Japan, Macau, Mexico, Russia, South Korea, and Taiwan. Any U.S. or foreign patent issuing from the pending applications covering the Fleximer ADC platform is projected to expire in 2032, excluding any additional term for patent term adjustments or patent term extensions.

Dolaflexin ADC platform

The intellectual property portfolio for our Dolaflexin ADC platform is directed to compositions of matter for the Dolaflexin ADCs, as well as methods of using and making these novel conjugates, compositions of matter for Dolaflexin drug conjugates prior to conjugation with the antibody or antibody fragment and methods of making the same. As of January 31, 2022, we owned two issued U.S. patents, 34 issued foreign patent, and 11 pending foreign patent applications in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, South Korea, Mexico, Russia, South Africa and Taiwan. Any U.S. or foreign patent issuing from the pending applications covering Dolaflexin ADC platform is projected to expire in 2034, and any U.S. or foreign patent issuing from the pending applications covering the method of making the Dolaflexin ADC is projected to expire in 2038, excluding any additional term for patent term adjustments or patent term extensions.

UpRi ADC

The intellectual property portfolio for UpRi, our leading NaPi2b ADC product candidate is directed to compositions of matter for our novel ADC based on exclusively in licensed NaPi2b antibody and our Dolaflexin platform, as well as methods of using, making these novel conjugates, methods of administration and companion diagnostics. As of January 31, 2021, we owned four pending non-provisional U.S. patent applications (including one allowed U.S. patent application), 37 pending foreign patent applications, and one pending PCT application directed to the composition of matter for UpRi, methods of using and making

same, companion diagnostics for UpRi ADC and UpRi dosing regimens. We also intend to enter the national/regional phase of the pending PCT patent application in foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, South Korea, Macau, Mexico and South Africa. Any U.S. or foreign patent issuing from the pending applications covering UpRi is projected to expire in 2037, and any U.S. or foreign patent issuing from the pending applications covering UpRi companion diagnostics is projected to expire in 2038, excluding any additional term for patent term adjustments or patent term extensions, and any U.S. or foreign patent issuing from the pending applications covering the UpRi dosing regimens is projected to expire in 2039.

In addition, as mentioned above, we have exclusively in licensed four issued U.S. patents and one issued European patent for the novel NaPi2b antibody from Recepta, which Recepta licensed from Ludwig Institute for Cancer Research. These in licensed issued U.S. and European patents are projected to expire in 2029, excluding any additional term for patent term adjustments or patent term extensions. Recepta still owns one pending Brazilian patent application for the NaPi2b antibody, which is not licensed to us. A patent issuing from this Brazilian patent application is projected to expire in 2029.

Dolasynthen ADC platform

The intellectual property portfolio for our novel Dolasynthen platform is directed to compositions of matter for the novel scaffold and ADCs thereof, as well as methods of using and making these novel conjugates and scaffolds. As of January 31, 2022, we owned one issued U.S. patent, two pending non-provisional U.S. patent application, 30 pending foreign patent applications. in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, Macau, Mexico, South Korea, and Taiwan. Any U.S. or foreign patent issuing from the pending applications covering the novel Dolasynthen platform is projected to expire between 2037 and 2039, excluding any additional term for patent term adjustments or patent term extensions.

XMT-1592 ADC

The intellectual property portfolio for XMT-1592, our other NaPi2b ADC product candidate, is directed to compositions of matter for our novel ADC based on exclusively in licensed NaPi2b antibody and our Dolasynthen platform, as well as methods of using, making, and administration of these novel conjugates. As of January 31, 2022, we owned one pending non-provisional U.S. patent application, three pending foreign patent applications, including Taiwan, and one pending PCT patent application. We intend to enter the national/regional phase of the PCT patent applications in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, Macau, Mexico, South Korea, New Zealand, South Africa, Saudi Arabia, and United Arab Emirates. Any U.S. or foreign patent issuing from the pending applications covering XMT-1592 is projected to expire in 2041, excluding any additional term for patent term adjustments or patent term extensions.

In addition, as described above with respect to NaPi2b antibody, we have exclusively in-licensed four issued U.S. patents and one issued European patent for the novel NaPi2b antibody from Recepta, which Recepta licensed from Ludwig Institute for Cancer Research. These in-licensed issued U.S. and European patents are projected to expire in 2029, excluding any additional term for patent term adjustments or patent term extensions. Recepta still owns one pending Brazilian patent application for the NaPi2b antibody, which is not licensed to us. A patent issuing from this Brazilian patent application is projected to expire in 2029. We have also non-exclusively in-licensed from Synaffix certain patents and patent applications for their proprietary site-specific conjugation technology. These in-licensed Synaffix patents and patent applications are seven issued US patents, four pending non-provisional U.S. patent applications, eight issued foreign patents, one pending PCT patent applications and 14 pending foreign patent applications, in a number of foreign jurisdictions, including, but being not limited to, China, Europe, India, Japan, and Netherlands. These in-licensed issued U.S. and European patents are projected to expire from 2031 to 2040, excluding any additional term for patent term adjustments or patent term extensions.

XMT-1660 ADC

The intellectual property portfolio for XMT-1660, our site-specific B7-H4 ADC product candidate is directed to compositions of matter for our novel ADC based on our novel B7-H4 antibody and our Dolasynthen platform, as well as methods of using, making these novel conjugates and administration of these novel conjugates. As of January 31, 2022, we owned one pending non-provisional U.S. patent application, one pending provisional application, three pending foreign patent applications, including Taiwan, and one pending PCT patent application. We intend to enter the national/regional phase of the PCT patent applications in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, Macau, Mexico, South Korea, New Zealand, South Africa, Saudi Arabia, and United Arab Emirates. Any U.S. or foreign patent issuing from the pending applications covering XMT-1660 is projected to expire in 2042, excluding any additional term for patent term adjustments or patent term extensions.

Immunosynthen ADC platform and XMT-2056

The intellectual property portfolio for our novel Immunosynthen platform is directed to compositions of matter for the novel STING agonists and ADCs thereof, including XMT-2056, our Her-2 ADC development candidate that targets a novel epitope of HER2, as well as methods of using and methods of making these novel payloads and ADCs. As of January 31, 2022, we owned one issued U.S. patent, one pending non-provisional U.S. patent applications, five pending foreign patent applications, including Taiwan, and two pending PCT patent applications related to our the novel STING agonists, and one pending non-provisional U.S. patent application, three pending foreign patent applications, including Taiwan, and one pending PCT patent applications related to our Immunosynthen platform. We intend to enter the national/regional phase of the PCT patent applications in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, Macau, Mexico, South Korea, New Zealand, South Africa, Saudi Arabia, and United Arab Emirates. Any U.S. or foreign patent issuing from the pending applications covering the novel STING agonists is projected to expire between 2040 and 2041, and any U.S. or foreign patent issuing from the pending applications covering the Immunosynthen platform and XMT-2056 is projected to expire in 2041, excluding any additional term for patent term adjustments or patent term extensions.

In addition to the above with respect to XMT-2056 as of January 31, 2022, we owned two issued U.S. patent, one pending non-provisional U.S. patent applications, seven issued foreign patent, and 11 pending foreign patent applications (including one allowed foreign patent application), in a number of foreign jurisdictions, including, but not limited to, Australia, Brazil, Canada, China, Eurasia, Europe, Hong Kong, Israel, India, Japan, Macau, Mexico, South Korea, New Zealand and Taiwan, directed to the novel Her-2 antibody. Any U.S. or foreign patent issuing from the pending applications covering the novel Her-2 antibody is projected to expire in 2035, excluding any additional term for patent term adjustments or patent term extensions.

In addition to patents, we rely upon unpatented trade secrets and know-how and continuing technological innovation to develop and maintain our competitive position. We seek to protect our proprietary information, in part, by executing confidentiality and assignment of inventions agreements with our employees and consultants, which agreements may also include appropriate non-competition and non-solicit agreements depending on level and role, as well as confidentiality agreements with our collaborators and scientific advisors. We have also executed agreements requiring assignment of inventions with selected scientific advisors and collaborators. The confidentiality agreements we enter into are designed to protect our proprietary information and the agreements or clauses requiring assignment of inventions to us are designed to grant us ownership of technologies that are developed through our relationship with the respective counterparty. We cannot guarantee, however, that we will have executed such agreements with all applicable employees and contractors, or that these agreements will afford us adequate protection of our intellectual property and proprietary information rights. Trade secrets and know-how can be difficult to protect. In particular, we anticipate that with respect to our technology platforms, trade secrets and know-how will over time be disseminated within the industry through independent development and public presentations describing the methodology. For more information regarding the risks associated with our trade secrets, please see "Risk factors—Risks related to our intellectual property—Confidentiality agreements with employees and third parties may not prevent unauthorized disclosure of trade secrets and other proprietary information."

Competition

The biotechnology and biopharmaceutical industries, and the oncology subsector, are characterized by rapid evolution of technologies, fierce competition and strong defense of intellectual property. Any product candidates that we successfully develop and commercialize will have to compete with existing therapies and new therapies that may become available in the future. While we believe that our proprietary ADC platforms and scientific expertise provide us with competitive advantages, a wide variety of institutions, including large biopharmaceutical companies, specialty biotechnology companies, academic research departments and public and private research institutions, are actively developing potentially competitive products and technologies. These competitors generally fall within the following categories:

New cancer treatments: Many global pharmaceutical companies, as well as medium and small biotechnology companies, are pursuing new cancer treatments whether small molecules, biologics or ADCs. Any of these treatments could prove to be superior clinically to our products.

ADC platforms: Although Dolaflexin, Dolasynthen, Immunosynthen and other initiatives we have underway are highly differentiated and proprietary, many companies continue to invest in innovation in the ADC field including new payload classes, new conjugation approaches and new targeting moieties. Any of these initiatives could lead to a platform that has superior properties to ours. We are also aware of multiple companies with ADC technologies that may be competitive to our platforms, including Daiichi Sankyo, ImmunoGen, Gilead (Immunomedics), Pfizer and SeaGen. These companies or their

partners, including Astellas, AstraZeneca, AbbVie, Genentech/Roche and Takeda, may develop product candidates which compete in the same indications as our current and future product candidates. Multiple companies are also developing immune stimulating ADCs which could compete with our Immunosynthen products, including Bolt Biotherapeutics, Inc., Takeda, and Silverback Therapeutics, Inc. We expect to compete based on our innovative technology and the efficacy, safety and tolerability profile of our ADCs compared to other product candidates but if our ADCs are not demonstrably superior in these respects, we may not be able to compete effectively.

Ovarian cancer: The first indication that we are targeting for UpRi, our most advanced clinical candidate, is ovarian cancer. There are multiple therapies currently available to treat both newly diagnosed and relapsed ovarian cancer, including platinum agents, non-platinum chemotherapy, PARP inhibitors and bevacizumab. In addition, multiple investigational product candidates are in development to treat these ovarian cancer patients, including the following investigational ADCs: mirvetuximab soravtansine (Immunogen), MORAb-202 (Eisai Co., Ltd. and Bristol Myers Squibb) and STRO-002 (Sutro Biopharma). Our ability to compete effectively with these and other emerging ovarian cancer treatments will depend on our ability to differentiate UpRi from these other therapies based on target patient selection, efficacy and tolerability. If we are unable to effectively differentiate UpRi, this will negatively impact our ability to compete in ovarian cancer.

Many of our competitors, either alone or with strategic partners, have substantially greater financial, technical and human resources than we do. Accordingly, our competitors may be more successful than us in obtaining approval for treatments and achieving widespread market acceptance, rendering our treatments obsolete or non-competitive. Accelerated merger and acquisition activity in the biotechnology and biopharmaceutical industries may result in even more resources being concentrated among a smaller number of our competitors. These companies also compete with us in recruiting and retaining qualified scientific and management personnel, establishing clinical trial sites and patient enrollment for clinical trials and acquiring technologies complementary to, or necessary for, our programs. Smaller or early-stage companies may also prove to be significant competitors, particularly through collaborative arrangements with large and established companies. Our commercial opportunity could be substantially limited in the event that our competitors develop and commercialize products that are more effective, safer, more convenient or less expensive than our comparable products. In geographies that are critical to our commercial success, competitors may also obtain regulatory approvals before us, resulting in our competitors building a strong market position in advance of our products' entry. We believe the factors determining the success of our programs will be the efficacy, safety and tolerability of our product candidates.

Employees and Human Capital

As of January 31, 2022, we had 169 full time employees, including 90 with M.D., Ph.D. or other advanced degrees. Of these full time employees, 128 are engaged in research and development and 41 are engaged in general and administrative activities. None of our employees are represented by a labor union or covered by a collective bargaining agreement. We consider our relationship with our employees to be good.

We believe that our future success largely depends upon our continued ability to attract and retain highly skilled employees. Our human capital objectives include, as applicable, identifying, recruiting, retaining, incentivizing and integrating our existing and additional employees, and focusing on employee well-being and workplace safety. We provide our employees with competitive salaries and bonuses, opportunity for equity ownership, development programs that enable continued learning and growth, and a robust employment package that promotes wellness across all aspects of their lives, including healthcare, retirement planning, and paid time off.

We also believe that fostering diversity, equity, and inclusion is a key element to discovering, developing, and bringing therapies to patients with cancer. As of January 31, 2022, 56% of our global workforce and 40% of our leadership (at the executive director level and above) were female. We strive to build a workforce representative of the communities and patients we serve and to nurture an inclusive culture where all voices are welcomed, heard, and respected.

Facilities

Our corporate headquarters are located in Cambridge, Massachusetts. We occupy approximately 45,000 square feet of office and laboratory space that we lease in the multi-tenant building in which our corporate headquarters are located. Our lease expires in March 2026. We have an option to extend the lease term for an additional five years thereafter. We believe that this office and laboratory space is sufficient to meet our current needs and that suitable additional space will be available as and when needed.

Corporate Information

We were incorporated in 2001 as a Delaware corporation. Our principal executive offices are located at 840 Memorial Drive, Cambridge, MA 02139, and our telephone number is 617-498-0020. Our internet site is www.mersana.com. We routinely make available important information free of charge, including copies of our Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q, Current Reports on Form 8-K and amendments to those reports filed or furnished pursuant to Section 13(a) or 15(d) of the Exchange Act, as soon as reasonably practicable after such reports are electronically filed with, or furnished to, the SEC. We recognize our website as a key channel of distribution to reach public investors and as a means of disclosing material non-public information to comply with our disclosure obligations under SEC Regulation FD. Information contained on our website shall not be deemed incorporated into, or to be part of this Annual Report on Form 10-K, and any website references are not intended to be made through active hyperlinks.

ITEM 1A. RISK FACTORS

The following risk factors and other information included in this Annual Report on Form 10-K should be carefully considered. The risks and uncertainties described below are not the only ones we face. Additional risks and uncertainties not presently known to us or that we currently believe to be immaterial may also adversely affect our business. If any of the following risks occur, our business, financial condition, results of operations and future growth prospects could be materially and adversely affected. We undertake no obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise.

Risks related to development and approval of our ADC product candidates

Failure of a discovery program or product candidate may occur at any stage of preclinical or clinical development, and, because our and our partner's discovery programs and our product candidates are in early stages of preclinical or clinical development, there is a high risk of failure and we or our partners may never succeed in obtaining regulatory approval and generating revenue from such discovery programs or product candidates.

Our early clinical results for UpRi (upifitamab rilsodotin), our lead product candidate, our early preclinical results for XMT-1592 and the early results from preclinical studies or clinical trials of any other current or future product candidates, are not necessarily predictive of the results from our ongoing or future discovery programs, preclinical studies or clinical trials. Promising results in preclinical studies and early encouraging clinical results of a drug candidate may not be predictive of similar results in later-stage preclinical studies or in humans during clinical trials. Many companies in the pharmaceutical and biotechnology industries have suffered significant setbacks in clinical trials after achieving positive results in earlier stages of clinical development, and we cannot be certain that we will not face similar setbacks. These companies' setbacks have been caused by, among other things, preclinical findings made while clinical trials were underway or safety or efficacy events in preclinical or clinical trials, including previously unreported adverse events. Similarly, the design of a clinical trial can determine whether its results will support approval of a product and flaws in the design of a clinical trial may not become apparent until the clinical trial is well advanced.

Any clinical trials that we may conduct may not demonstrate the efficacy and safety necessary to obtain regulatory approval to market our product candidates. In addition, clinical trial results for one of our product candidates or for competitor products utilizing similar technology, may raise concerns about the safety or efficacy of other products in our pipeline. If the results of our ongoing or future clinical trials are inconclusive with respect to the efficacy of our product candidates or if we do not meet the clinical endpoints with statistical significance or if there are safety concerns or adverse events associated with our product candidates, we may be prevented or delayed in obtaining marketing approval for our product candidates. For example, patients in our ongoing Phase 1b/2 clinical trial of UpRi have experienced serious adverse events, including without limitation death, pneumonitis, renal impairment, abdominal pain, fatigue, vomiting, sepsis, and pyrexia. We expect that certain patients in ongoing and future clinical trials will experience additional serious adverse events, including those that may result in death, as our product candidates progress through clinical development.

There can be significant variability in safety or efficacy results between different clinical trials of the same product candidate due to numerous factors, including changes in trial procedures set forth in protocols, differences in the size and type of the patient populations, changes in and adherence to the dosing regimen and other clinical trial protocols and the rate of dropout among clinical trial participants. Moreover, preclinical and clinical data are often susceptible to varying interpretations and analyses, and many companies that believed their product candidates performed satisfactorily in preclinical studies and clinical trials have nonetheless failed to obtain U.S. Food and Drug Administration (FDA) approval. Even if we, or our collaborators, believe that the results of clinical trials of our product candidates warrant marketing approval, the FDA or comparable foreign regulatory authorities may disagree and may not grant marketing approval of our product candidates.

Alternatively, even if we obtain regulatory approval, that approval may be for indications or patient populations that are not as broad as intended or desired or may require labeling that includes significant use or distribution restrictions or safety warnings. We may also be required to perform additional or unanticipated clinical trials to obtain approval or be subject to additional post-marketing testing requirements to maintain regulatory approval. In addition, regulatory authorities may withdraw their approval of a product or impose restrictions on its distribution, such as in the form of a risk evaluation and mitigation strategy (REMS) program. The failure to obtain timely regulatory approval of product candidates, any product marketing limitations or a product withdrawal would negatively impact our business, results of operations and financial condition.

Interim, top-line and preliminary data from our clinical trials that we announce or publish from time to time may change as more patient data become available and are subject to audit and verification procedures that could result in material changes in the final data.

From time to time, we may publish interim, top-line or preliminary data from our clinical trials. Positive preliminary data may not be predictive of such trial's subsequent or overall results. Interim data from clinical trials that we may complete do not necessarily predict final results and are subject to the risk that one or more of the clinical outcomes may materially change as patient enrollment continues and more patient data become available. For example, we have reported interim data from our ongoing Phase 1b/2 clinical trial of UpRi, but we have not yet reported final data from the trial. Preliminary or top-line data also remain subject to audit and verification procedures that may result in the final data being materially different from the preliminary or top-line data we may publish. As a result, interim and preliminary data should be viewed with caution until the final data are available. Adverse differences between preliminary or interim data and final data could significantly harm our business prospects.

We currently have only two ADC product candidates, UpRi and XMT-1592, in clinical trials. A failure of any of our product candidates in clinical development would adversely affect our business and may require us to discontinue development of other ADC product candidates based on the same technology.

UpRi and XMT-1592 are currently our only clinical-stage development product candidates. While we have certain other preclinical programs in development and we intend to develop other product candidates, including XMT-1660 and XMT-2056 each for which we plan to submit investigational new drug, or IND, applications in 2022, it will take additional investment and time for such programs to reach the clinical stage of development. In addition, we have other product candidates in our current pipeline that are based on the same platforms as UpRi and XMT-1592. If either product candidate fails in development as a result of any underlying problem with our platforms, then we may be required to discontinue development of the product candidates that are based on the same technologies. If we were required to discontinue development of UpRi or XMT-1592, or if UpRi or XMT-1592 were to fail to receive regulatory approval or were to fail to achieve sufficient market acceptance, we could be prevented from or significantly delayed in achieving profitability.

Events that may delay or prevent successful commencement, enrollment or completion of clinical trials of our product candidates could result in increased costs to us as well as a delay in obtaining, or failure to obtain, regulatory approval, or cause us to suspend or terminate a clinical trial, which could prevent us from commercializing our product candidates on a timely basis, or at all.

We cannot guarantee that clinical trials, including our ongoing and future anticipated additional clinical trials of UpRi, our lead product candidate, and XMT-1592, will be conducted as planned or completed on schedule, if at all. A failure of one or more clinical trials can occur at any stage of testing, and other events may cause us to temporarily or permanently cease a clinical trial. Events that may prevent successful or timely commencement, enrollment or completion of clinical development include, among others:

- delays in reaching a consensus with regulatory agencies on trial design;
- delays in reaching, or failing to reach, agreement on acceptable terms with prospective clinical research organizations, or CROs, and clinical trial sites;
- difficulties in obtaining required Institutional Review Board, or IRB, or Ethics Committee, or EC, approval at each clinical trial site;
- challenges in recruiting and enrolling suitable patients to participate in clinical trials that meet the criteria of the protocol for the clinical trial;

- imposition of a clinical hold by regulatory agencies or IRBs or ECs for any reason, including safety concerns or after an inspection of clinical operations or trial sites;
- failure by CROs, other third parties or us to adhere to clinical trial requirements;
- failure to perform in accordance with the FDA's good clinical practices, or GCP, or applicable regulatory guidelines in other countries;
- inadequate quantity or quality of a product candidate or other materials necessary to conduct clinical trials, including, for example, delays in the testing, validation, manufacturing or delivery of the product candidates to the clinical sites;
- patients not completing participation in a trials or not returning for post-treatment follow-up, including as a result of the ongoing COVID-19 pandemic;
- expected or unexpected safety issues, including occurrence of serious adverse events, or SAEs, associated with our product candidates in clinical trials that are viewed as outweighing the product candidate's potential benefits or reports may arise from preclinical or clinical testing of other similar cancer therapies that raise safety or efficacy concerns about our product candidates;
- changes in regulatory requirements or guidance that require amending or submitting new clinical protocols or submitting additional data;
- lack of adequate funding to continue the clinical trial; or
- geopolitical or other events that unexpectedly disrupt, delay or generally interfere in regional or worldwide operations of clinical trial sites, clinical vendors or other operations relevant to the conduct of relevant development activities.

Delays, including delays caused by the above factors, can be costly and could negatively affect our ability to complete a clinical trial. If we or our partners are not able to successfully complete clinical trials, we or they will not be able to obtain regulatory approval and will not be able to commercialize our product candidates or our partners' product candidates based on our technology.

An inability to enroll sufficient numbers of patients in our clinical trials could result in increased costs and longer development periods for our product candidates.

Clinical trials require sufficient patient enrollment, which is a function of many factors, including:

- the size and nature of the patient population;
- the severity of the disease under investigation;
- the nature and complexity of the trial protocol, including eligibility criteria for the trial;
- the design of the trial;
- the number of clinical trial sites and the proximity of patients to those sites;
- standard of care in the diseases under investigation;
- the commitment of clinical investigators to identify eligible patients;
- clinicians' and patients' perceptions as to the potential advantages and risks of the drug being studied in relation to other available therapies, including any new drugs that may be approved for the indications we are investigating;
- the risk that patients enrolled in clinical trials will drop out of the trials before completion or, because they are late-stage cancer patients, will not survive the full terms of the clinical trials;

- the ability of our clinical trial sites to continue key activities, such as clinical trial site data monitoring and patient visits, due to limitations on travel imposed or recommended by federal or state governments, employers and others as a result of the COVID-19 pandemic or other worldwide events; and

- the risk that patients may be affected by COVID-19 or measures taken in response to the COVID-19 pandemic and are unable to travel to our clinical trial sites.

In addition, our clinical trials will compete with other clinical trials for product candidates that are in the same therapeutic areas as our current and future product candidates. This competition will reduce the number and types of patients available to us, because some patients who might have opted to enroll in our trials may instead opt to enroll in a trial conducted by one of our competitors. Since the number of qualified clinical investigators is limited, we expect to conduct some of our clinical trials at the same clinical trial sites that some of our competitors use, which will reduce the number of patients who are available for our clinical trials at such sites. Moreover, because our current and future product candidates represent a departure from more commonly used methods for cancer treatment, potential patients and their doctors may be inclined to use conventional therapies, such as chemotherapy, rather than enroll patients in our ongoing or any future clinical trial.

Challenges in recruiting and enrolling suitable patients to participate in clinical trials that meet the criteria of the protocol could increase costs and result in delays to our current development plan for UpRi, our lead product candidate, XMT-1592 or any other current or future product candidate.

Our product candidates or ADCs developed or commercialized by our competitors may cause undesirable side effects or have other properties that halt their clinical development, delay or prevent regulatory approval of our product candidates or limit their commercial potential.

Undesirable side effects caused by our product candidates or ADCs being developed or commercialized by our partners or competitors could cause us or regulatory authorities to interrupt, delay or halt clinical trials and could result in a more restrictive label or the denial of regulatory approval by the FDA or other regulatory authorities and potential product liability claims. Further, clinical trials by their nature utilize a sample of the potential patient population. With a limited number of subjects and limited duration of exposure, rare and severe side effects of our product candidates or those of our competitors may only be uncovered with a significantly larger number of patients exposed to the drug. SAEs, including death, deemed to be caused by our product candidates or those of our competitors, either before or after receipt of marketing approval, could have a material adverse effect on the development of our product candidates and our business as a whole.

Patients in our ongoing clinical trials have experienced SAEs, including without limitation death, pneumonitis, renal impairment, abdominal pain, fatigue, vomiting, sepsis, and pyrexia. We expect that certain patients in ongoing and future trials will experience additional SAEs, including those that may result in death, as our product candidates progress through clinical development. These or additional undesirable side effects caused by our product candidates or those of our competitors, either before or after receipt of marketing approval, could result in a number of potentially significant negative consequences, including:

- our clinical trials may be put on hold;

- treatment-related side effects could affect patient recruitment for our clinical trials;

- we may be unable to obtain regulatory approval for our product candidates;

- regulatory authorities may withdraw or limit their approvals of our product candidates;

- regulatory authorities may require the addition of labeling statements, such as a contraindication, black box warnings or additional warnings;

- the FDA may require development of a REMS with Elements to Assure Safe Use as a condition of approval or post-approval;

- we may decide to remove such product candidates from the marketplace;

- we may be subject to regulatory investigations and government enforcement actions;

- we could be sued and held liable for harm caused to patients; and
- our reputation may suffer.

Any of these events could prevent us from achieving or maintaining market acceptance of our product candidates and could substantially increase commercialization costs.

We may choose not to develop a potential product candidate, or we may suspend or terminate one or more discovery or preclinical programs or our product candidates.

At any time and for any reason, we may determine that one or more of our discovery programs, preclinical programs or product candidates does not have sufficient potential to warrant the allocation of resources toward such program or product candidate. Furthermore, because we have limited financial and personnel resources, we have placed significant focus on the development of our product candidates UpRi and XMT-1592. Accordingly, we may choose not to develop a product candidate or elect to suspend or terminate one or more of our discovery or preclinical programs. If we suspend or terminate a program or product candidate in which we have invested significant resources, we will have expended resources on a program or product candidate that will not provide a full return on our investment. We may also cease developing a product candidate for a particular indication. For example, in November 2021, we determined to cease developing UpRi as a single agent in patients with NSCLC and determined to focus future development on patients with ovarian cancer. As a result, we may have missed an opportunity to have allocated those resources to potentially more productive uses, including existing or future programs or product candidates. If we do not accurately evaluate the commercial potential or target market for a particular future product candidate, we may relinquish valuable rights to future product candidates through collaboration, licensing or other royalty arrangements.

We or our partners may fail to discover and develop additional potential product candidates.

Our and our partners' research programs to identify new product candidates will require substantial technical, financial and human resources, and we or our partners may be unsuccessful in our or their efforts to identify new product candidates. If we or our partners are unable to identify suitable additional product candidates for preclinical and clinical development, our or their ability to develop product candidates and our ability to obtain revenues from commercializing our products or to receive royalties from our partners' sales of their products in future periods could be compromised, which could result in significant harm to our financial position and adversely impact our stock price.

Risks related to our financial position and need for additional capital

We have incurred net losses since our inception, we have no products approved for commercial sale and we anticipate that we will continue to incur substantial operating losses for the foreseeable future. We may never achieve or sustain profitability.

We have incurred net losses since our inception. Our net loss was $170.1 million for the year ended December 31, 2021. As of December 31, 2021, we had an accumulated deficit of $450.5 million. We do not know when or whether we will become profitable. To date, we have not commercialized any products and therefore have never generated any revenues from the sale of products, and we do not expect to generate any product revenues in the foreseeable future. Our losses have resulted principally from costs incurred in our discovery and development activities. Our net losses may fluctuate significantly from quarter to quarter and year to year.

We have devoted most of our financial resources to research and development, including our clinical and preclinical development activities. To date, we have financed our operations primarily with the proceeds from our initial public offering, our follow-on public offerings in 2019 and 2020, the use of our at-the-market, or ATM, equity offering program, and our strategic partnerships. The amount of our future net losses will depend, in part, on the rate of our future expenditures. We have not completed pivotal clinical trials for any product candidate and only have two product candidates in clinical trials. It will be several years, if ever, before we have a product candidate ready for commercialization. Even if we obtain regulatory approval to market a product candidate, our future revenues would depend upon the size of the market or markets in which our product candidates received such approval and our ability to achieve sufficient market acceptance, reimbursement from third-party payors and adequate market share for our product candidates in those markets.

We expect to continue to incur significant expenses and operating losses over the next several years. We anticipate that our expenses will increase significantly in connection with our ongoing activities, as we:

- continue clinical development activities for our clinical product candidates UpRi and XMT-1592;

- develop a diagnostic assay for the NaPi2b biomarker;
- complete IND-enabling studies for our preclinical development candidates XMT-2056 and XMT-1660;
- continue activities to discover, validate and develop additional product candidates;
- obtain marketing approvals for our current and future product candidates for which we complete clinical trials;
- develop a sustainable and scalable manufacturing process for our product candidates, including establishing and maintaining commercially viable supply and manufacturing relationships with third parties;
- address any competing technological and market developments;
- maintain, expand and protect our intellectual property portfolio; and
- hire additional research, development and general and administrative personnel.

If we are required by the FDA or any equivalent foreign regulatory authority to perform clinical trials or preclinical trials in addition to those we currently expect to conduct, or if there are any delays in completing the clinical trials of UpRi, XMT-1592, or any other current or future product candidates, our expenses could increase.

To become and remain profitable, we must succeed in developing our product candidates, obtaining regulatory approval for them, and manufacturing, marketing and selling those products for which we may obtain regulatory approval. We may not succeed in these activities, and we may never generate revenue from product sales or strategic partnerships in an amount sufficient to achieve profitability. Even if we achieve profitability in the future, we may not be able to sustain profitability in subsequent periods. Our failure to become or remain profitable would depress our market value and could impair our ability to raise capital, expand our business, discover or develop other product candidates or continue our operations.

We have a credit facility that requires us to comply with certain operating covenants and places restrictions on our operating and financial flexibility.

In October 2021, we entered into a Loan and Security Agreement, or the New Credit Facility, with Oxford Finance LLC as the collateral agent and a lender, and SVB as a lender, together, the Lenders. Pursuant to the New Credit Facility, as amended in February 2022, we may borrow up to an aggregate of $100 million, which includes $60 million available immediately, $20 million in a tranche that is subject to meeting certain development milestones, and an additional tranche of $20 million, which is subject to conditional approval from the Lenders. The New Credit Facility is secured by substantially all of our personal property owned or later acquired, excluding intellectual property (but including the right to payments and proceeds from intellectual property), and a negative pledge on intellectual property.

The New Credit Facility also includes customary representations and warranties, affirmative and negative covenants and conditions to drawdowns, as well as customary events of default. Certain of the customary negative covenants limit our ability, among other things, to incur future debt, grant liens, make investments, make acquisitions, distribute dividends, make certain restricted payments and sell assets, subject in each case to certain exceptions. Our failure to comply with these covenants would result in an event of default under the Loan Agreement and could result in the acceleration of the obligations we owe pursuant to the New Credit Facility.

We will require substantial additional financing to achieve our goals, and a failure to obtain this necessary capital when needed could force us to delay, limit, reduce or terminate our product development or commercialization efforts.

Our cash and cash equivalents were $177.9 million as of December 31, 2021. We have utilized substantial amounts of cash since our inception and expect that we will continue to expend substantial resources for the foreseeable future developing UpRi, XMT-1592, and any other current or future product candidates. These expenditures may include costs associated with research and development, conducting preclinical studies and clinical trials, potentially obtaining regulatory approvals and manufacturing products, as well as marketing and selling products approved for sale, if any, and potentially acquiring new technologies. In addition, other unanticipated costs may arise. Because the outcome of our planned and anticipated clinical trials is highly uncertain, we cannot reasonably estimate the actual amounts necessary to successfully complete the development and commercialization of our product candidates. Our costs will increase if we experience any delays in our clinical trials for UpRi, XMT-1592 or any other current or future product candidates, including delays in enrollment of patients. We also incur costs associated with operating as a public company, hiring additional personnel and expanding our facilities.

Our future capital requirements depend on many factors, including:

- the scope, progress, results and costs of researching and developing UpRi, XMT-1592 and any other current or future product candidates and conducting preclinical studies and clinical trials;
- the timing of, and the costs involved in, obtaining regulatory approvals for UpRi, XMT-1592 and any other current or future product candidates if preclinical studies and clinical trials are successful;
- the cost of manufacturing UpRi, XMT-1592 and any other current or future product candidates for clinical trials in preparation for regulatory approval and in preparation for commercialization;
- the cost of commercialization activities for UpRi, XMT-1592 and any other current or future product candidates, if any product candidates are approved for sale, including manufacturing, marketing, sales and distribution costs;
- our ability to establish and maintain strategic partnerships, licensing or other arrangements and the financial terms of such agreements;
- the costs involved in preparing, filing, prosecuting, maintaining, defending and enforcing patent claims, including litigation costs and the outcome of such litigation;
- the timing, receipt and amount of sales of, or royalties on, our future products, if any, or products developed by our partners;
- the emergence of competing cancer therapies and other adverse market developments; and
- the requirement for or the cost of developing companion diagnostics and/or complementary diagnostics.

As of December 31, 2021, we had cash and cash equivalents of $177.9 million and, subsequently, we received a $40 million upfront payment under the Janssen Collaboration and $45.6 million of net proceeds received from sales of our common stock under our 2020 ATM. In addition, we currently have the option to borrow $35 million under the New Credit Facility. Taken together, we believe that our current cash and cash equivalents plus the available borrowings under the New Credit Facility will be sufficient to fund our current operating plan commitments into the second half of 2023. However, we have based these estimates on assumptions that may prove to be wrong, and our operating plan may change as a result of many factors currently unknown to us and we may need additional funds sooner than planned. Additional funds may not be available when we need them on terms that are acceptable to us, or at all. Our ability to borrow funds under the New Credit Facility is subject to us complying with the applicable covenants at the time we request a drawdown. If adequate funds are not available to us on a timely basis, we may be required to delay, limit, reduce or terminate preclinical studies, clinical trials or other development activities for one or more of our product candidates or delay, limit, reduce or terminate our establishment of sales and marketing capabilities or other activities that may be necessary to commercialize our product candidates. In addition, we may seek additional capital due to favorable market conditions or strategic considerations even if we believe we have sufficient funds for our current or future operating plans.

Raising additional capital may cause dilution to our existing stockholders, restrict our operations or require us to relinquish rights to our technologies or ADC product candidates.

Until such time, if ever, as we can generate substantial product revenues, we expect to finance our capital need through a variety of means, including through private and public equity offerings, debt financings, collaborations, strategic alliances and licensing arrangements. To the extent that we raise additional capital through the sale of equity or convertible debt securities, the ownership interests of our common stockholders will be diluted, and the terms of such equity or convertible debt securities may include liquidation or other preferences that are senior to or otherwise adversely affect the rights of our common stockholders. Additional debt financing, if available, may involve agreements that include covenants limiting or restricting our ability to take certain actions, such as incurring future debt, making capital expenditures, declaring dividends or encumbering our assets to secure future indebtedness, each of which could adversely impact our ability to conduct our business and execute our operating plan. If we raise additional funds through strategic partnerships with third parties, we may have to relinquish valuable rights to our technologies, including our platforms, or product candidates, or grant licenses on terms that are not favorable to us. If we are unable to raise additional funds through equity or debt financing when needed, we may be required to delay, limit, reduce or terminate our product development or commercialization efforts for UpRi, XMT-1592, or any other current or future product candidates, or grant rights to third parties to develop and market product candidates that we would otherwise prefer to develop and market ourselves.

We may expend our resources to pursue a particular product candidate and fail to capitalize on product candidates that may be more profitable or for which there is a greater likelihood of success.

Because we have limited financial and managerial resources, we focus on specific product candidates. As a result, we may forgo or delay pursuit of opportunities with other product candidates that later prove to have greater commercial potential. Our resource allocation decisions may cause us to fail to capitalize on viable commercial products or profitable market opportunities. Failure to properly assess potential product candidates could result in our focus on product candidates with low market potential, which would harm our business and financial condition. Our spending on current and future research and development programs and product candidates for specific indications may not yield any commercially viable product candidates. If we do not accurately evaluate the commercial potential or target market for a particular product candidate, we may relinquish valuable rights to that product candidate through partnering, licensing or other royalty arrangements in cases in which it would have been more advantageous for us to retain sole development and commercialization rights to such product candidate.

Risks related to our reliance on third parties

Because we rely on third-party manufacturing and supply partners, our supply of research and development, preclinical and clinical development materials may become limited or interrupted or may not be of satisfactory quantity or quality.

We rely on third-party contract manufacturers to manufacture our preclinical and clinical trial product supplies, and we lack the internal resources and the capability to manufacture any product candidates on a clinical or commercial scale. The facilities used by our contract manufacturers to manufacture the active pharmaceutical ingredient and final drug product must be acceptable to the FDA and other comparable foreign regulatory agencies pursuant to inspections that would be conducted after we submit our marketing application or relevant foreign regulatory submission to the applicable regulatory agency. There can be no assurance that our preclinical and clinical development product supplies will be sufficient, uninterrupted or of satisfactory quality or continue to be available at acceptable prices. If our contract manufacturers cannot successfully manufacture material that conforms to our specifications and the strict regulatory requirements of the FDA or applicable foreign regulatory agencies, they will not be able to secure or maintain regulatory approval for their manufacturing facilities. Any replacement of our manufacturers could require significant effort and expertise because there may be a limited number of qualified replacements.

The manufacturing process for a product candidate is subject to FDA and foreign regulatory authority review. Suppliers and manufacturers must meet applicable manufacturing requirements and undergo rigorous facility and process validation tests required by regulatory authorities in order to comply with regulatory standards, such as cGMP. We have no direct control over our contract manufacturers' ability to maintain adequate quality control, quality assurance and qualified personnel. In the event that any of our manufacturers fails to comply with regulatory requirements or to perform its obligations to us in relation to quality, timing or otherwise, or if our supply of components or other materials becomes limited or interrupted for other reasons, we may be forced to manufacture the materials ourselves, for which we currently do not have the capabilities or resources, or enter into an agreement with another third party, which we may not be able to do on reasonable terms, if at all. In some cases, the technical skills or technology required to manufacture our product candidates may be unique or proprietary to the original manufacturer and we may have difficulty transferring such skills or technology to another third party and a feasible alternative may not exist. These factors would increase our reliance on such manufacturer or require us to obtain a license from such manufacturer in order to have another third-party manufacture our product candidates. If we are required to change manufacturers for any reason, we will be required to verify that the new manufacturer maintains facilities and procedures that comply with quality standards and with all applicable regulations and guidelines. The delays associated with the verification of a new manufacturer could negatively affect our ability to develop product candidates in a timely manner or within budget. Our reliance on contract manufacturers also exposes us to the possibility that they, or third parties with access to their facilities, will have access to and may appropriate our trade secrets or other proprietary information.

We expect to continue to rely on third-party manufacturers if we receive regulatory approval for any product candidate. To the extent that we have existing, or enter into future, manufacturing arrangements with third parties, we will depend on these third parties to perform their obligations in a timely manner consistent with contractual and regulatory requirements, including those related to quality control and assurance. If we are unable to obtain or maintain third-party manufacturing for product candidates, or to do so on commercially reasonable terms, we may not be able to develop and commercialize our product candidates successfully. Our or a third party's failure to execute on our manufacturing requirements and comply with cGMP could adversely affect our business in a number of ways, including:

- a delay or inability to initiate or continue clinical trials of product candidates under development;
- delay in submitting regulatory applications, or delay or failure to receive regulatory approvals, for product candidates;

- loss of the cooperation of an existing or future strategic partner;
- subjecting third-party manufacturing facilities or our manufacturing facilities to additional inspections by regulatory authorities;
- a requirement to cease distribution or to recall batches of our product candidates;
- in the event of approval to market and commercialize a product candidate, an inability to meet commercial demands for our products; and
- fines, adverse publicity, and civil and criminal enforcement and sanctions.

We, or our third-party manufacturers, may be unable to successfully scale-up manufacturing of our ADC product candidates in sufficient quality and quantity, which would delay or prevent us from developing our ADC product candidates and commercializing approved products, if any.

In order to conduct clinical trials of our product candidates and commercialize any approved product candidates, we, or our manufacturing partners, will need to manufacture them in large quantities. We, or our manufacturing partners, may be unable to successfully increase the manufacturing capacity for any of our product candidates in a timely or cost-effective manner, or at all. In addition, quality issues may arise during scale-up activities. If we, or any manufacturing partners, are unable to successfully scale up the manufacture of our product candidates in sufficient quality and quantity, the development, testing and clinical trials of that product candidate may be delayed or infeasible, and regulatory approval or commercial launch of any resulting product may be delayed or not obtained, which could significantly harm our business. We have evaluated which third-party manufacturers to engage for scale-up to commercial supply of our product candidates, including UpRi and XMT-1592, and we have begun to transfer and scale-up certain manufacturing activities. If we are unable to obtain or maintain third-party manufacturing for commercial supply of our product candidates, or to do so on commercially reasonable terms, we may not be able to develop and commercialize our product candidates successfully.

We rely on third parties to conduct preclinical studies and clinical trials for UpRi and XMT-1592 and if such third parties do not properly, timely and successfully perform their obligations to us, we may not be able to obtain regulatory approvals for UpRi, XMT-1592, or any other current or future ADC product candidates.

We designed the ongoing clinical trials for UpRi and XMT-1592, and we intend to design any future clinical trials for any future unpartnered product candidates that we may develop if preclinical studies are successful. However, we rely on CROs, clinical sites, investigators and other third parties to assist in managing, monitoring and otherwise carrying out many of these trials. As a result, we have less direct control over the conduct, timing and completion of these clinical trials and the management of data developed through clinical trials than would be the case if we were relying entirely upon our own staff. These CROs, investigators and other third parties are not our employees and we have limited control over the amount of time and resources that they dedicate to our programs. We compete with many other companies for the resources of these third parties. These third parties may have contractual relationships with other entities, some of which may be our competitors, which may draw time and resources from our programs. The third parties with whom we contract might not be diligent, careful or timely in conducting our preclinical studies or clinical trials, or complying with cGLP or cGCP, as applicable, resulting in the preclinical studies or clinical trials being delayed or unsuccessful.

The third parties on whom we rely generally may terminate their engagements at any time, and having to enter into alternative arrangements would delay development and commercialization of our product candidates. Communicating with outside parties can also be challenging, potentially leading to mistakes as well as difficulties in coordinating activities. Outside parties may:

- have staffing difficulties;
- fail to comply with contractual obligations;
- experience regulatory compliance issues;
- undergo changes in priorities or become financially distressed; or
- form relationships with other entities, some of which may be our competitors.

The FDA and comparable foreign regulatory authorities require compliance with regulations and standards, including GCP, for designing, conducting, monitoring, recording, analyzing and reporting the results of clinical trials to assure that the data and results are credible and accurate and that the rights, integrity and confidentiality of trial participants are protected. Although we rely, and intend to continue to rely, on third parties to conduct our clinical trials, they are not our employees, and we are responsible for ensuring that each of these clinical trials is conducted in accordance with its general investigational plan, protocol and other requirements. Our reliance on these third parties for research and development activities will reduce our control over these activities but will not relieve us of our responsibilities. For any violations of laws and regulations during the conduct of our clinical trials, we could be subject to untitled and warning letters or enforcement action that may include civil penalties up to and including criminal prosecution.

If these third parties do not successfully carry out their duties under their agreements, if the quality or accuracy of the data they obtain is compromised due to their failure to adhere to clinical trial protocols or to regulatory requirements, or if they otherwise fail to comply with clinical trial protocols or meet expected deadlines, the clinical trials of our product candidates may not meet regulatory requirements. The FDA enforces GCP regulations through periodic inspections of clinical trial sponsors, principal investigators and trial sites. If we or our CROs fail to comply with applicable GCPs or other regulatory requirements, the clinical data generated in our clinical trials may be deemed unreliable, third parties may need to be replaced, we may be subject to negative publicity, fines and civil or criminal sanctions, and preclinical development activities or clinical trials may be extended, delayed, suspended or terminated. If any of these events occur, we may not be able to obtain regulatory approval of our product candidates on a timely basis or at all.

We depend on strategic partnerships with other companies to assist in the research, development and commercialization of our ADC platforms and ADC product candidates. If our existing partners do not perform as expected, this may negatively affect our ability to commercialize our ADC product candidates, generate revenues through technology licensing, or otherwise negatively affect our business.

We have established strategic partnerships and intend to continue to establish strategic partnerships with third parties to research, develop and commercialize our platforms and existing and future product candidates. In February 2022, we entered into a collaboration agreement with Janssen Biotech, Inc. for the research, development and commercialization of ADC candidates leveraging our Dolasynthen platform. We had also entered into a collaboration agreement with Merck KGaA for the development and commercialization of ADC candidates leveraging our Dolaflexin platform. Under these collaborations, we will depend on our partners to design and conduct their clinical trials. As a result, we will not be able to control or oversee the conduct of these programs by our partners and those programs may not be successful, which may negatively impact our business operations. In addition, if any of these partners withdraw support for these programs or proposed products or otherwise impair their development or experience negative results, our business and our product candidates could be negatively affected.

Our partners may terminate their agreements with us for cause under certain circumstances or at will in certain cases and discontinue use of our technologies. In addition, we cannot control the amount and timing of resources our partners may devote to products utilizing or incorporating our technology. Moreover, our relationships with our partners may divert significant time and effort of our scientific staff and management team and require effective allocation of our resources to multiple internal and collaborative projects. Our partners may fail to perform their obligations under the collaboration agreements or may not perform their obligations in a timely manner. If conflicts arise between our partners and us, the other party may act in a manner adverse to us and could limit our ability to implement our strategies. If any of our partners terminate or breach our agreements with them, or otherwise fail to complete their obligations in a timely manner, it may have a detrimental effect on our financial position by reducing or eliminating the potential for us to receive technology access and license fees, milestones and royalties, reimbursement of development costs, as well as possibly requiring us to devote additional efforts and incur costs associated with pursuing internal development of product candidates. Furthermore, if our partners do not prioritize and commit sufficient resources to programs associated with our product candidates or collaboration product candidates, we or our partners may be unable to commercialize these product candidates, which would limit our ability to generate revenue and become profitable.

Our partners may separately pursue competing products, therapeutic approaches or technologies to develop treatments for the diseases targeted by us or our partners. Competing products, either developed by the partners or to which the partners have rights, may result in the withdrawal of partner support for our product candidates. Even if our partners continue their contributions to the strategic partnerships, they may nevertheless determine not to actively pursue the development or commercialization of any resulting products. Additionally, if our partners pursue different clinical or regulatory strategies with their product candidates based on our platforms or technologies, adverse events with their product candidates could negatively affect our product candidates utilizing similar technologies. Any of these developments could harm our product development efforts.

To date, we have depended on a small number of partners for a substantial portion of our revenue. The loss of any one of these partners could result in a material decline in our revenue.

We have entered into strategic partnerships with a limited number of companies. To date, a substantial portion of our revenue has resulted from payments made under agreements with our strategic partners, and we expect that a portion of our revenue will continue to come from strategic partnerships. The loss of any of our partners, or the failure of our partners to perform their obligations under their agreements with us, including paying license or technology fees, milestone payments, royalties or reimbursements, could have a material adverse effect on our financial performance. Payments under our existing and future strategic partnerships are also subject to significant fluctuations in both timing and amount, which could cause our revenue to fall below the expectations of securities analysts and investors and cause a decrease in our stock price.

We may seek to establish additional strategic partnerships, and if we are not able to establish them on commercially reasonable terms, or maintain them, we may have to alter our development and commercialization plans.

We continue to strategically evaluate our partnerships and, as appropriate, we expect to enter into additional strategic partnerships in the future, including potentially with major biotechnology or biopharmaceutical companies. We face significant competition in seeking appropriate partners for our product candidates, and the negotiation process is time-consuming and complex. In order for us to successfully partner our product candidates, potential partners must view these product candidates as economically valuable in markets they determine to be attractive in light of the terms that we are seeking and other available products for licensing by other companies. Even if we are successful in our efforts to establish strategic partnerships, the terms that we agree upon may not be favorable to us, and we may not be able to maintain such strategic partnerships if, for example, development or approval of a product candidate is delayed or sales of an approved product are disappointing. Any delay in entering into strategic partnership agreements related to our product candidates could delay the development and commercialization of such candidates and reduce their competitiveness even if they reach the market. If we are not able to generate revenue under our strategic partnerships when and in accordance with our expectations or the expectations of industry analysts, this failure could harm our business and have an immediate adverse effect on the trading price of our common stock.

If we fail to establish and maintain additional strategic partnerships related to our unpartnered product candidates, we will bear all of the risk and costs related to the development of any such product candidate, and we may need to seek additional financing, hire additional employees and otherwise develop expertise, such as regulatory expertise, for which we have not budgeted. If we were not successful in seeking additional financing, hiring additional employees or developing additional expertise, our cash burn rate would increase or we would need to take steps to reduce our rate of product candidate development. This could negatively affect the development of any unpartnered product candidate.

Risks related to commercialization of our ADC product candidates

Our future commercial success depends upon attaining significant market acceptance of our ADC product candidates, if approved, among physicians, patients and health care payors.

Even if we obtain regulatory approval for UpRi, XMT-1592, or any other current or future product candidates that we may develop or acquire in the future, the product candidate may not gain market acceptance among physicians, health care payors, patients and the broader healthcare community. Market acceptance of any approved products depends on a number of factors, including:

- the efficacy and safety of the product, as demonstrated in clinical trials;
- the indications for which the product is approved and the label approved by regulatory authorities for use with the product, including any warnings that may be required on the label;
- acceptance by physicians and patients of the product as a safe and effective treatment;
- the cost, safety and efficacy of treatment in relation to alternative treatments;
- the availability of adequate reimbursement and pricing by third-party payors and government authorities;
- relative convenience and ease of administration;
- the prevalence and severity of adverse side effects; and

Schedule A

Durable Automatic Sale Instruction

This Durable Automatic Sale Instruction is being delivered to Mersana Therapeutics, Inc. (the "**Company**") by the undersigned on the date set forth below.

I hereby acknowledge that the Company has granted, or may in the future from time to time grant, to me restricted stock units ("**RSUs**") under the Company's equity incentive plans as in effect from time to time.

I acknowledge that upon the vesting dates applicable to any such RSUs, I will have compensation income equal to the fair market value of the shares of the Company's common stock subject to the RSU that vest on such date and that the Company is required to withhold income and employment taxes in respect of that compensation income on the applicable vesting date.

I desire to establish a process to satisfy such withholding obligation in respect of all RSUs that have been, or may in the future be, granted by the Company to me through an automatic sale of a portion of the shares of the Company's common stock that would otherwise be issued to me on each applicable vesting date, such portion to be in an amount sufficient to satisfy such withholding obligation, with the proceeds of such sale delivered to the Company in satisfaction of such withholding obligation.

I understand that the Company has arranged for the administration and execution of its equity incentive plans and the sale of securities by plan participants thereunder pursuant to an Internet-based platform administered by a third party (the "**Agent**") and the Agent's designated brokerage partner.

Upon any vesting of my RSUs from and after the date of this Durable Automatic Sale Instruction, I hereby appoint the Agent (or any successor administrator) to automatically sell such number of shares of the Company's common stock issuable with respect to my RSUs that vest as is sufficient to generate net proceeds sufficient to satisfy the Company's minimum statutory withholding obligations with respect to the income recognized by me upon the vesting of the RSUs (based on minimum statutory withholding rates for all tax purposes, including payroll and social security taxes, that are applicable to such income), and the Company shall receive such net proceeds in satisfaction of such tax withholding obligation.

I hereby appoint the Chief Executive Officer, the Chief Financial Officer, the Chief Legal Officer and the Treasurer, and any of them acting alone and with full power of substitution, to serve as my attorneys in fact to arrange for the sale of shares of common stock in accordance with these durable automatic sale instructions. I agree to execute and deliver such documents, instruments and certificates as may reasonably be required in connection with the sale of the shares of common stock pursuant to these durable automatic sale instructions.

By signing below, I hereby represent to the Company that, as of the date hereof, I am not aware of any material nonpublic information about the Company or its common stock and that I am not prohibited from entering into these durable automatic sale instructions by the Company's insider trading policy or otherwise. I have structured these automatic sale instructions to constitute a "binding contract" relating to the sale of common stock, consistent with the affirmative defense to liability under Section 10(b) of the Securities Exchange Act of 1934 under Rule 10b5-1(c) promulgated under such Act.

Exhibit 10.30

Name:	**[•]**
Number of Shares of Stock subject to the Stock Option:	**[•]**
Exercise Price Per Share:	**$[•]**
Date of Grant:	**[•]**
Vesting Commencement Date	**[•]**

MERSANA THERAPEUTICS, INC.
2022 INDUCEMENT STOCK INCENTIVE PLAN

NON-STATUTORY STOCK OPTION AGREEMENT

This agreement (this "**Agreement**") evidences a stock option granted by the Company to the individual named above (the "**Optionee**"), pursuant to and subject to the terms of the Mersana Therapeutics, Inc. 2022 Inducement Stock Incentive Plan (as from time to time amended and in effect, the "**Plan**").

1. Meaning of Certain Terms. Except as otherwise defined herein, all capitalized terms used herein have the same meaning as in the Plan. The following terms have the following meanings:

(a) "**Beneficiary**": In the event of the Optionee's death, the beneficiary named in the written designation (in a form acceptable to the Administrator) most recently filed with the Administrator by the Optionee prior to the Optionee's death and not subsequently revoked, or, if there is no such designated beneficiary, the executor or administrator of the Optionee's estate. An effective beneficiary designation will be treated as having been revoked only upon receipt by the Administrator, prior to the Optionee's death, of an instrument of revocation in a form acceptable to the Administrator.

(b) "**Option Holder**": The Optionee or, if at the relevant time the Stock Option has passed to a Beneficiary, the Beneficiary.

2. Grant of Stock Option. In consideration of the employment services to be rendered to the Company by the Optionee and as an inducement material for the Optionee to enter into employment with the Company, the Company grants to the Optionee on the date set forth above (the "**Date of Grant**") an option (the "**Stock Option**") to purchase, pursuant to and subject to the terms set forth in this Agreement and in the Plan, up to the number of shares of Stock set forth above (the "**Shares**"), with an exercise price per Share as set forth above, in each case, subject to adjustment pursuant to Section 7 of the Plan in respect of transactions occurring after the date hereof.

The Stock Option evidenced by this Agreement is a non-statutory option (that is, an option that does not qualify as an incentive stock option under Section 422 of the Code) and is granted to the Optionee pursuant to the inducement grant exception under Nasdaq Stock Market Rule 5635(c)(4), as an inducement that is material to the Optionee's entering into employment with the Company.

3. Vesting; Method of Exercise; Cessation of Service.

(a) Vesting. The term "**vest**" as used herein with respect to the Stock Option or any portion thereof means to become exercisable and the term "**vested**" as applied to any outstanding Stock Option means that the Stock Option is then exercisable, subject, in each case, to the terms of the Plan. [Unless earlier terminated, forfeited, relinquished or expired, the Stock Option will vest as to 25% of the Shares underlying such Stock Option upon the first anniversary of the Vesting Commencement Date, and as to 6.25% of the Shares underlying such Stock Option on the last day of each three month period thereafter, in each case, with the number of Shares that vest on any such date being rounded down to

the nearest whole share and the Stock Option becoming vested as to 100% of the Shares on the fourth anniversary of the Vesting Commencement Date][1], subject, in each case, to the Optionee remaining in continuous Service from the date of this Agreement through such vesting date.

(b) Exercise of the Stock Option. No portion of the Stock Option may be exercised until such portion vests. Each election to exercise any vested portion of the Stock Option will be subject to the terms and conditions of the Plan and must be in written or electronic form acceptable to the Administrator, signed (including by electronic signature) by the Option Holder (or in such other form as is acceptable to the Administrator). Each such written or electronic exercise election must be received by the Company at its principal office or by such other party as the Administrator may prescribe and be accompanied by payment in full of the exercise price as provided in the Plan. The latest date on which the Stock Option or any portion thereof may be exercised is the 10th anniversary of the Date of Grant (the "**Final Exercise Date**") and, if not exercised by such date, the Stock Option or any remaining portion thereof will thereupon immediately terminate.

(c) Cessation of Service. If the Optionee's Service ceases, except as expressly provided for in an employment or other individual agreement between the Optionee and the Company or its Affiliate, the Stock Option, to the extent not already vested, will be immediately forfeited, and any vested portion of the Stock Option that is then outstanding will be treated as provided in the Plan.

4. Forfeiture; Recovery of Compensation.

(a) The Stock Option, and the proceeds from the exercise or disposition of the Stock Option or the Shares, will be subject to forfeiture and disgorgement to the Company, with interest and related earnings, if at any time the Optionee is not in compliance with all applicable provisions of this Agreement and the Plan.

(b) By accepting, or being deemed to have accepted, the Stock Option, the Optionee expressly acknowledges and agrees that his or her rights, and those of any permitted transferee of the Stock Option, under the Stock Option, including the right to any Stock acquired under the Stock Option or proceeds from the disposition thereof, are subject to Section 6(a)(4) of the Plan (including any successor provision). Nothing in the preceding sentence may be construed as limiting the general application of Section 8 of this Agreement.

5. Nontransferability. The Stock Option may not be transferred except as expressly permitted under Section 6(a)(2) of the Plan.

6. Withholding. The exercise of the Stock Option will give rise to "wages" subject to withholding. The Optionee expressly acknowledges and agrees that the Optionee's rights hereunder, including the right to be issued Shares upon exercise, are subject to the Optionee promptly paying to the Company in cash or by check (or by such other means as may be acceptable to the Administrator) all taxes required to be withheld. No Shares will be issued pursuant to the exercise of the Stock Option unless and until the person exercising the Stock Option has remitted to the Company an amount in cash sufficient to satisfy any federal, state, or local withholding tax requirements, or has made other arrangements satisfactory to the Company with respect to such taxes. The Optionee authorizes the Company and its subsidiaries to withhold such amount from any amounts otherwise owed to the Optionee, but nothing in this sentence may be construed as relieving the Optionee of any liability for satisfying his or her obligation under the preceding provisions of this Section.

7. Effect on Service. Neither the grant of the Stock Option, nor the issuance of Shares upon exercise of the Stock Option, will give the Optionee any right to be retained in the employ or service of the Company or any of its subsidiaries, affect the right of the Company or any of its subsidiaries to

[1] Vesting to be specified based on terms of grant.

terminate the Optionee's Service at any time, or affect any right of the Optionee to terminate his or her Service at any time.

8. Provisions of the Plan. This Agreement is subject in its entirety to the provisions of the Plan, which are incorporated herein by reference. A copy of the Plan as in effect on the Date of Grant has been furnished or made available to the Optionee. By accepting, or being deemed to have accepted, all or any part of the Stock Option, the Optionee agrees to be bound by the terms of the Plan and this Agreement. In the event of any conflict between the terms of this Agreement and the Plan, the terms of the Plan will control.

9. Acknowledgements. The Optionee acknowledges and agrees that (i) this Agreement may be executed in two or more counterparts, each of which will be an original and all of which together will constitute one and the same instrument, or, alternatively, may be acknowledged electronically in the Company's designated electronic equity management system, (ii) this Agreement may be executed and exchanged using facsimile, portable document format (PDF) or electronic signature, which, in each case, will constitute an original signature for all purposes hereunder, and (iii) such signature by the Company will be binding against the Company and will create a legally binding agreement when this Agreement is countersigned by the Optionee.

[Signature page follows.]

The Company, by its duly authorized officer, and the Optionee have executed this Agreement as of the Date of Grant.

MERSANA THERAPEUTICS, INC.
By: _____
Name: _____
Title: _____

Agreed and Accepted:
By _____
[Optionee's Name]

Exhibit 21.1

Subsidiaries of the Registrant

Entity	State of Incorporation or Organization
Mersana Securities Corp.	Massachusetts

Exhibit 23.1

Consent of Independent Registered Public Accounting Firm

We consent to the incorporation by reference in the following Registration Statements:

(1) Registration Statement (Form S-3 No. 333-260895) of Mersana Therapeutics, Inc. and in the related Prospectus,
(2) Registration Statement (Form S-3 No. 333-238140) of Mersana Therapeutics, Inc. and in the related Prospectus,
(3) Registration Statement (Form S-8 No. 333-255975) pertaining to the Mersana Therapeutics, Inc. 2017 Stock Incentive Plan and Inducement Stock Option Awards,
(4) Registration Statement (Form S-8 No. 333-236775) pertaining to the Mersana Therapeutics, Inc. 2017 Stock Incentive Plan and the Mersana Therapeutics, Inc. 2017 Employee Stock Purchase Plan,
(5) Registration Statement (Form S-8 No. 333-230159) pertaining to the Mersana Therapeutics, Inc. 2017 Stock Incentive Plan and the Mersana Therapeutics, Inc. 2017 Employee Stock Purchase Plan,
(6) Registration Statement (Form S-8 No. 333-222845) pertaining to the Mersana Therapeutics, Inc. 2017 Stock Incentive Plan, and
(7) Registration Statement (Form S-8 No. 333-219388) pertaining to the Mersana Therapeutics, Inc. 2007 Stock Incentive Plan, as amended, the Mersana Therapeutics, Inc. 2017 Stock Incentive Plan and the Mersana Therapeutics, Inc. 2017 Employee Stock Purchase Plan;

of our report dated February 28, 2022, with respect to the consolidated financial statements of Mersana Therapeutics, Inc. and the effectiveness of internal control over financial reporting of Mersana Therapeutics, Inc. included in this Annual Report (Form 10-K) of Mersana Therapeutics, Inc. for the year ended December 31, 2021.

/s/ Ernst & Young LLP

Boston, Massachusetts
February 28, 2022

Exhibit 31.1

CERTIFICATIONS

I, Anna Protopapas, certify that:

1. I have reviewed this Annual Report on Form 10-K of Mersana Therapeutics, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report), that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: February 28, 2022

By: /s/ Anna Protopapas

Anna Protopapas
President and Chief Executive Officer
(Principal Executive Officer)

Exhibit 31.2

CERTIFICATIONS

I, Brian DeSchuytner, certify that:

1. I have reviewed this Annual Report on Form 10-K of Mersana Therapeutics, Inc.;

2. Based on my knowledge, this report does not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading with respect to the period covered by this report;

3. Based on my knowledge, the financial statements, and other financial information included in this report, fairly present in all material respects the financial condition, results of operations and cash flows of the registrant as of, and for, the periods presented in this report;

4. The registrant's other certifying officer and I are responsible for establishing and maintaining disclosure controls and procedures (as defined in Exchange Act Rules 13a-15(e) and 15d-15(e)) and internal control over financial reporting (as defined in Exchange Act Rules 13a-15(f) and 15d-15(f)) for the registrant and have:

   a) Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under our supervision, to ensure that material information relating to the registrant, including its consolidated subsidiaries, is made known to us by others within those entities, particularly during the period in which this report is being prepared;

   b) Designed such internal control over financial reporting, or caused such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;

   c) Evaluated the effectiveness of the registrant's disclosure controls and procedures and presented in this report our conclusions about the effectiveness of the disclosure controls and procedures, as of the end of the period covered by this report based on such evaluation; and

   d) Disclosed in this report any change in the registrant's internal control over financial reporting that occurred during the registrant's most recent fiscal quarter (the registrant's fourth fiscal quarter in the case of an annual report), that has materially affected, or is reasonably likely to materially affect, the registrant's internal control over financial reporting; and

5. The registrant's other certifying officer and I have disclosed, based on our most recent evaluation of internal control over financial reporting, to the registrant's auditors and the audit committee of the registrant's board of directors (or persons performing the equivalent functions):

   (a) All significant deficiencies and material weaknesses in the design or operation of internal control over financial reporting which are reasonably likely to adversely affect the registrant's ability to record, process, summarize and report financial information; and

   (b) Any fraud, whether or not material, that involves management or other employees who have a significant role in the registrant's internal control over financial reporting.

Date: February 28, 2022

By: /s/ Brian DeSchuytner
Brian DeSchuytner
Chief Financial Officer
(Principal Financial Officer)

Exhibit 32.1

CERTIFICATIONS OF CEO AND CFO PURSUANT TO 18 U.S.C. SECTION 1350, AS ADOPTED PURSUANT TO SECTION 906 OF THE SARBANES-OXLEY ACT OF 2002

In connection with this Annual Report on Form 10-K of Mersana Therapeutics, Inc. (the "Company") for the year ended December 31, 2021 as filed with the Securities and Exchange Commission on the date hereof (the "Report"), each of the undersigned officers of the company, hereby certifies, pursuant to Section 1350 of Chapter 63 of Title 18, United States Code, that to the best of her or his knowledge:

(1) the Report fully complies with the requirements of Section 13(a) or 15(d) of the Securities Exchange Act of 1934; and

(2) the information contained in the Report fairly presents, in all material respects, the financial condition and results of operations of the Company.

Date: February 28, 2022

By: /s/ Anna Protopapas
Anna Protopapas
President and Chief Executive Officer
(Principal Executive Officer)

Date: February 28, 2022

By: /s/ Brian DeSchuytner
Brian DeSchuytner
Chief Financial Officer
(Principal Financial Officer)

May 3, 2023

Via Fed Ex

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV, 89521

To Whom It May Concern:

On behalf of Mersana Therapeutics, attached is Mersana's application for initial state licensure.

Mersana Therapeutics, Inc. ("Mersana") is a publicly held, Massachusetts-based, biopharmaceutical company specializing in the discovery and development of antibody-drug conjugate (ADC) therapies to treat patients fighting cancer.

Mersana is a Virtual Manufacturer whose products are manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. At no time is commercial product manufactured at, stored at, or distributed from Mersana's office. Mersana 's product is NOT a controlled substance. Accordingly, Mersana is not required to obtain a DEA registration. At the time of this filing, Mersana only holds a license in their home state of MA.

I hope this narrative is helpful as you review 's application. If you have a question regarding this application, please contact me at 614-657-5532 or via email at ryan.rainey@twolabs.com. Please also address all written communication to me. My address is 4978 Taunton Way, Columbus, OH 43228.

Thank you in advance for your consideration.

Ryan Rainey
Licensing Analyst
PharmaLicense

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Moderna US, Inc.

Physical Address: 5 Vaughn Street

City: Princeton State: NJ Zip: 08540

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 1-866-663-3762 Website: https://modernatx.com/

Name of Designated Representative (DR): David Jimenez Lopez

Licensing Company Email: Rebecca.McLaughlin@modernatx.com DR Email: david.jimenezlopez@modernatx.com

Entities the Wholesaler will Serve (☑ all applicable)	Products to be Handled or Wholesaled (☑ all applicable)	Type of Wholesaling (☑ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: Legend pharmaceuticals injectables and vaccines.	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Distributors		☑ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Catalent Indiana, LLC
Address: 1300 S. Patterson Drive City: Bloomington State: IN Zip: 47403
Name: Thermo Fisher Scientific
Address: 5900 Martin Luther King Jr Hwy City: Greenville State: NC Zip: 27834
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): Moderna, Inc.
Corporation Name: Moderna US, Inc.
Mailing Address: 200 Technology Square, Suite 300
City: Cambridge State: MA Zip: 02139
Telephone: 1-866-663-3762 Email: Rebecca.McLaughlin@modernatx.com
Contact Person Name: Rebecca McLaughlin

Date of SEC Registration: 11/09/2018 | SEC Registration Number: S333-228300 | Stock Exchange Symbol: MRNA (NASDAQ)

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification *DDA is pending 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Moderna US, Inc.

Facility Name

David Jimenez Lopez, President/Designated Representative

Print Name of Authorized Person Submitting Application

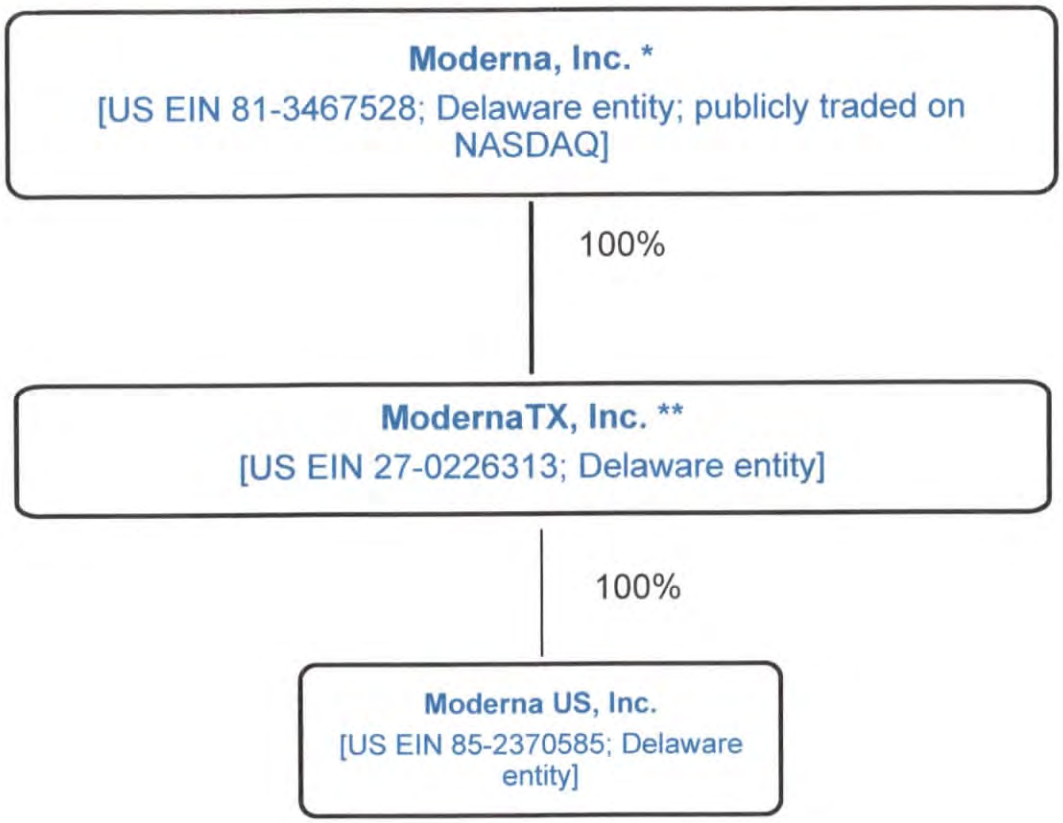
Original signature of Authorized Person (copies or stamps not accepted)

March 9, 2023

Date

Board Use Only	Date Received: 4-13-23	Amount: 1000.00 CK-1000000491

Moderna US Corporate Structure



Note: no shareholder of Moderna, Inc. owns more than 25% of outstanding shares

Confidential. Exempt from Freedom of Information Act and similar state requests.

Confidential and Proprietary - Moderna Therapeutics

moderna

Moderna US, Inc. Officers

US Officer Role	Name	Email
President	David Jimenez Lopez	david.jimenezlopez@modernatx.com
Vice-President	Albert Thomas	albert.thomas@modernatx.com
Vice President	Pedro Sanz Sainz	pedro.sanz.sainz@modernatx.com
Treasurer	Christoph Brackmann	christoph.brackmann@modernatx.com
Secretary	Brian Sandstrom	brian.sandstrom@modernatx.com
Assistant Treasurer	Paul Baranello	paul.baranello@modernatx.com
Assistant Secretary	Daphne Van Demeerssche	daphne.vandemeerssche@modernatx.com

NDC/NHR IC Labeler Code	Firm Name
80777	Moderna US, Inc.

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **Moderna**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
ModernaTX, Inc.	3014937058	116912313	ANALYSIS; API MANUFACTURE;	One Moderna Way, Norwood, Massachusetts (MA) 02062, United States (USA)	12/31/2023

Showing 1 to 1 of 1 entries
Previous1Next
Data Current through: Thursday, Apr 13, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

PARENT COMPANY

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MODERNA US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF SEPTEMBER, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

3088909 8300

SR# 20223411497

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204296367

Date: 09-01-22

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 4/13/2023

Registration Number: 5006265 **Registered as:** Wholesale

Name: MODERNA US, INC.

DBA:

Address: 5 VAUGHN ST, PRINCETON, NJ 08540

Original Issue Date: 04/05/2023 **Expiration Date:** 01/31/2024

Current Issue Date: 04/05/2023

Disciplines: No

Moderna US, Inc.
Statement on Resident State License

Moderna US, Inc.'s virtual manufacturing facility is located in New Jersey. The New Jersey Drug and Device Registration office has issued a Wholesaler/ Virtual Manufacturing Permit, no. 5006265, to the facility; however, Moderna is currently awaiting the administrative issuance of the license certificate.

With the Public Health Emergency (PHE) declaration expiring on May 11, 2023, Moderna must transition to private distribution channels and is pursuing licensure in each state requiring virtual manufacturers to hold a license. Timely licensure ensures the ongoing protection of public health and safety against the COVID-19 virus and its variants. We will update the Board with the aforementioned documentation upon receipt.

Worker	Worker Type	Work Email	Business Title	Company
Al Thomas	Employee	Albert.Thomas@modernatx.com	Executive Director, US Commercial Strategy	Moderna US Inc.
Cash Link	Employee	Cash.Link@modernatx.com	Sr. Director, Key Account Manager	Moderna US Inc.
Yvonne Hilsky	Employee	Yvonne.Hilsky@modernatx.com	Director, Market Access	Moderna US Inc.
Rebecca McLaughlin	Employee	Rebecca.McLaughlin@modernatx.com	Director, Commercial Operations	Moderna US Inc.
Holly Katsaros	Employee	Holly.Katsaros@modernatx.com	Regional Account Manager	Moderna US Inc.
Mike Gonda	Employee	Mike.Gonda@modernatx.com	Regional Account Manager	Moderna US Inc.
Seth Heacock	Employee	Seth.Heacock@modernatx.com	Regional Account Manager	Moderna US Inc.
Woody Page	Employee	Woody.Page@modernatx.com	Regional Account Manager	Moderna US Inc.
Michelle Folsom	Employee	Michelle.Folsom@modernatx.com	Regional Account Manager	Moderna US Inc.
Marissa Curcuru	Employee	Marissa.Curcuru@modernatx.com	Director, Multi-Channel Excellence	Moderna US Inc.
Brian Hille	Employee	Brian.Hille@modernatx.com	National Key Account Manager - Payer	Moderna US Inc.
Pamela Shaker	Employee	Pamela.Shaker@modernatx.com	Sr. Director, Key Account Manager	Moderna US Inc.
Rani Khetarpal	Employee	Rani.Khetarpal@modernatx.com	VP, Strategic Partnerships	Moderna US Inc.
Silvana Lescano	Employee	Silvana.Lescano@modernatx.com	Associate Director, Contracting and Pricing	Moderna US Inc.
Simran Bimrah	Employee	Simran.Bimrah@modernatx.com	Product Manager, US Marketing	Moderna US Inc.
Christopher Stocki	Employee	Christopher.Stocki@modernatx.com	Associate Director, Market Access	Moderna US Inc.
Stacy Thompson	Employee	Stacy.Thompson@modernatx.com	Sr. Director, Key Account Manager	Moderna US Inc.
Alissa Simonson	Employee	Alissa.Downing@modernatx.com	National Account Director	Moderna US Inc.
Rita Eaton	Employee	Rita.Eaton@modernatx.com	Regional Account Manager, Michigan	Moderna US Inc.
Joseph Tomaszewski	Employee	Joseph.Tomaszewski@modernatx.com	Regional Account Manager, New Jersey/Metro NYC	Moderna US Inc.
Jeff Armbruster	Employee	Jeff.Armbruster@modernatx.com	Sr. Director, Regional Accounts - West	Moderna US Inc.
Meaghan Nuckols	Employee	Meaghan.Nuckols@modernatx.com	Sr. Director, Regional Account Manager - Southeast	Moderna US Inc.
Megan Graham	Employee	Megan.Graham@modernatx.com	Sr. Director, Regional Account Manager - Midwest	Moderna US Inc.
Amber Nasr	Employee	Amber.Nasr@modernatx.com	Partnership Engagement Manager	Moderna US Inc.
Travis Dunsmore	Employee	Travis.Dunsmore1@modernatx.com	Sr. Director, Regional Account Manager - Northeast	Moderna US Inc.
David Jimenez	Employee	David.Jimenez@modernatx.com	SVP, General Manager - US	Moderna US Inc.
Sara Morgan	Employee	Sara.Morgan@modernatx.com	National Account Director	Moderna US Inc.
Westley Spitznagle	Employee	westley.spitznagle@modernatx.com	National Account Director	Moderna US Inc.

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Reata Pharmaceuticals, Inc.

Physical Address: 5320 Legacy Dr

City: Plano State: TX Zip: 75024

Mailing Address (if different from physical address): 5320 Legacy Dr

City: Plano State: TX Zip: 75024

Telephone: (972) 865-2219 Website: https://www.reatapharma.com/

Name of Designated Representative (DR): Dawn Bir

Licensing Company Email: statelicensing@reatapharma.com DR Email: dawn.bir@reatapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☒ Others: Specialty Distributors, Specialty Pharmacies		☒ Others: Virtual Manufacturer

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): N/A

Corporation Name: Reata Pharmaceuticals, Inc.

Mailing Address: 5320 Legacy Dr

City: Plano State: TX Zip: 75024

Telephone: (972) 865-2219 Email: statelicensing@reatapharma.com

Contact Person Name: Dawn Bir

Date of SEC Registration: 03/27/2006 | SEC Registration Number: 1358762 | Stock Exchange Symbol: RETA

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Reata Pharmaceuticals, Inc.

Facility Name

Manmeet Soni

Print Name of Authorized Person Submitting Application

M Soni

Original signature of Authorized Person (copies or stamps not accepted)

2-7-23

Date

Board Use Only	Date Received: 3.7.23	Amount: 1000.00 CK-17848

TEXAS
Department of
State Health Services

License Number: 1003582 ***Current Date: 03/01/2023 12:50 PM***

Name:	**REATA PHARMACEUTICALS INC**
License Type:	**Prescription Drug Manufacturer**
License Status:	**Current**
Expiry Date:	**07/27/2024**
Effective Rank Date:	**03/01/2023**
Modifier(s):	**Manufacturer**
	Prescription

Addresses

Physical Loc	Address	**REATA PHARMACEUTICALS INC** **5320 LEGACY DR** **PLANO , TX** **DENTON** **75024** **US**
Mailing Address	Address	**REATA PHARMACEUTICALS INC** **PLANO , TX** **DENTON** **75024** **US**

Food & Drug Owner

Licensee's Role:	**Food & Drug License**
Related Party Role:	**Food & Drug Owner**

Related Party Name	**License**	**Address**
REATA PHARMACEUTICALS INC	**Owner #** **Status:** **Current** **Expiration Date:**	**PLANO , TX** **DENTON** **75024** **US**

REATA PHARMACEUTICALS

OWNERSHIP

Reata Pharmaceuticals, Inc. is a publicly traded (NASDAQ: RETA) virtual manufacturer of pharmaceuticals that is based in Plano, TX and incorporated in Delaware.

COMPANY INFORMATION

Reata Pharmaceuticals, Inc.
5320 Legacy Dr
Plano, TX 75024
Tax ID: 11-3651945

CORPORATE OFFICERS

James Huff, President and Chief Executive Officer
Address: 5320 Legacy Dr, Plano, TX 75024
Phone: [redacted]
Email: warren.huff@reatapharma.com
Ownership: 3.9%

Manmeet Soni, Chief Financial Officer & Chief Operations Officer
Address: 5320 Legacy Dr, Plano, TX 75024
Phone: [redacted]
Email: manmeet.soni@reatapharma.com
Ownership: >1%

Michael Wortley, Vice President, Chief Legal and Chief Compliance Officer
Address: 5320 Legacy Dr, Plano, TX 75024
Phone: [redacted]
Email: mike.wortley@reatapharma.com
Ownership: >1%

Dawn Bir, Chief Commercial Officer
Address: 5320 Legacy Dr, Plano, TX 75024
Phone: [redacted]
Email: dawn.bir@reatapharma.com
Ownership: >1%

Colin Meyer, Chief Medical Officer
Address: 5320 Legacy Dr, Plano, TX 75024
Phone: [redacted]
Email: colin.meyer@reatapharma.com
Ownership: 1.4%

Marsha Jones
Partner
HillCo Partners
823 Congress Avenue, Suite 900
Austin, Texas 78701
512.480.8962 office
512.917.5723 mobile
mjones@hillcopartners.com
www.hillcopartners.com

From: Tannert,Karen (DSHS) <Karen.Tannert@dshs.texas.gov>
Sent: Monday, March 8, 2021 10:09 AM
To: Marsha Jones <mjones@hillcopartners.com>
Cc: Pahl,Stephen (DSHS) <Stephen.Pahl@dshs.texas.gov>; Kyle Mauro <kmauro@hillcopartners.com>
Subject: RE: Reata Licensure Submission

Marsha:

We had a small meeting today to discuss the process for review of your application. A pre-licensing inspection will not need to be conducted in this instance. The application will be reviewed and stay pending until we receive the notice of FDA approval. One that happens, we can immediately issue the license.

Please let me know if you have any questions.

Karen

From: Tannert,Karen (DSHS)
Sent: Friday, March 5, 2021 4:07 PM
To: Marsha Jones <mjones@hillcopartners.com>
Cc: Pahl,Stephen (DSHS) <Stephen.Pahl@dshs.texas.gov>; Kyle Mauro <kmauro@hillcopartners.com>; Hunter,Charles (DSHS) <Charles.Hunter@dshs.texas.gov>; Saldiva,Rosemary (DSHS) <Rosemary.Saldiva@dshs.texas.gov>
Subject: RE: Reata Licensure Submission

Marsha-

The requirements for wholesale distribution are laid out both in our own state regulations and the federal regulations at 21 CFR 210 & 211. We've adopted the federal regulations by reference. Our staff will be looking at those regulations to determine if the firm currently has them in place or has plans to implement them. Some of those discussions will take place during the pre-licensing inspection. We do not have a checklist of items for review. The link to the specific state and federal regulations is on our

REATA PHARMACEUTICALS

PRODUCT INFORMATION

Labeler Code:
73179

PRODUCT(s):
Sarklarys (molecular name: omaveloxolone)); a treatment for patients with Friedrich's Ataxia

FDA Approval Date:
February 28, 2023 (see attached FDA Approval letter)

REATA PHARMACEUTICALS

Description of Operations

Reata Pharmaceuticals, Inc. is a "virtual manufacturer" of prescription drugs. Reata is publicly traded company on the NASDAQ stock exchange under the symbol REAT. Reata's products are manufactured by a contract manufacturer(s). Product will be distributed by Reata's third-party logistics provider, Integrated Commercialization Solutions, "ICS", who is licensed to ship pharmaceutical products into your state.

Labeler Code: 73179

Contract Manufacturer(s)
Patheon/ Thermo Fisher
2110 E. Galbraith Road
Cincinnati, OH 45237
FEIN: 1510437

Reata's CMO partners manufacture Reata Pharmaceuticals, Inc. product and packages finished product. At no time does the CMO own the product, contract with Reata Therapeutics, Inc.'s customers, invoice, nor sell a Reata Therapeutics, Inc. product.

Third Party Logistics Provider
Integrated Commercialization Solutions, LLC ("ICS")
420 International Blvd, Suite 500
Brooks, KY 40109
(615) 793-4400

Reata utilizes ICS as the Third-Party Logistics provider to manage the storage and distribution of Reata Pharmaceuticals, Inc. products.

Description of Facility

Reata Pharmaceuticals, Inc. does not handle, store or ship commercial product from its headquarters in Plano, TX; the facility is used exclusively as office space.

Our hours of operation are 8:00 a.m. – 5:00 p.m. EST, Monday through Friday.

U.S. FOOD & DRUG ADMINISTRATION

NDA 216718

NDA APPROVAL

Reata Pharmaceuticals, Inc.
Attention: Andrea Loewen
Senior Vice President, Global Regulatory Affairs
5320 Legacy Drive
Plano, TX 75024

Dear Ms. Loewen:

Please refer to your new drug application (NDA) received March 30, 2022, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Skyclarys (omaveloxolone) capsules.

We acknowledge receipt of your major amendments dated July 21, 2022, July 25, 2022, and August 3, 2022, which extended the goal date by three months.

This NDA provides for the use of Skyclarys (omaveloxolone) capsules for the treatment of Friedreich's ataxia in adults and adolescents aged 16 years and older.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information and Patient Package Insert) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

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[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REATA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3501041 8300

SR# 20230114831

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202482492

Date: 01-12-23

Employee List

Last Name	First Name
Abu Sharar	Laticia
Adesina	Rachael
Anderson	Carl
Bender	Christopher
Bumeister	Ronald
Carter	KiahRae
Do	Ha
Dulubova	Irina
Huerta	Carlos
Jeter	Olga
Jiang	Xin
Kim	Yoon Jae
LaFon	William
Lee	Chun-yue
Lester	Angela
Liu	Changwei
Liu	Liping
McCauley	Lyndsey
Miller	Gregory
Mukherjee	Sohini
Sadat Hayatshahi	Sayyed Hamed
Sun	Haizhou
Tavares	Clint
Thao	Xai
Tian	Qingguo
Trevino	Isaac
Vardy	Kristy
Visnick	Melean
Walker	Deborah
Wigley	William
Xiao	Jia-Hao
Abney	Emily
Beamon	Brooke

Iafrate	Brigitte
Ingram	Laurie
Kim	Susan
Kouser	Mehreen
Kral	Robert
Macklin	William
Martinez - Palombo	Jerrie
Myers	Todd
Nattamai	Durgha
Ricketson	Ingrid
Whitehurst	Kayla
Armstrong	Jarrod
Bascom	Michael
Bir	Dawn
Bouamar	Corinne
Castle	Colton
Chimalapati	Suneeta
Conrath	RoseMarie
Conti	Maira
Crippen	Tara
Cueto	Paola
Dasari	Joseph
Davis	Jeremy
Denniston	Daren
Dia	Janel
Dionne	Evan
Doar	Samiha
Escobar	Jennifer
Figueroa	Joanna
Fisher	Diana
Goldsberry	Angela
Golici	Laura
Greyner	Henry
Hall	Evelyn
Harman	Stephen
Herson	Tracy

Hightower	Michael
Holder	Laura
Hotema	Martha
Huff	James
Ignacio	Cristina
Lahiri	Soumava
Liu	Yicheng
Loewen	Andrea
Magana	Eryberto
Martin	Paul
Martinez	Amee
Martinez	Tina
Mathews	Peter
McKee	Matthew
Meyer	Colin
Mireles	Rita
Moncayo	Federico
Montes	Jason
Morales	Jacqueline
Navarrette	Manuel
Nemeth	Kailey
Nguyen	Phi-Long
Nussbaum	Ryan
O'Leary	Teresa
Odorico	Dante
Parihar	Pawan
Phaup	Christine
Rehfeld	Linda
Rich	Shannon
Saenz	Miroslava
Sharp	Emily
Sharpe	John
Shih	Terry
Shin	Byoung Kyu
Smith	Angela
Soni	Manmeet

Stanley	Joni
Tungala	Rex Ariel
Van Harte	Lindy
Venishetty	Nikit
Wortley	Michael
Wright	Nicole
Wu	Wei
Yager	Anne
Anand	Bhaskar
Arnold	Taylor
Bunn	Deborah
Eldridge	Betty
Fleury	Lisa
Flores	Crystal
Garza Garralda	Rafael
Gibson	Tina
Gust-Brito	Valerie
Hernandez	Jeannette
Hettish	Brian
Hobbs	Aaron
Hooks	Corwin
Hunter	John
Jakka	Suman
Johnson	Darren
Lam	Sally
Livingston	Dolly
Lorente Rodriguez	Andres
Nardiello	Terry
Natarajan	Shobhana
Pandit	Ashesh
Riddle	Richard
Saleem	Arslaan
Thompson	Jerry
Umali	Paolo
Vidal	Ana
Walls	Brian

Whoolery	Cody
Windt	Troy
Zantout	Nadine
Garcia	Jose
Gomez	Anthony
Holley	Danyelle
Ibarra	Diana
Juneau	Amy
Kirkpatrick	Kirsten
Kisielewska	Ludmila
Luginbyhl	Elizabeth
Mann	Terry
Marriott	Kamar
McReynolds	Andrea
Mora	Yazmin
Nizam	Tayyaba
Page	Diane
Patel	Shivani
Qureshi	Moe
Segal	Wendy
Spooner	Theresa
Tou	Tiffany
Westbrook	Amanda
Yunus	Ali Asgar

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2021

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission File Number 001-37785

Reata Pharmaceuticals, Inc.

(Exact name of Registrant as specified in its Charter)

DELAWARE	**11-3651945**
(State or other jurisdiction of incorporation or organization)	**(I.R.S. Employer Identification No.)**
5320 Legacy Drive	
Plano, Texas	**75024**
(Address of principal executive offices)	**(Zip Code)**

Registrant's telephone number, including area code: (972) 865-2219

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Class A Common Stock, Par Value $0.001 Per Share	RETA	NASDAQ Global Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☒ NO ☐

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO ☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the Registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definition of "large accelerated filer", "accelerated filer", "smaller reporting company", and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Small reporting company	☐
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the Registrant, based on the closing price of the shares of Class A Common Stock on The Nasdaq Stock Market on June 30, 2021, was $3,870,110,507.

The number of shares of Registrant's Common Stock outstanding as of February 23, 2022 was 31,484,670 shares of Class A Common Stock and 4,919,249 shares of Class B Common Stock.

Portions of the Registrant's Definitive Proxy Statement relating to the Annual Meeting of Stockholders, scheduled to be held on June 8, 2022, are incorporated by reference into Part III of this Report.

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CAUTIONARY NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K contains forward-looking statements that involve substantial risks and uncertainties. We make such forward-looking statements pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 and other federal securities laws. In this Annual Report on Form 10-K, all statements, other than statements of historical or present facts, including statements regarding our future financial condition, future revenues, projected costs, prospects, business strategy, and plans and objectives of management for future operations, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as "believe," "will," "may," "might," "estimate," "continue," "anticipate," "intend," "target," "project," "model," "should," "would," "plan," "expect," "predict," "could," "seek," "goals," "potential," and similar terms or expressions that concern our expectations, strategy, plans, or intentions. These forward-looking statements include, but are not limited to, statements about:

- our expectations regarding the timing, costs, conduct, and outcome of our clinical trials, including statements regarding the timing of the initiation and availability of data from such trials;
- the timing and likelihood of regulatory filings and approvals for our product candidates;
- whether regulatory authorities determine that additional trials or data are necessary in order to accept a new drug application for review and/or approval;
- our ability to obtain funding for our operations, including funding necessary to complete further development and commercialization of our product candidates;
- our plans to research, develop, and commercialize our product candidates;
- the manufacturing, supply, and commercialization of our product candidates, if approved;
- the rate and degree of market acceptance of our product candidates;
- our expectations regarding the potential market size and the size of the patient populations for our product candidates, if approved for commercial use, and the potential market opportunities for commercializing our product candidates;
- the success of competing therapies that are or may become available;
- our expectations regarding our ability to obtain and maintain intellectual property protection for our product candidates;
- the ability to license additional intellectual property relating to our product candidates and to comply with our existing license agreements;
- our ability to maintain and establish relationships with third parties, such as contract research organizations, contract manufacturing organizations, suppliers, and distributors;
- our ability to maintain and establish collaborators with development, regulatory, and commercialization expertise;
- our ability to attract and retain key scientific or management personnel;
- our ability to grow our organization and increase the size of our facilities to meet our anticipated growth;
- the accuracy of our estimates regarding expenses, future revenue, capital requirements, and needs for additional financing;
- our expectations related to the use of our available cash;
- our ability to develop, acquire, and advance product candidates into, and successfully complete, clinical trials;
- the initiation, timing, progress, and results of future preclinical studies and clinical trials, and our research and development programs;

- the impact of governmental laws and regulations and regulatory developments in the United States and foreign countries;
- developments and projections relating to our competitors and our industry; and
- the impact of the coronavirus disease (COVID-19) on our clinical trials, our supply chain, and our operations.

These forward-looking statements are not exhaustive. Other sections of this Annual Report on Form 10-K include additional factors that could adversely affect our business and financial performance. Moreover, we operate in a very competitive and rapidly changing environment. New risk factors emerge from time to time, and it is not possible for our management to predict all risk factors nor can we assess the effects of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in, or implied by, any forward-looking statements. Factors that may cause actual results to differ materially from current expectations include, among other things, those listed under Part I, Item 1A. "Risk Factors" and elsewhere in this Annual Report on Form 10-K. The following section summarizes the risk factors listed under Part I, Item 1A, "Risk Factors". Given these uncertainties, you should not place undue reliance on these forward-looking statements.

The forward-looking statements made in this Annual Report on Form 10-K are based on circumstances as of the date on which the statements are made. Except as required by law, we undertake no obligation to update or revise these forward-looking statements for any reason, whether as a result of new information, future events, or otherwise, or to conform these statements to actual results or to changes in our expectations.

This Annual Report on Form 10-K also contains estimates, projections, and other information concerning our industry, our business, and the markets for certain diseases, including data regarding the estimated size of those markets and the incidence and prevalence of certain medical conditions. Information based on estimates, forecasts, projections, market research, or similar methodologies is inherently subject to uncertainties, and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, we obtained this industry, business, market, and other data from reports, research surveys, studies, and similar data prepared by market research firms and other third parties, industry, medical, and general publications, government data, and similar sources.

RISK FACTOR SUMMARY

Below is a summary of the material risk factors that make an investment in our Class A common stock speculative or risky. This summary does not address all of the risks that we face. Additional discussion of the risks summarized in this risk factor summary, and other risks that we face, can be found in Item 1A "Risk Factors" and should be carefully considered, together with other information in this Annual Report on Form 10-K before making investment decisions regarding our Class A common stock.

- We anticipate that we will continue to incur losses for the foreseeable future and may never achieve or sustain profitability. We will require additional financings to fund our operations, but the terms of certain of our agreements may restrict our ability to pursue our business strategies or obtain such financing.
- We are substantially dependent on the success of our lead product candidates, omaveloxolone and bardoxolone methyl (bardoxolone).
- The clinical and commercial success of omaveloxolone and bardoxolone will depend on a number of factors, many of which are beyond our control.
- The recent receipt of a complete response letter (CRL) from the United States Food and Drug Administration (FDA) with respect to the New Drug Application (NDA) for bardoxolone in patients with chronic kidney disease (CKD) caused by Alport syndrome puts our entire bardoxolone platform at risk; there is a high degree of risk that bardoxolone will not be approved for any indication in the United States or elsewhere.
- If our product candidates receive regulatory approval, we will be subject to ongoing regulatory requirements, and we may face future development, manufacturing, and regulatory difficulties.
- Success in earlier Phase 1 and 2 clinical trials may not be indicative of the results that may be obtained in larger registrational clinical trials, which may delay or prevent obtaining regulatory approval.
- We may face delays in completing our ongoing or planned clinical trials due to a number of factors, including failure to enroll a sufficient number of patients in our clinical trials in a timely manner, or these studies may not be completed at all.
- Our product candidates may cause or have attributed to them undesirable side effects or have other properties that delay or prevent their regulatory approval or limit their commercial potential.
- Clinical trials of our product candidates may not uncover all possible adverse events (AEs) that patients may experience.
- If we, our collaborators, or our third-party manufacturers cannot manufacture our product candidates or products at sufficient yields or quantities, we may experience delays in development, regulatory approval, and commercialization.
- Even if we are able to obtain regulatory approval of our product candidates, we cannot predict the labeling we will obtain, and it may be more narrow than originally sought.
- We have limited experience in submitting an NDA, a marketing authorization application (MAA), or other marketing applications and may be unable to do so efficiently or at all, for any product candidate we are developing or may develop in the future.
- If we or our collaborators are unable to establish sales, marketing, and distribution capabilities or enter into or maintain agreements with third parties to market and sell our product candidates, we may not be successful in commercializing our product candidates if and when they are approved.
- If the market opportunities for our product candidates are smaller than we believe they are, our revenue may be adversely affected, and our business may suffer.
- We face substantial competition. There is a possibility that our competitors may discover, develop, obtain regulatory approval of, and commercialize drugs before we do or develop drugs that are safer, more effective, or less costly.
- Our commercial success depends upon attaining significant market acceptance of our product candidates, if approved, among physicians, patients, third-party payors, and others in the health care community, which we may not be able to achieve.
- We may not be successful in our efforts to identify, license, discover, develop, or commercialize additional product candidates.
- Failure to obtain adequate coverage and reimbursement, or obtaining limited reimbursement, from third-party payors may render our products less attractive to patients and healthcare providers.

- If product liability lawsuits are brought against us, we may incur substantial liabilities and may be required to limit commercialization of our product candidates.
- If we fail to maintain and establish collaborators with development, regulatory, and commercial expertise, it may disrupt our business, or we may not be able to capitalize on the development and commercialization of our current and future product candidates.
- If our third-party contractors, which conduct many aspects of our preclinical and clinical studies and our manufacturing activities for our product candidates, do not properly and successfully perform their obligations under our agreements with them, our ability to successfully obtain approval and provide sufficient quantities of product for our product candidates could suffer.
- Our product candidates and certain of the components of our product candidates are currently acquired from single-source suppliers and in most cases have been purchased without long-term supply agreements. The loss of any of these suppliers, or their failure to supply us with supplies of sufficient quantity and quality to obtain and complete manufacture of drug substance or finished drug product of acceptable quality at an acceptable price, would materially and adversely affect our business.
- We rely on, but may not have, adequate protection of our proprietary technologies to compete effectively in our market.
- Confidentiality agreements with third-party contractors and collaborators may not prevent a competitor from discovering, misappropriating, or disclosing our trade secrets.
- We may not be able to effectively maintain our intellectual property position throughout the global market.
- If we do not obtain additional protection under the Hatch-Waxman Act and similar foreign legislation extending the terms of our patents and obtaining data exclusivity for our product candidates, our business may be materially harmed.
- If we fail to comply with our obligations in the agreements under which we license intellectual property and other rights from third parties or otherwise experience disruptions to our business relationships with our licensors, we could lose license rights that are important to our business.
- The regulatory approval process is highly uncertain, and we may not obtain regulatory approval for the commercialization of our product candidates. Even if we believe our completed, current, or planned clinical trials are successful, regulatory authorities may not agree that they provide adequate data on safety or efficacy or may require that we conduct confirmatory clinical trials either prior to approval or after market approval.
- If our product candidates obtain marketing approval, we will be subject to more extensive healthcare laws, regulation, and enforcement, including recent U.S. healthcare reform and other changes, and our failure to comply with those laws could have a material adverse effect on our results of operations and financial condition.
- We are subject to U.S. and certain foreign export and import controls, sanctions, embargoes, anti-corruption laws, privacy, and anti-money laundering laws and regulations. We can face criminal liability, fines, penalties, or other serious consequences for violations, which can harm our business.
- Our employees may engage in misconduct or other improper activities, including noncompliance with regulatory standards and requirements, which could result in significant liability for us and harm our reputation.
- We may encounter difficulties in managing our growth and expanding our operations successfully.
- If we fail to attract and retain certain senior management and key personnel, we may be unable to successfully develop our product candidates, conduct our clinical trials, and commercialize our product candidates.
- Our business and operations may be materially adversely affected in the event of computer system failures or security breaches.
- The COVID-19 outbreak has caused and could continue to cause disruptions in our business and operating results, including our clinical development and supply chain activities.

DEFINED TERMS

Unless the context requires otherwise, references to "Reata," "the Company," "we," "us," or "our" in this 2021 Form 10-K refer to Reata Pharmaceuticals, Inc. and its subsidiaries. We also have used several other terms in this 2021 Form 10-K, most of which are explained or defined below.

Abbreviated Term	Defined Term
2017 Tax Act	Tax Cuts and Jobs Act of 2017
3PLs	Third-party logistics providers
AbbVie	AbbVie Inc.
ACE	Angiotensin converting enzyme
ADL	Activities of Daily Living
ADPKD	Autosomal dominant polycystic kidney disease
AE	Adverse event
AIA	Leahy-Smith America Invents Act
ALS	Amyotrophic lateral sclerosis
ALT	Alanine
ANDA	Abbreviated new drug application
ARB	Angiotensin receptor blockers
ASC	Accounting Standards Codification
AST	aspartate aminotransferases
ASU	Accounting Standards Update
ATP	Adenosine triphosphate
bardoxolone	Bardoxolone methyl
BNP	Brain natriuretic peptide
BXLS	Blackstone Life Sciences, LLC
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CGIC	Clinical global impression of change
CGMP	Current good manufacturing practice
CKD	Chronic kidney disease
CMC	Chemistry manufacturing controls
CMO	Contract manufacturing organization
CMS	Center for Medicare and Medicaid Services
the Code	Internal Revenue Code of 1986, as amended
COSO framework	Control-Integrated Framework issued by the Committee of Sponsoring Organizations of the Treadway Commission
CRL	Complete response letter
COVID-19	Coronavirus disease
CPA	Certified Public Accountant
Credits	Tax credits
CRO	Contract research organization
CTA	clinical trial application
CTD-PAH	Pulmonary arterial hypertension associated with connective tissue disease
CVD	Cardiovascular disease
Dartmouth	The Trustees of Dartmouth College
DOJ	United States Department of Justice
DPN	Diabetic peripheral neuropathy
DPNP	Diabetic peripheral neuropathic pain
DSCSA	Drug Supply Chain Security Act
DSMB	Data safety monitoring board
EC	European Commission
eGFR	Estimated glomerular filtration rate
EMA	European Medicines Agency
EPC	European Patent Convention
ESKD	End-stage kidney disease
EU	European Union
Exchange Act	Securities Exchange Act of 1934
FA	Friedreich's ataxia
FARA	Friedreich's Ataxia Research Alliance
FASB	Financial Accounting Standards Board
FCPA	Foreign Assets Controls, the United States Foreign Corrupt Practices Act of 1977
FDA	United States Food and Drug Administration
FFDCA	Federal Food, Drug, and Cosmetic Act
FFS	Fee-for-service
FSA	Flexible spending account
FSGS	Focal segmental glomerulosclerosis
GBM	Glomerular basement membrane
GCP	Good clinical practice
GDPR	General Data Protection Regulation
GFR	Glomerular filtration rate

Abbreviated Term	Defined Term
GGT	Gamma-glutamyl transferase
GLP	Good laboratory practice
HDL	High-density lipoprotein
HHS	United States Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HITECH	Health Information Technology for Economic and Clinical Health Act
IgAN	IgA nephropathy
IND	Investigational new drug
IPO	Initial public offering
IPR	*Inter partes* review
IRB	Institutional review board
ITT	Intent to treat
Kyowa Kirin	Kyowa Kirin Co., Ltd. (formerly KHK or Kyowa Hakko Kirin Co., Ltd.)
LDL	Low-density lipoprotein
LOQ	List of Questions from the EMA
LTIP Plan	Second Amended and Restated Long Term Incentive Plan
MAA	Marketing Authorization Application
MAD	Multiple ascending dose
MD Anderson	The University of Texas MD Anderson Cancer Center
mFARS	Modified Friedreich's Ataxia Rating Scale
MHLW	Ministry of Health, Labour and Welfare of Japan
MHRA	United Kingdom Medicines and Healthcare Products Regulatory Agency
MMRM	Mixed-model Repeated Measures
NCE	New chemical entity
NDA	New Drug Application
NIH	National Institute of Health
NOL	Net operating loss
PAH	Pulmonary arterial hypertension
PCAOB	Public Company Accounting Oversight Board
PD	Pharmacodynamic
PDMA	Prescription Drug Marketing Act
PDUFA	Prescription Drug User Fee Act
PGIC	Patient global impression of change
PK	Pharmacokinetic
PMDA	Pharmaceutical and Medical Devices Agency of Japan
PPACA	Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010
PREA	Pediatric Research Equity Act
PTAB	Patent Trial and Appeal Board
Registrational or pivotal trial	An adequate and well-controlled trial designed to be sufficient to apply for regulatory approval of a drug candidate, although notwithstanding the Company's design a regulatory agency may determine that further clinical studies or data are required
REMS	Risk evaluation and mitigation strategy
ROS	Reactive oxygen species
RSU	Restricted stock units
SaaS	Software as a service
SAD	Single ascending dose
SAE	Serious adverse event
SAP	Statistical analysis plan
Sarbanes-Oxley Act	The Sarbanes-Oxley Act of 2002
SCA	Spinocerebellar ataxia
SEC	United States Securities and Exchange Commission
Securities Act	Securities Act of 1933
T2D	Type 2 diabetic
TGA	Australian Therapeutic Goods Administration
TEAE	Treatment-emergent adverse effect
T1D CKD	Type 1 diabetic CKD
T2D CKD	Type 2 diabetic CKD
UACR	Urinary albumin-to-creatinine ratio
ULN	Upper limit of normal
University of Kansas	University of Kansas and the University of Kansas Medical Center
USPTO	The United States Patent and Trademark Office

PART I

Item 1. Business.

Overview

We are a clinical-stage biopharmaceutical company focused on identifying, developing, and commercializing innovative therapies that change patients' lives for the better. We concentrate on small-molecule therapeutics with novel mechanisms of action for the treatment of severe, life-threatening diseases with few or no approved therapies. Our lead programs are omaveloxolone in a rare neurological disease called Friedreich's ataxia (FA) and bardoxolone in rare forms of CKD. Both of our lead product candidates activate the transcription factor Nrf2 to normalize mitochondrial function, restore redox balance, and resolve inflammation. Because mitochondrial dysfunction, oxidative stress, and inflammation are features of many diseases, we believe omaveloxolone, bardoxolone, and our next-generation Nrf2 activators have many potential clinical applications. We possess exclusive, worldwide rights to develop, manufacture, and commercialize omaveloxolone, bardoxolone, and our next-generation Nrf2 activators, excluding certain Asian markets for bardoxolone in certain indications, which are licensed to Kyowa Kirin Co., Ltd. (Kyowa Kirin). In addition, we are developing RTA 901, the lead product candidate from our Hsp90 modulator program, in neurological indications. We are the exclusive licensee of RTA 901 and have worldwide commercial rights.

Programs in Neurological Diseases

Omaveloxolone for Friedreich's Ataxia

FA is an inherited, debilitating, and degenerative neuromuscular disorder that is typically diagnosed during adolescence and can ultimately lead to premature death. Patients with FA experience progressive loss of coordination, muscle weakness, and fatigue, which commonly progresses to motor incapacitation, wheelchair reliance, and eventually death. Symptoms generally first occur in children, with patients requiring a wheelchair by their teens or early-20s and generally dying in their mid-30s. FA affects approximately 5,000 children and adults in the United States and 22,000 individuals globally. There are currently no approved therapies to treat FA. The FDA and the European Commission (EC) have granted orphan drug designation to omaveloxolone for the treatment of FA.

In the third quarter of 2021, we completed our pre-NDA meeting with the FDA. The purpose of the pre-NDA meeting was to discuss the content of Reata's planned NDA submission for approval for omaveloxolone for the treatment of patients with FA. On November 18, 2021, the FDA granted omaveloxolone Fast Track Designation for the treatment of FA, providing eligibility for FDA programs such as Priority Review and rolling submission of the NDA, if relevant criteria are met. The FDA granted our request for a rolling submission and in January 2022, we initiated rolling submission of our NDA which is expected to be completed by the end of the first quarter of 2022. This NDA is supported by the efficacy and safety data from MOXIe Part 1, Part 2, and MOXIe Extension studies discussed below, which we believe provide sufficient evidence of safety and efficacy to support a standard (full) approval of the NDA.

Omaveloxolone for Other Neurological Indications

Based on our understanding of the pathophysiology of neurological diseases, characterized by mitochondrial dysfunction, inflammation, and oxidative stress, we believe omaveloxolone may be applicable to diseases such as progressive supranuclear palsy, Parkinson's disease, frontotemporal dementia, Huntington's disease, amyotrophic lateral sclerosis (ALS), Alzheimer's disease, and epilepsy. Consistent with this, we have observed promising activity of omaveloxolone and our other Nrf2 activators in preclinical models of many of these diseases. We plan to pursue the development of omaveloxolone and our other Nrf2 activators for one or more of these diseases.

RTA 901 for Neurological Indications, Including Diabetic Peripheral Neuropathic Pain

We are developing RTA 901, the lead product candidate from our Hsp90 modulator program, in neurological indications. We have observed favorable activity of RTA 901 in a range of preclinical models of neurological disease, including models of diabetic neuropathy, neuroinflammation, and neuropathic pain. We have completed a Phase 1 trial to evaluate the safety, tolerability, and pharmacokinetic (PK) profile of RTA 901 administered orally, once-daily

in healthy adult volunteers. RTA 901 was well tolerated in both single and multiple ascending dose (SAD and MAD) studies across all dose groups with no safety signals, drug discontinuations, or serious adverse events (SAEs). Additionally, we observed an acceptable PK profile with exposures greater than required for efficacy in preclinical animal models. We plan to initiate additional Phase 1 studies to evaluate the PK and drug-drug interaction potential of RTA 901 in the first half of 2022 and a randomized, placebo-controlled Phase 2 study in diabetic peripheral neuropathic pain (DPNP) in the second half of 2022. We are the exclusive licensee of RTA 901 and have worldwide commercial rights.

Programs in Chronic Kidney Disease

We and our strategic collaborator are developing bardoxolone for the treatment of CKD in multiple indications, including CKD caused by Alport syndrome, autosomal dominant polycystic kidney disease (ADPKD), and type 1 and 2 diabetic CKD. CKD is characterized by a progressive worsening in the rate at which the kidney filters waste products from the blood. Declining kidney function leads to the buildup of high levels of waste products in the blood that cause the patient to suffer symptoms, such as nausea and fatigue, and develop complications including high blood pressure, anemia, weak bones, poor nutritional health, and nerve damage.

We received a CRL from the FDA in February 2022 with respect to its review of our NDA for bardoxolone in the treatment of patients with CKD caused by Alport syndrome. The CRL indicated that the FDA cannot approve the NDA in its present form. Based on its review, the FDA concluded that it does not believe the submitted data demonstrates that bardoxolone is effective in slowing the loss of kidney function in patients with Alport syndrome and reducing the risk of progression to kidney failure and has requested additional data to support the efficacy and safety of bardoxolone. Their conclusion was based on efficacy and safety concerns primarily set forth in the FDA's briefing book and discussed at the Cardiovascular and Renal Drugs Advisory Committee meeting held on December 8, 2021.

The FDA stated that the issues could be resolved by providing evidence of effectiveness that includes evidence from an adequate and well-controlled study showing a clinically relevant effect on the rate of loss of kidney function in patients with Alport syndrome or, alternatively, an effect on a clinical outcome (i.e., an endpoint that captures how patients with Alport syndrome feel, function, or survive). In addition, the FDA stated that we would need to address whether bardoxolone has a clinically relevant effect on the QT interval and show that the demonstrated clinical benefits of bardoxolone outweigh its risks. The FDA welcomed continued discussion on the details of a path forward. We plan to work closely with the FDA to bring this important medicine to patients in the US.

Bardoxolone for CKD Caused by Alport Syndrome

Alport syndrome is a rare, genetic form of CKD caused by mutations in the genes encoding type IV collagen, which is a major structural component of the glomerular basement membrane (GBM) in the kidney. Patients with CKD caused by Alport syndrome experience a progressive worsening of the kidney's capacity to filter waste products out of the blood, which can lead to end-stage kidney disease (ESKD) and the need for chronic dialysis treatment or a kidney transplant. Alport syndrome affects both children and adults. In patients with the most severe forms of the disease, approximately 50% progress to dialysis by age 25, 90% by age 40, and nearly 100% by age 60. According to the Alport Syndrome Foundation, Alport syndrome affects approximately 30,000 to 60,000 people in the United States. There are currently no approved therapies to treat CKD caused by Alport syndrome.

We completed the Phase 3 CARDINAL study in November 2020. The study met its primary and key secondary endpoints at the end of Year 1, and on November 9, 2020, we announced that the Phase 3 CARDINAL study met its primary and key secondary endpoints at the end of Year 2. Bardoxolone was generally reported to be well tolerated in this study, and the safety profile was similar to that observed in prior trials.

On March 1, 2021, we submitted our NDA for bardoxolone for the treatment of CKD caused by Alport syndrome to the FDA. On April 26, 2021, the FDA accepted for filing our NDA, set the Prescription Drug User Fee Act (PDUFA) date for February 25, 2022, and stated that the FDA also planned to hold an advisory committee meeting to discuss the application. On December 8, 2021, the Cardiovascular and Renal Drugs Advisory Committee voted no on the question of whether the provided evidence demonstrated that bardoxolone is effective in slowing the progression of CKD in patients with Alport syndrome and that its benefits outweigh its risks.

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Verona Pharma, Inc.

Physical Address: 33 Park of Commerce, Suite 300

City: Savannah State: GA Zip: 31405

Mailing Address (if different from physical address): 33 Park of Commerce, Suite 300

City: Savannah State: GA Zip: 31405

Telephone: 704-363-8985 Website: _____

Name of Designated Representative (DR): Christopher Martin

Licensing Company Email: statelicensing@veronapharma.com DR Email: Christopher.martin@veronapharma.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☒ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: New Facility- no suppliers sold, dispensed or distributed w/i last

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): Verona Pharma Plc. ?

Corporation Name: Verona Pharma, Inc.

Mailing Address: 33 Park of Commerce, Suite 300

City: Savannah State: GA Zip: 31405

Telephone: 704-363-8985 Email: statelicensing@veronapharma.com

Contact Person Name: Chris Martin

Date of SEC Registration: 07/20/2016 | SEC Registration Number: 00138067 | Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓ N/A	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓ N/A	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓ N/A	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Verona Pharma, Inc.
Facility Name

Mark Hahn
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/10/23
Date

Board Use Only	Date Received: 4-24-23	Amount: 1000.00 CK-18416

COGS-Certificate of Good Standing comes from the Sec. Of state or Dept. of Taxation needs to be signed within 1 year

HSL=Home State License- verify it comes from their Home State and Current

DEA- Only for CS

100K Bond- Only required for facilities submitting FP

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005523 Status: Active

Verona Pharma Inc
33 Park of Commerce Ste 300
Savannah GA 31405

Expires: 06/30/2025
Issued: 03/09/2023

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Wholesaler Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Wholesaler Pharmacy
LICENSE NO. PHWH005523 Status: Active
Verona Pharma Inc
33 Park of Commerce Ste 300
Savannah GA 31405

Expires: 06/30/2025
Issued: 03/09/2023
Real-time license verification is available at gadch.mylicense.com/verification

Verona Pharma

Employee list:
Chris Martin
Matt Rysavy
Matt Casbon
Mark Zappia
Catron Horton
Scott Pierce
Jeff Hill

The content of this list is confidential and it not to be used beyond its intended use.



Ownership Information

Verona Pharma, Inc. ("Verona") is a Virtual Manufacturer. Verona Pharma, Inc. is a privately held Delaware corporation located in Savanah, GA. Verona Pharma, Inc. is 100% owned by Verona Pharma PLC.

Verona Pharma, Inc. Parent Company

Verona Pharma PLC
One Central Square
Cardiff, CF10 1FS
Wales, U.K.

Company Information

Verona Pharma, Inc.
33 Park of Commerce, Suite 300
Savannah, GA 31405
704-363-8985
Tax ID: 47-3149114
www.veronapharma.com

Officers

Mark Hahn, Chief Financial Officer
33 Park of Commerce, Suite 300, Savannah, GA 31405
Business Phone: 919-622-7254
Email: mark.hahn@vernoapharma.com

David Zaccardelli, CEO
33 Park of Commerce, Suite 300, Savannah, GA 31405
Business Phone: 919-210-4030
Email: David.zaccardelli@veronapharma.com

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, October 4, 2022 2:13 PM
To: Caroline Diaz <caroline.diaz@veronapharma.com>
Subject: [External] Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 04-OCT-2022
Labeler DUNS: 118802074
Labeler Name: Verona Pharma, Inc.
Labeler Code Assigned: 83034

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VERONA PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5656815 8300

SR# 20223700303

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204554328

Date: 10-05-22

Licensee Information

Name: Verona Pharma Inc

Owner:

DBA:

Address: 33 Park of Commerce Ste 300
Savannah GA 31405

Primary Source License Information

Profession:	Pharmacy	**License No:**	PHWH005523	**License Status:**	Active
License Type:	Wholesaler Pharmacy	**Obtained By Method:**	Application	**License Subtype:**	
Issue Date:	3/9/2023	**Expiration Date:**	6/30/2025	**Last Renewal Date:**	

Discipline Information

- Public Board Orders -

If a public board order exists, it may be listed below.
Public Board Order means that there is a public document concerning the licensee.
The existence of a public Board order does not necessarily mean the licensee is currently under any type of disciplinary action.

Please understand that the absence of a scanned order linked to this record does not necessarily mean that no public actions exist.

No scanned public board order documents exist.

Associated Licenses

No data available

You may close this window to return to your search results

Data current as of: April 19, 2023 10:55:57
This website is to be used as a primary source verification for licenses issued by the Boards of Dentistry and Pharmacy. Paper verifications are available for a fee. Please contact the Boards of Dentistry and Pharmacy at 404-651-8000.

Verona Pharma

Description of Operations

Verona Pharma, Inc. is a Virtual Manufacturer. Verona's products are manufactured by a Contract Manufacturer and will be distributed to customers by their Third-Party Logistics Provider, Cardinal SPS, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacturer to produce our product:

The Ritedose Corporation
1 Techonology Cir
Columbia, SC 29203
FDA Establishment Number: 3001237796
Contact Person: Brien Bradley
Contact Number: (870) 776-7688

The Ritedose Corporation manufactures Verona's product and packages finished product. At no time does The Ritedose Corporation own the product, contract with Verona's customers, invoice, nor sell a Verona product. Verona's products are not Controlled Substances.

Labeler Code: 83034

Third Party Logistic information:
For distribution into the commercial supply channels, Cardinal SPS acts as Verona's Third Party Logistics (3PL) provider to manage the storage and distribution of Verona's product to wholesalers throughout the United States. Cardinal SPS's address is:

Cardinal SPS
501 Mason Road
LaVerge, TN 37086

Verona has 15 employees working on site during normal business hours.
Verona's hours of operation are 8:00 am – 5:00pm Monday through Friday.

Verona License list				
Licensing Stat	License Type	License #	Issue Date	Expiration Date
Georgia	Wholesaler Pharmacy	PHWH005523	3/9/2023	6/30/2025

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of report (Date of earliest event reported): August 9, 2022

Verona Pharma plc
(Exact name of registrant as specified in its charter)

United Kingdom	001-39067	98-1489389
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3 More London Riverside
London SE1 2RE
United Kingdom
(Address of principal executive offices) (Zip Code)

+44 203 283 4200
(Registrant's telephone number, including area code)

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Ordinary shares, nominal value £0.05 per share*	VRNA	The Nasdaq Global Market

** The ordinary shares are represented by American Depositary Shares (each representing 8 ordinary shares), which are exempt from the operation of Section 12(a) of the Securities Exchange Act of 1934, as amended, pursuant to Rule 12a-8 thereunder.*

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 2.02 Results of Operations and Financial Conditions.

On August 9, 2022, Verona Pharma plc (the "Company") announced its financial results for the quarter ended June 30, 2022. The full text of the press release issued in connection with the announcement is furnished as Exhibit 99.1 to this Current Report on Form 8-K (the "Current Report").

The information contained in this Item 2.02 of this Current Report (including Exhibit 99.1 attached hereto) shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended (the "Securities Act"), or the Exchange Act, except as expressly set forth by specific reference in such filing. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibit 99.1.

Item 7.01. Regulation FD Disclosure.

On August 9, 2022, the Company posted a slide presentation regarding top-line data from the Phase 3 ENHANCE-2 clinical trial in the "Events & Presentations" portion of its website at *www.veronapharma.com*. A copy of the slide presentation is furnished as Exhibit 99.2 to this Current Report.
The information contained in this Item 7.01 of this Current Report (including Exhibit 99.2 attached hereto) shall not be deemed "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act or the Exchange Act, except as expressly set forth by specific reference in such filing. The Company undertakes no obligation to update, supplement or amend the materials attached hereto as Exhibits 99.2.

Item 8.01. Other Events.

On August 9, 2022, the Company announced the following top-line results from the Phase 3 ENHANCE-2 clinical trial evaluating nebulized ensifentrine for the maintenance treatment of chronic obstructive pulmonary disease ("COPD"):

- **Study population (n=789):**
  - Subject demographics and disease characteristics were well balanced between treatment groups.
  - Approximately 52% of subjects received background COPD therapy, either a long-acting muscariuic antagonist ("LAMA") or a long-acting beta-agonist ("LABA"). Additionally, 15% of all subjects received inhaled corticosteroids ("ICS") with concomitant LAMA or LABA.

- **Primary endpoint met (FEV_1* AUC 0-12 hr):**
  - Placebo corrected, average FEV_1 area under the curve 0-12 hours post dose at week 12 was 94 mL ($p<0.0001$) for ensifentrine.
  - Statistically significant and clinically meaningful improvements with ensifentrine demonstrated across all subgroups including gender, age, smoking status, COPD severity, background medication, ICS use, chronic bronchitis, FEV_1 reversibility, and geographic region.

- **Secondary endpoints of lung function met:**
  - Placebo corrected, increase in peak FEV_1 of 146 mL ($p<0.0001$) 0-4 hours post dose at week 12.
  - Placebo corrected, increase in morning trough FEV_1 of 49 mL ($p=0.0017$) at week 12, supporting twice daily dosing regimen.

- **Exacerbation rate reduced:**
  - Subjects receiving ensifentrine demonstrated a 42% reduction in the rate of moderate to severe COPD exacerbations over 24 weeks compared to those receiving placebo ($p=0.0109$).
  - Treatment with ensifentrine significantly decreased the risk of a moderate/severe exacerbation as measured by time to first exacerbation when compared with placebo by 42% ($p=0.0088$).

- **COPD symptoms and Quality of Life ("QOL"):**
  - Daily symptoms and QOL as measured by E-RS** Total Score and SGRQ** Total Score in the ensifentrine group improved from baseline to greater than the minimal clinically important difference ("MCID") of -2 units and -4 units, respectively, at week 24. Improvements in these measures were seen as early as 6 weeks and showed continued improvement at 12 and 24 weeks, numerically exceeding placebo at each measurement. Statistical significance was not achieved due to improvements in the placebo group over time.

- **Favorable safety results:**
  - Ensifentrine was well tolerated with safety results similar to placebo, including occurrence of pneumonia, gastrointestinal and cardiovascular adverse events.

FEV_1: Forced Expiratory Volume in one second, a standard measure of lung function
***E-RS, Evaluating Respiratory Symptoms, and SGRQ, St. George's Respiratory Questionnaire, are validated patient reported outcome tools*

These data, along with results from the Company's ongoing Phase 3 ENHANCE-1 clinical trial, which is on track to be reported around the end of 2022, are expected to support the submission of a New Drug Application to the U.S. Food and Drug Administration (the "FDA") in the first half of 2023.

In 2020, there were approximately 6 million patients on maintenance treatment for COPD in the United States, with approximately 5 million patients receiving two or more therapies or alternative therapies. Of those patients, approximately 40% remain symptomatic, resulting in more than 1 million patients that the Company believes has the potential to be treated with ensifentrine. As of December 2021, 35 payers covered more than 200 million lives, or 85% of all lives covered, for nebulizers, with the majority of claims for nebulizers in the United States reimbursed through Medicare Part B. If ensifentrine is approved, the Company plans to target the approximately 12,000 pulmonologists in the United States and expects that it will need approximately 100 sales representatives.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

The following Exhibits 99.1 and 99.2 relating to Items 2.02 and 7.01 shall be deemed to be furnished, and not filed:

Exhibit No.	Description
99.1	Press Release of Verona Pharma plc issued on August 9, 2022
99.2	ENHANCE-2 Data Slide Presentation of Verona Pharma plc
104	Cover Page Interactive Data File (the cover page XBRL tags are embedded within the Inline XBRL document)

Forward-Looking Statements
This Current Report contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements contained in this Current Report that do not relate to matters of historical fact should be considered forward-looking statements, including without limitation statements regarding the development of ensifentrine and the progress and timing of clinical trials and data, the timing of data from the Company's clinical trials, the Company's ability to submit a New Drug Application to the FDA and the timing for such an application, the potential number of patients that could be treated with ensifentrine, and the Company's expectations regarding the commercialization resources needed for ensifentrine, if approved. These forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties and other important factors that may cause the Company's actual results, performance or achievements to be materially different from its expectations expressed or implied by the forward-looking statements, including without limitation: general business, financial and accounting risks; the

Company's need for additional funding to complete development and commercialization of ensifentrine, which may not be available and which may force the Company to delay, reduce or eliminate development or commercialization efforts; the reliance of the Company's business on the success of ensifentrine, its only product candidate under development; economic, political, regulatory and other risks involved with international operations; the lengthy and expensive process of clinical drug development, which has an uncertain outcome; serious adverse, undesirable or unacceptable side effects associated with ensifentrine, which could adversely affect the Company's ability to develop or commercialize ensifentrine; potential delays in enrolling patients, which could adversely affect the Company's research and development efforts and the completion of its clinical trials; the Company's ability to obtain approval for and commercialize ensifentrine in multiple major pharmaceutical markets; material differences between the Company's "top-line" data and final data; the Company's reliance on third parties, including clinical research organizations, clinical investigators, manufacturers and suppliers, and the risks related to these parties' ability to successfully develop and commercialize ensifentrine; changes in the Company's tax rates, unavailability of certain tax credits or reliefs or exposure to additional tax liabilities or assessments could affect profitability, and audits by tax authorities could result in additional tax payments for prior periods; the Company's vulnerability to natural disasters, global economic factors and other unexpected events, including health epidemics or pandemics like the COVID-19 pandemic, which has and may continue to adversely impact the Company's business, and Russia's invasion of Ukraine; and the other important factors discussed under the caption "Risk Factors" in its Annual Report on Form 10-K for the year ended December 31, 2021 and as any such factors may be updated from time to time in its other filings with the SEC. Any such forward-looking statements represent management's estimates as of the date of this Current Report. While the Company may elect to update such forward-looking statements at some point in the future, it disclaims any obligation to do so, even if subsequent events cause its views to change. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this Current Report.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

VERONA PHARMA PLC

Date: August 9, 2022

By: /s/ David Zaccardelli, Pharm. D.
Name: David Zaccardelli, Pharm. D.
Title: President and Chief Executive Officer

Verona Pharma
Breath of Innovation®

Verona Pharma Reports Second Quarter 2022 Financial Results and Provides Corporate Update

Ensifentrine met primary and secondary endpoints of evaluating lung function in Phase 3 ENHANCE-2 trial for COPD

Top-line Phase 3 ENHANCE-1 data expected around the end of 2022

Conference call today at 8:30 a.m. EDT / 1:30 p.m. BST

LONDON and RALEIGH, N.C., August 9, 2022 – Verona Pharma plc (Nasdaq: VRNA) ("Verona Pharma" or the "Company"), a clinical-stage biopharmaceutical company focused on respiratory diseases, announces its financial results for the three months ended June 30, 2022, and provides a corporate update.

In a separate press release issued earlier today, Verona Pharma announced positive top-line results from its Phase 3 ENHANCE-2 ("Ensifentrine as a Novel inHAled Nebulized COPD thErapy") trial evaluating nebulized ensifentrine for the maintenance treatment of chronic obstructive pulmonary disease ("COPD"). The ENHANCE-2 trial has successfully met its primary endpoint, as well as secondary endpoints demonstrating improvements in lung function, and significantly reduced the rate and risk of COPD exacerbations. Ensifentrine was well tolerated with safety results similar to placebo.

David Zaccardelli, Pharm. D., President and Chief Executive Officer, said: "We are very pleased by the successful outcome of our ENHANCE-2 study and remain committed to bringing ensifentrine to COPD patients as quickly as possible. These data, along with results from our ongoing Phase 3 trial, ENHANCE-1, which are on track to be reported around the end of 2022, if similarly positive, are expected to support the submission of a New Drug Application to the US Food and Drug Administration in the first half of 2023. We want to thank all the patients and investigators for their participation in the trial to advance ensifentrine as a potential new therapy for the treatment of COPD."

Program Updates and Key Milestones

Based on current models of study progression, the Company's near-term milestones include:

- Reporting top-line data from ENHANCE-1 around the end of 2022.
- Conditional upon positive results, the Company expects to submit a New Drug Application ("NDA") to the US Food and Drug Administration ("FDA") in the first half of 2023 for inhaled ensifentrine for the maintenance treatment of COPD.

With the recent sanctions and other government restrictions resulting from the Russia-Ukraine conflict and the COVID-19 pandemic continuing to impact a number of clinical trial activities, the Company continues to closely monitor these timelines.

Second Quarter and Recent Highlights

Clinical

- In August 2022, the Company reported positive top-line Phase 3 data from ENHANCE-2. The trial successfully met its primary endpoint and secondary endpoints evaluating lung function. Ensifentrine also significantly reduced the rate and risk of COPD exacerbations. Ensifentrine was well tolerated with safety results similar to placebo.
- In May 2022, the Company presented a successful thorough QT analysis demonstrating ensifentrine had no clinically relevant effect on the QT interval or cardiac conduction at the American Thoracic Society International Conference ("ATS") 2022. The abstract is published on the ATS website and in the peer reviewed publication, *American Journal of Respiratory and Critical Care Medicine*.

- In June 2022, the Company completed enrollment in ENHANCE-1 with more than 800 subjects randomized.

Second Quarter 2022 Financial Results

- **Cash position:** Cash and cash equivalents at June 30, 2022, were $111.5 million (March 31, 2022: $132.8 million). The Company believes cash and cash equivalents at June 30, 2022, expected cash receipts from the U.K. tax credit program and funding expected to become available under the $30.0 million debt facility, will enable Verona Pharma to fund planned operating expenses and capital expenditure requirements through at least the end of 2023.
- **R&D Expenses:** Research and development ("R&D") expenses were $15.0 million for the second quarter ended June 30, 2022 (Q2 2021: $20.6 million). The decrease of $5.6 million was primarily due to a $4.2 million decrease in clinical trial and other development costs as we progressed to the later stages of our Phase 3 ENHANCE program and a $1.9 million decrease in share-based compensation.
- **SG&A Expenses:** Selling general and administrative expenses ("SG&A") were $5.5 million for the second quarter ended June 30, 2022 (Q2 2021: $8.0 million). The decrease of $2.5 million was primarily due to a decrease in share-based compensation.
- **Net loss:** Net loss was $17.8 million for the second quarter ended June 30, 2022 (Q2 2021: net loss $22.1 million).

Conference Call and Webcast Information

Verona Pharma will host an investment community webcast and conference call at 8:30 a.m. EDT / 1:30 p.m. BST on Tuesday, August 9, 2022, to discuss the ENHANCE-2 results, its second quarter financial results and the corporate update.

To participate, please dial one of the following numbers and reference conference ID 2185062:

- Link to ENHANCE-2 and second quarter 2022 results call

  https://www.veronapharma.com/media/verona-pharma-announces-ensifentrine-meets-primary-endpoint
- +1-888-317-6003 for callers in the United States
- +1-412-317-6081 for international callers

A live webcast will be available on the Events and Presentations link on the Investors page of the Company's website, www.veronapharma.com, and the audio replay will be available for 90 days. An electronic copy of the second quarter 2022 results press release will also be made available today on the Company's website.

For further information please contact:

Verona Pharma plc

US Tel: +1-833-417-0262
UK Tel: +44 (0)203 283 4200

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info@veronapharma.com

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Kimberly Minarovich / Michael Barron

Optimum Strategic Communications
(International Media and European Investor Enquiries)

Tel: +44 (0)203 882 9621
verona@optimumcomms.com

Mary Clark / Rebecca Noonan / Zoe Bolt

About Verona Pharma

Verona Pharma is a clinical-stage biopharmaceutical company focused on developing and commercializing innovative therapies for the treatment of respiratory diseases with significant unmet medical needs. If successfully developed and approved, Verona Pharma's product candidate, ensifentrine, has the potential to be the first therapy for the treatment of respiratory diseases that combines bronchodilator and anti-inflammatory activities in one compound. The Company is evaluating nebulized ensifentrine in its Phase 3 clinical program ENHANCE ("Ensifentrine as a Novel inHAled Nebulized COPD thErapy") for COPD maintenance treatment. Ensifentrine met the primary endpoint in ENHANCE-2 demonstrating a statistically significant and clinically meaningful improvement in lung function. In addition, ensifentrine significantly reduced the rate of COPD exacerbations. Two additional formulations of ensifentrine are in Phase 2 development for the treatment of COPD: dry powder inhaler ("DPI") and pressurized metered-dose inhaler ("pMDI"). Ensifentrine has potential applications in cystic fibrosis, asthma and other respiratory diseases. For more information, please visit www.veronapharma.com.

COVID-19 Impact

Verona Pharma continues to monitor the impact of the COVID-19 pandemic on its operations and clinical trials, in particular the timelines and costs of its Phase 3 clinical program ENHANCE. The pandemic and government and other measures in response continue to impact a number of clinical trial activities and the Company will provide an update if it becomes aware of any meaningful disruption caused by the pandemic to its clinical trials.

To help protect the health and safety of the subjects, caregivers and healthcare professionals involved in its clinical trials, as well as its employees and independent contractors, the Company continues to follow guidance from the FDA and other health regulatory authorities regarding the conduct of clinical trials during the COVID-19 pandemic in an effort to ensure the safety of study participants, minimize risks to study integrity, and maintain compliance with good clinical practice.

The COVID-19 pandemic is disrupting supply chains, and employee retention and recruitment, globally and the Company is closely monitoring this situation and will provide an update if it becomes aware of any meaningful disruption caused by the pandemic to the supply of ensifentrine and drug-related products, equipment and services for its clinical trials.

Russia-Ukraine Conflict

Verona Pharma is conducting ENHANCE-1 at a number of clinical trial sites in Russia and Europe (but not including Ukraine). The sanctions and other restrictions imposed by the U.S. and other countries as a result of the current conflict between Russia and Ukraine are impacting, and may continue to impact, the Company's outsourced clinical research vendor's ability to pay the clinical trial sites and investigators in Russia and may impact the vendor's ability to supply ensifentrine and equipment to the sites and validate their trial data. If the conflict extends into other countries in Europe where the Company's clinical trials are being conducted, its clinical trial activities in those countries may also be impacted. The Company is closely monitoring the Russia-Ukraine conflict and will provide an update if it becomes

aware of any meaningful disruption to the cost and timelines of our Phase 3 program or its plans to submit an NDA for ensifentrine.

Forward-Looking Statements

This press release contains forward-looking statements. All statements contained in this press release that do not relate to matters of historical fact should be considered forward-looking statements, including, but not limited to, statements regarding our operational review, outlook and financial review, the development of ensifentrine and the progress and timing of clinical trials and data, the goals and design of clinical trials, the assumptions underlying the Company's models on clinical trial recruitment and progress, including the potential impact of the COVID-19 pandemic and the Russia-Ukraine conflict on such progress and on our business and operations and the Company's future financial results, the timing of submission of an NDA for ensifentrine, the potential for ensifentrine to be the first therapy for the treatment of respiratory diseases to combine bronchodilator and anti-inflammatory effects in one compound, the potential of ensifentrine in the treatment of COPD, cystic fibrosis, asthma and other respiratory diseases, as well as the potential of the DPI and pMDI formulations of ensifentrine, the funding we expect to become available under the $30.0 million debt financing facility and from cash receipts from U.K. tax credits, and the sufficiency of cash and cash equivalents.

These forward-looking statements are based on management's current expectations. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties and other important factors that may cause our actual results, performance or achievements to be materially different from our expectations expressed or implied by the forward-looking statements, including, but not limited to, the following: our limited operating history; our need for additional funding to complete development and commercialization of ensifentrine, which may not be available and which may force us to delay, reduce or eliminate our development or commercialization efforts; the reliance of our business on the success of ensifentrine, our only product candidate under development; economic, political, regulatory and other risks involved with international operations; the lengthy and expensive process of clinical drug development, which has an uncertain outcome; serious adverse, undesirable or unacceptable side effects associated with ensifentrine, which could adversely affect our ability to develop or commercialize ensifentrine; potential delays in enrolling subjects, which could adversely affect our research and development efforts and the completion of our clinical trials; we may not be successful in developing ensifentrine for multiple indications; our ability to obtain approval for and commercialize ensifentrine in multiple major pharmaceutical markets; misconduct or other improper activities by our employees, consultants, principal investigators, third-party service providers and licensees; our inability to realize the anticipated benefits under licenses granted by us to third parties to develop and commercialize ensifentrine, our future growth and ability to compete depends on retaining our key personnel and recruiting additional qualified personnel; material differences between our "top-line" data and final data; our reliance on third parties, including clinical research organizations, clinical investigators, manufacturers and suppliers, and the risks related to these parties' ability to successfully develop and commercialize ensifentrine; lawsuits related to patents covering ensifentrine and the potential for our patents to be found invalid or unenforceable; lawsuits related to our licensing of patents and know-how with third parties for the development and commercialization of ensifentrine; changes in our tax rates, unavailability of certain tax credits or reliefs or exposure to additional tax liabilities or assessments could affect our profitability, and audits by tax authorities could result in additional tax payments for prior periods; and our vulnerability to natural disasters, global economic factors, geo-political actions and unexpected events, including health epidemics or pandemics like the COVID-19 pandemic, and conflicts such as the Russia-Ukraine conflict, which has and may continue to adversely impact our business. These and other important factors under the caption "Risk Factors" in our Annual Report on Form 10-K for the year ended December 31, 2021, and our other reports filed with the SEC, could cause actual results to differ materially from those indicated by the forward-looking statements made in this press release. Any such forward-looking statements represent management's estimates as of the date of this press release. While we may elect to update such forward-looking statements at some point in the future, we disclaim any obligation to do so, even if subsequent events cause our views to change. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this press release.

Verona Pharma plc

Consolidated Financial Summary

(unaudited)

	Three months ended June 30,	
	2022	2021
	($000's)	($000's)
Operating expenses		
Research and development	$ 14,982	$ 20,563
Selling, general and administrative	5,526	7,985
Total operating expenses	20,508	28,548
Operating loss	(20,508)	(28,548)
Other income/(expense)		
Benefit from R&D tax credit	5,409	3,836
Interest income	165	3
Interest expense	(91)	(85)
Fair value movement on warrants	-	2,711
Foreign exchange (loss) / gain	(2,662)	40
Total other income, net	2,821	6,505
Loss before income taxes	(17,687)	(22,043)
Income tax expense	(79)	(25)
Net loss	$ (17,766)	$ (22,068)
Weighted-average shares outstanding – basic and diluted	484,777,837	470,786,767
Loss per ordinary share – basic and diluted	$ (0.04)	$ (0.05)

	June 30 2022	March 31 2022
Cash and cash equivalents	$ 111,510	$ 132,764
Total assets	$ 154,856	$ 169,315
Equity	$ 110,880	$ 126,307



ENHANCE-2 Phase 3 data

August 2022

Nasdaq: VRNA | www.veronapharma.com

Verona Pharma
Breath of Innovation®

Forward-looking statements

This presentation contains "forward-looking" statements that are based on the beliefs and assumptions and on information currently available to management of Verona Pharma plc (together with its consolidated subsidiaries, the "Company"). All statements other than statements of historical fact contained in this presentation are forward-looking statements. Forward-looking statements include information concerning the initiation, timing, progress and results of clinical trials of the Company's product candidate, the timing or likelihood of regulatory filings and approvals for of its product candidate, and estimates regarding the Company's expenses, future revenues and future capital requirements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expects," "plans," "anticipates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other comparable terminology.

Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the Company's actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These risks, uncertainties and other factors include those under "Risk Factors" in the Company's annual report on Form 10-K for the year ended December 31, 2021, and current reports on Form 8-K and our other filings with the Securities and Exchange Commission (the "SEC"). Forward-looking statements represent the Company's beliefs and assumptions only as of the date of this presentation. Although the Company believes that the expectations reflected in the forward-looking statements are reasonable, it cannot guarantee future results, levels of activity, performance or achievements. Except as required by law, the Company assumes no obligation to publicly update any forward-looking statements for any reason after the date of this presentation, or to conform any of the forward-looking statements to actual results or to changes in its expectations.

This presentation also contains estimates, projections and other information concerning the Company's business and the markets for the Company's product candidate, including data regarding the estimated size of those markets, and the incidence and prevalence of certain medical conditions. Information that is based on estimates, forecasts, projections, market research, or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, the Company obtained this industry, business, market and other data from reports, research surveys, clinical trials studies and similar data prepared by market research firms and other third parties, from industry, medical and general publications, and from government data and similar sources.

Agenda

On Today's Call:



- **Welcome and ENHANCE-2 Data Overview**
  David Zaccardelli, PharmD, CEO



- **Financial Review**
  Mark Hahn, CFO
- **Q&A**
- **Closing Remarks**
  David Zaccardelli, PharmD, CEO

Joining for Q&A:



Key Opinion Leader

- **Antonio Anzueto, MD**
  Professor of Medicine and Section, Chief of Pulmonary at South Texas Veterans Healthcare System



- **Kathy Rickard, MD**
  CMO



- **Chris Martin**
  SVP of Commercial

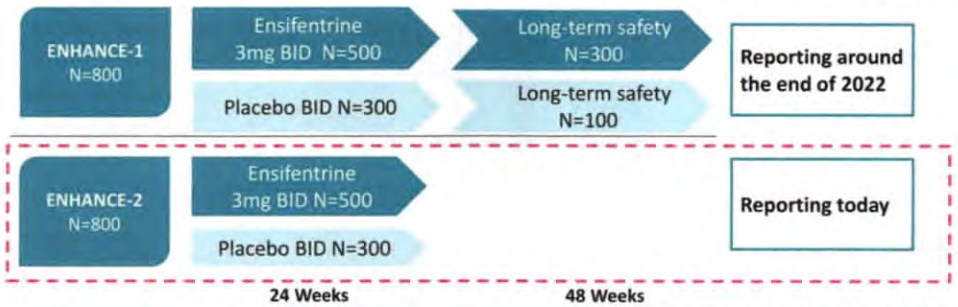


- **Tara Rheault, PhD**
  SVP of R&D

Pivotal Phase 3 program

Two efficacy and safety studies: ENHANCE-1 and ENHANCE-2

Ensifentrine as a **N**ovel in**HA**led **N**ebulized **C**OPD th**E**rapy in moderate to severe COPD



Patient population:

- LAMA or LABA background allowed (approx. 50% of trial population) and ICS (up to approx. 20% of population)
- 30-70% predicted FEV_1
- Symptomatic (mMRC ≥ 2)

Additional information:

- Long-term safety in ENHANCE-1
- Sites in North America, EU and Asia

Verona Pharma

ENHANCE-2 baseline characteristics

Demographics and baseline characteristics well balanced between groups

Parameter	*Ensifentrine n=499*	*Placebo n=291*	*Total n=790*
Age, mean (SD)	65.0 (7.4)	65.3 (7.3)	65.1 (7.4)
Gender, % Male, n (%)	245 (49.1)	138 (47.4)	383 (48.5)
Moderate / Severe COPD, n (%) Mild/Very Severe COPD, n (%)	266 (53.3) / 231 (46.3) 1 (0.2)/ 1 (0.2)	143 (49.1) / 148 (50.9) 0/0	409 (51.8) / 379 (48.0) 1 (0.1)/ 1 (0.1)
% Predicted FEV_1 mean, (SD)	50.8 (10.7)	50.4 (10.7)	50.6 (10.7)
% with Chronic Bronchitis, n (%)	322 (64.5)	190 (65.3)	512 (64.8)
% Current Smokers, n (%)	276 (55.3)	160 (54.9)	436 (55.2)
Background Meds: Yes, n (%) LAMA LAMA/ICS LABA LABA/ICS	264 (52.9) 157 (31.5) 1 (0.2) 34 (6.8) 72 (14.4)	150 (51.5) 80 (27.5) 0 23 (7.9) 47 (16.2)	414 (52.4) 237 (30.0) 1 (0.1) 57 (7.2) 119 (15.0)
E-RS Baseline, mean (SD)	13.3 (6.7)	13.3 (6.2)	-
SGRQ Baseline, mean (SD)	50.6 (17.4)	51.2 (16.4)	-

Phase 3 ENHANCE-2 data on file

Verona Pharma

TwoLabs PHARMA SERVICES

Verona Pharma

Via Fed Ex
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

To Whom It May Concern,

On behalf of Verona Pharma, Inc. ("Verona"), attached is Verona's application for Licensure.

Verona Pharma, Inc. is a Virtual Manufacturer. Verona's products are manufactured by a Contract Manufacturer and will be distributed to customers by their Third-Party Logistics Provider, Cardinal SPS, who is licensed to ship pharmaceutical products into your state.

I hope this narrative is helpful as you review Verona's application. If you have a question regarding this application, please contact me at (614) 519-4775 or via email at Erin.vorisek@twolabs.com. Please also address all written communication to me. My address is 3705 Fish Hawk Landing, Columbus Ohio 43230.

Thank you in advance for your consideration.

Erin Vorisek
Licensing Analyst



4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Facility Name: Capital City Drug

Physical Address: 8705 Shoal Creek BLVD STE 213

City: Austin State: TX Zip: 78757

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 512-686-4914 Website: www.capitalcitydrug.com

Name of Designated Representative (DR): Andrew Coney

Licensing Company Email: admin@capitalcitydrug.com DR Email: admin@capitalcitydrug.com

■ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Veterinarians ☐ Others:	■ Dangerous Drugs ☐ Controlled Substances ☐ [a]Medical devices, equipment, supplies, gases ☐ Others:	☐ Manufacturer ☐ Repacker ☐ Reverse Distributor ☐ Warehouse ☐ Retail pharmacy wholesale distributor ■ Others: only sell generic drugs

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Name: Rising Pharmaceuticals
Address: 2 Tower Center BLVD#1401A City: East Brunswick State: NJ Zip: 08816

Name: Masters Pharmaceutical
Address: 3600 Pharma Way City: Mason State: OH Zip: 45036

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

State of Incorporation/Organization: Texas
Parent Company (if any):
Corporation/Organization Name: Capital City Drug LLC
Mailing Address: 1407 Wildcat Hollow
City: West Lake Hills State: TX Zip: 78746
Telephone: 5129132005 Email: andrewconey1@gmail.com
Contact Person Name: Andrew Coney

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✗	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✗	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✗	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Capital City Drug

Facility Name

Andrew Coney

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/15/2023

Date

Board Use Only	Date Received: 2-21-23	Amount: 1000.00 CK - 1007

CAPITAL CITY DRUG

Capital City Drug

Nevada Out-of-State Wholesale Application

List all Officers and Directors:

Andrew Coney, PharmD – managing member and officer

List all shareholders and their percent ownership:

Andrew Coney, PharmD – shareholder, owns 100% of Capital City Drug LLC

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender, or holder of indebtedness of the applicant:

Employee: Jazmin Diaz, logistics assistant

Personal representative (lawyer for business) – Kyle Knas

Lender: Visa Credit Card through Chase Bank

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: $300

Certificate of Formation
Limited Liability Company

Filed in the Office of the Secretary of State of Texas
Filing #: 804725199 09/12/2022
Document #: 1177228960002
Image Generated Electronically for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

Capital City Drug, LLC

Article 2 – Registered Agent and Registered Office

☐ A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

☑ B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:
Andrew Coney

C. The business address of the registered agent and the registered office address is:

Street Address:
1407 Wildcat Hollow West Lake Hills TX 78746

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☑ B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

☐ A. The limited liability company is to be managed by managers.

OR

☑ B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Managing Member 1: **Andrew Coney** Title: **Managing Member**

Address: **1407 Wildcat Hollow West Lake Hills TX, USA 78746**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Initial Mailing Address

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

1407 Wildcat Hollow
West Lake Hills, TX 78746
USA

Organizer

The name and address of the organizer are set forth below.

Kyle G. Knas **400 Austin Avenue, Suite 800, Waco, Texas 76701**

Effectiveness of Filing

☑ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Kyle G. Knas

Signature of Organizer

FILING OFFICE COPY

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Capital City Drug, LLC
File Number: 804725199

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 09/12/2022

Effective: 09/12/2022

John B. Scott
Secretary of State

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, *DSHS would like you to complete the short online survey at:* **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

CAPITAL CITY DRUG LLC
8705 SHOAL CREEK BLVD STE 213
AUSTIN TX 78757

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

CAPITAL CITY DRUG LLC

8705 SHOAL CREEK BLVD STE 213
AUSTIN, TX 78757

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003542
Expires: September 18, 2024

NON-TRANSFERABLE

John Hellerstedt, MD
Commissioner

516237

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

September 13, 2022

Attn: NAMAN, HOWELL, SMITH & LEE, PLLC

NAMAN, HOWELL, SMITH & LEE, PLLC
400 Austin Avenue, Suite 800
Waco, TX 76703 USA

RE: Capital City Drug, LLC
File Number: 804725199

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at https://window.state.tx.us/taxinfo/franchise/index.html.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

CAPITAL CITY DRUG, LLC	
Texas Taxpayer Number	32085261180
Mailing Address	1407 WILD CAT HOLW W LAKE HILLS, TX 78746-3621
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	09/12/2022
Texas SOS File Number	0804725199
Registered Agent Name	ANDREW CONEY
Registered Office Street Address	1407 WILDCAT HOLLOW WEST LAKE HILLS, TX 78746

Close

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB11562509647

Application/License No. _____

Capital City Drug LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8705 Shoal Creek Blvd, Ste 213 Austin TX 78757 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of Pennsylvania (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza #100, Bala Cynwyd, PA 19004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 14th, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of March, 2023.

APPLICANT/PRINCIPAL

COMPANY

Capital City Drug LLC

Authorized Representative

SURETY

Philadelphia Indemnity Insurance Company

Surety Company's Representative

Ryan Tash, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Ryan Tash

Nevada Non-Resident Agent

PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **John T. Page, Ryan Tash, & Susan Fournier of Surety Solutions Insurance Services, Inc.** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEALTO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

Notary Public: Vanessa McKenzie

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 10th day of March, 2023

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Name of Pharmacy/Wholesaler Capital City Drug

Pharmacy/Wholesaler License # (if applicable) TX #1003542

Physical Address 8705 Shoal Creek BLVD STE 213

City Austin State TX Zip 78757

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 512-686-4914 Website www.capitalcitydrug.com

Licensing Company Email admin@capitalcitydrug.com

First Andrew Middle Wright Last Coney

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Wildcat Hollow

City West Lake Hills State TX Zip 78746

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

School Name		From - To (MM/YY – MM/YY)	
University of Texas, College of Pharmacy		01/06-05/11	
Address	**City**	**State**	**Zip**
2409 University Ave	Austin	TX	78712
Diploma/Degree obtained, if any			
Doctorate Of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Westwood High School		08/04-05/05	
Address	**City**	**State**	**Zip**
12400 Mellow Meadow Dr	Austin	TX	78750
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/20-present	[redacted]Wildcat Hollow	Austin	TX	78746
10/17-09/20	[redacted]Folts Ave	Austin	TX	78704
07/15-10/17	[redacted]Malcoml Dr	Dallas	TX	75214
07/12-07/15	[redacted]Davis ST [redacted]	Austin	TX	78701
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Capital City Drug LLC			11/22-current	
Business Address		**City**	**State**	**Zip**
8705 Shoal Creek BLVD STE 213		Austin	TX	78757
Phone	**Title**		**Number of Employed Hours**	
512-913-2005	CEO		675	

Description of Duties

Create prescription drug wholesale company, comply with DSCSA standards to operate as a secondary drug wholesaler; Designated representative, ensure safe supply chain of prescription drug from manufacture to wholesaler to pharmacy.

Business Name			From - To (MM/YY – MM/YY)	
Mockingbird Pharma			01/16-10/22	
Business Address		**City**	**State**	**Zip**
2351 Merritt Dr		Garland	TX	75041
Phone	**Title**		**Number of Employed Hours**	
5129132005	CEO		10,000	

Description of Duties

Create prescription drug wholesale company, comply with DSCSA standards to operate as a secondary drug wholesaler; Designated representative, ensure safe supply chain of prescription drug from manufacture to wholesaler to pharmacy.

Business Name			From - To (MM/YY – MM/YY)	
Total RX			08/14-12/15	
Business Address		**City**	**State**	**Zip**
9101 Lakeview Parkway		Rowlett	TX	75088
Phone	**Title**		**Number of Employed Hours**	
N/A	Pharmacist		2000	

Description of Duties

Activities: Prepare, coordinate, compound, and dispense IV medications for outpatient settings; prepare, coordinate, compound, and dispense non sterile products for outpatient setting

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Andrew Coney, **certify that as the designated representative for**

Capital City Drug,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AC I am at least 21 years of age;
3. AC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrew Coney
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/15/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Coney

Print Name (First, Last)

Original Signature (electronic, copies of stamps not accepted)

2/15/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Travis

I, Andrew Coney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-15-23

Date

Subscribed and Sworn to before me this 15 day of February

Notary Public Signature

AMY LOU DANG
Notary Public, State of Texas
Comm. Expires 09-15-2026
Notary ID 133962595

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Name of Pharmacy/MDEG/Wholesaler Capital City Drug

Pharmacy/MDEG/Wholesaler License # (if applicable) TX #1003542

Physical Address 8705 Shoal Creek BLVD STE 213

City Austin State TX Zip 78757

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 512-686-4914 Website www.capitalcitydrug.com

Licensing Company Email admin@capitalcitydrug.com

First Andrew Middle Wright Last Coney

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Wildcat Hollow

City West Lake Hills State TX Zip 78746

Telephone [redacted] Ema[redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Texas, College of Pharmacy		01/06-05/11	
Address	City	State	Zip
2409 University Ave	Austin	TX	78712
Diploma/Degree obtained, if any			
Doctorate Of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Westwood High School		08/04-05/05	
Address	City	State	Zip
12400 Mellow Meadow Dr	Austin	TX	78750
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/20-present	[redacted]Wildcat Hollow	Austin	TX	78746
10/17-09/20	[redacted] Folts Ave	Austin	TX	78704
07/15-10/17	[redacted]Malcoml Dr	Dallas	TX	75214
07/12-07/15	[redacted]Davis ST [redacted]	Austin	TX	78701
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name			From - To (MM/YY – MM/YY)
Mockingbird Pharma			01/16-10/22
Business Address	**City**	**State**	**Zip**
2351 Merritt Dr	Garland	TX	75041
Phone	**Title**		
5129132005	CEO		

Description of Duties

Create prescription drug wholesale company, comply with DSCSA standards to operate as a secondary drug wholesaler; Designated representative, ensure safe supply chain of prescription drug from manufacture to wholesaler to pharmacy.

Business Name			From - To (MM/YY – MM/YY)
Total RX			08/14-12/15
Business Address	**City**	**State**	**Zip**
9101 Lakeview Parkway	Rowlett	TX	75088
Phone	**Title**		
N/A	Pharmacist		

Description of Duties

Activities: Prepare, coordinate, compound, and dispense IV medications for outpatient settings; prepare, coordinate, compound, and dispense non sterile products for outpatient setting

Business Name			From - To (MM/YY – MM/YY)
Paragon Infusion Services			05/12-08/14
Business Address	**City**	**State**	**Zip**
720 W 34th St #104	Austin	TX	78705
Phone	**Title**		
512-261-4800	Pharmacist in Charge		

Description of Duties

Prepare, coordinate, compound, and dispense IV medications for outpatient settings, ensure safe use of IV medications (IV antibiotics, IVIG, IV hydration) through patient lab monitoring; coordination of care with home health nursing

Business Name			From - To (MM/YY – MM/YY)
Scott and White Memorial Hospital			05/11-05/12
Business Address	**City**	**State**	**Zip**
2401 S 31st St	Temple	TX	76508
Phone	**Title**		
254-724-2111	Pharmacist		

Description of Duties

Oversee IV medication dispensing, ensure safe use of IV antibiotics through lab monitoring, DURs, possible drug interactions

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

2-16-23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Coney
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/15/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Travis

I, Andrew Coney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2-17-23
Date

Subscribed and Sworn to before me this 17 day of February.

Amy Lou Dang
Notary Public Signature

AMY LOU DANG
Notary Public, State of Texas
Comm. Expires 09-15-2026
Notary ID 133962595

(Seal)

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Physical Address: 2500 Southpoint Dr.

City: Forest Park State: GA Zip: 30297

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 404-675-3600 Website: www.exel.com

Name of Designated Representative (DR): Shaunell Hare

Licensing Company Email: DHL@IQVIA.com DR Email: shaunell.hare@sanofi.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Manufacturers, Health Dept, Military Government Agencies, Clinics		■ Others: 3PL

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See Attached Letters and Discipline Documents

Mark D. Smith

→ Original Signature (electronic, copies or stamps not accepted)

1/4/23

→ Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sanofi
Address: 55 Corporate Drive City: Bridgewater State: NJ Zip: 08807

Name:
Address: City: State: 08807 Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MA
Parent Company (if any): DPWN Holdings (USA), Inc.
Corporation/Organization Name: Exel Inc. dba DHL Supply Chain (USA)
Mailing Address: 360 Westar Blvd, Dept 555
City: Westerville State: OH Zip: 43082
Telephone: 614-865-8500 Email: regulatory@dhl.com
Contact Person Name: Mark A. Smolik

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Exel Inc. dba DHL Supply Chain (USA)

Facility Name

Mark A. Smolik

Print Name of Authorized Person Submitting Application

Mark A. Smolik

→ Original signature of Authorized Person (copies or stamps not accepted)

1/4/23

→ Date

Board Use Only	Date Received: 1-9-23	Amount: 1000.00 CK-650223

DHL Supply Chain
Regulatory Affairs

360 Westar Boulevard, Westerville, OH 43082

October 14, 2022

RE: NV Initial Wholesaler Application

To whom it may concern,

Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is submitting this letter in reference to the question on Wholesaler Application regarding pending complaint, investigation, or disciplinary actions.

[Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") is a part of Deutsche Post DHL Group, the world's leading contract logistics provider, and has tens of thousands of employees across North America. At any given time, DHL is a named defendant in civil matters, including employment cases. Based on knowledge and belief of the respondent completing this application after reasonable inquiry, DHL is not involved in any pending criminal proceedings. Nor is DHL part of any pending malpractice claims, civil claims, or lawsuits in connection with drugs/devices.]

Attached are letters from the State Board for the following 2 items:

1. On March 27, 2019, DHL received a notice from the Colorado Board of Pharmacy indicating that the Board initiated disciplinary action against DHL in connection with DHL's failure to notify the Board of a change in its Designated Representative for the site located at 1635 Stone Ridge Drive, Stone Mountain, GA 30083-118. The matter was resolved with the Board as of April 29, 2019 and is now closed.

2. On August 10, 2022, DHL received a proposed Imposition of Civil Fine from the Board in connection with DHL's alleged failure to timely notify the Board of a change in its Designated Representative. DHL accepted the Imposition of Civil Fine in the amount of $500, which was a technical violation only and not related to the delivery of patient care. Although we did notify on time and at all times a DR was present at the facility, the method of notification was technically incorrect which led to the delay. The matter was resolved with the Board as of September 19, 2022.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any concerns regarding the matters set forth in this notice, please do not hesitate to contact DHL Regulatory Affairs at regulatory@dhl.com.

Respectfully,

John Kropczynski, BSE, MBA

John Kropczynski

Director, Regulatory Affairs, America's

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2022-000354

I, JONATHAN MENEES, as an agent for Exel Inc. Dba DHL Supply Chain (USA), admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 156932, and over this Imposition of Civil Fine.

1. On June 30, 2021, we appointed a new Facility Manager. On March 21, 2022, the Board received our Change of Facility Manager form with the new Facility Manager notification; 264 days after the Facility Manager change occurred. **This is a violation of 12 AAC 52.697(c).**

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.697(c). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the **"State of Alaska"** within ninety (90) days after this Imposition of Civil Fine is accepted by the Board.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

JONATHAN MENEES
Name/Title, Respondent
SENIOR DIRECTOR

9/19/22
Date

SUBSCRIBED AND SWORN TO before me this 19th day of September, 2022, at Delaware County, Ohio, ~~Alaska~~.

SEAL

Allison E. Haedt
Notary Public ~~in and for Alaska.~~

EP
EP

Allison E. Haedt
Notary Printed Name
My commission expires: N/A

NOTARIAL SEAL
STATE OF OHIO

Allison Haedt, Attorney At Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date
Sec. 147.03 R.C.

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Exel Inc.)
Dba DHL Supply Chain (USA))
)
Respondent)
Case No. 2022-000354

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2022-000354, regarding license number 156932, for failure to timely notify the Board of a Facility Manager change, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 22nd day of September, 2022, at Anchorage, Alaska.

ALASKA BOARD OF PHARMACY

By: Justin Ruffridge
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

DHL Supply Chain

570 Polaris Parkway
Westerville, OH 43082

April 30, 2019

RE: Exel Inc. d/b/a DHL Supply Chain (USA) ("DHL") – Notice of Colorado State Board of Pharmacy Discipline Action

To whom it may concern,

On March 27, 2019, DHL received a notice from the Colorado State Board of Pharmacy (the "Board") indicating that the Board initiated disciplinary action against DHL in connection with DHL's failure to timely notify the Board of a change in its designated representative for the site located at 1635 Stone Ridge Drive, Stone Mountain, GA 30083-118. The matter was resolved with the Board as of April 29, 2019 and is now closed.

Please be assured that DHL takes these matters very seriously and has implemented corrective actions to prevent similar issues from occurring in the future. If you have any questions or concerns regarding the matters set forth in this notice please do not hesitate to contact DHL Regulatory Affairs at Regulatory@dhl.com.

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-844

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE OUT-OF-STATE PRESCRIPTION DRUG WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF EXEL INC., DBA DHL SUPPLY CHAIN (USA), REGISTRATION NO. WHO 8288,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Exel Inc., dba DHL Supply Chain (USA)("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-844, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as an out-of-state prescription drug wholesaler, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2018).

2. Respondent Outlet was originally registered in the State of Colorado on or about November 19, 2010, being issued registration #WHO 8288, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Outlet's address of record with the Board and current location is 1635 Stone Ridge Drive, Stone Mountain, Georgia.

4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent Outlet failed to timely submit to the Board an application detailing a change in designated representative and fee. In this case, 320 days transpired between March 9, 2018, the date the previous designated representative ceased the position, and January 23, 2019, the date the application and fee were received.

6. On or about February 4, 2019, the Board initiated a complaint against Respondent Outlet because of the delay of 320 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

12-42.5-303. Wholesaler license requirements.

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:
(A) The name of each partner if the applicant is a partnership;
(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;
(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(VII) The name of the applicant's designated representative for the facility, the fingerprints of the designated representative, and a personal information statement for the designated representative that includes information as required by the board, including but not limited to the information in subsection (5) of this section.

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license.

* * *

Pharmacy Board Rules and Regulations

15.01.14 Change of name, location, or ownership, or designated representative.

c. Any change in the designated representative of a wholesaler shall be reported to the Board on a form supplied by the Board within thirty calendar days of such change. The incoming designated representative must undergo the required background check.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents ($1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.

10. Other Requirements. Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

    a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.

11. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

    a. to have formal notice of hearing and charges served upon it;

    b. to respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and

    d. to appeal this Final Agency Order.

    Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

13. Violations. Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension

or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Stipulation and Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Mark A. Smaich Dated: 4/18/19

Authorized Representative

Vice President, General Counsel and Secretary

Name / Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29 day of April, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of April 2019, addressed as follows:

By electronic mail:

Exel Inc. dba DHL Supply Chain USA
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Email: renewals@licenselogix.com; and andrew.post@dhl.com

Linda Stanko
Agent of the Board

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

February 04, 2019

Exel Inc. dba DHL Supply Chain (USA)
Attn: Designated Representative
1635 Stone Ridge Dr
Stone Mountain, GA 30083-1118

Also sent via email: renewals@licenselogix.com

RE: Case 2019-844

Dear Designated Representative:

The Colorado State Board of Pharmacy ("Board") has received the attached complaint regarding the conduct of the Board-registered out-of-state prescription drug wholesaler detailed above. The Board is investigating this complaint. It is being sent to you as the designated representative of the above listed out-of-state prescription drug wholesaler. The first step in the process is to obtain your response to the allegations raised in the complaint. At this point, no assumption has been made about the truth or validity of any information provided to the Board.

Please send a written response within thirty (30) days of the date of this letter as indicated above. An earlier response may expedite the Board's review of this matter. To facilitate an efficient and timely review, please type your response. If this is not possible, please legibly print your response.

We encourage you to respond electronically. If you do, please submit the response to dora_pharmacyboard@state.co.us. Please scan and attach any relevant documents. Address all correspondence to the Board.

Also, please be sure that any copies submitted with your response are legible. Be sure to include the case number listed above on all correspondences and address your response to my attention.

It is the policy of the Division of Professions and Occupations to copy your attorney (if you are represented) on all correspondences in order to assure that your attorney is aware of the developments in your case. If you are represented by an attorney in this matter, please provide the Board in writing with your attorney's contact information. If the Board already has your attorney's contact information, your attorney name

should be identified below as a carbon copy of "cc," indicating that a copy of this letter was sent to that attorney. If at any time it appears that the Board does not have the correct information regarding your legal representation, please update the Board and provide your attorney with a copy of all correspondences from the Board.

We strongly encourage you to begin preparing your response to the complaint as soon as possible, as extensions to the thirty day response time will not be granted except in very limited circumstances. Additionally, if you choose to be represented by an attorney, please contact him or her immediately. A delay in doing so will not be grounds for an extension.

Following receipt of your response, the Board will review the complaint and your response thereto. The Board will then determine what further action, if any, is warranted. Please note you will be advised in writing of the Board's disposition of this complaint.

Thank you for your cooperation and prompt attention to this matter. If you have any questions, please contact me at dora_pharmacyboard@state.co.us or (303) 894-7800.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Lana Hyatte
Program Specialist

Enclosures: Q&A Brochure
Complaint

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Management Branch
Office of Enforcement - Pharmacy Inspections

Board/Program:	State Board of Pharmacy	**Specialist:**	Lana Hyatte
Case Number:	2019-844	**Date of Memorandum:**	02/01/2019
Name:	Exel Inc. dba DHL Supply Chain (USA)		
License Type:	WHO	**Number:**	8288

On 01/23/19, the Colorado State Board of Pharmacy ("Board") received an application from Exel Inc. dba DHL Supply Chain (USA), detailing a change of designated representative along with fee (**Attachment 1**). This application indicates that on 03/09/18, Thomas Flynn ceased being the designated representative. Consequently, **320 days** elapsed between the 03/09/18 date that Mr. Flynn ceased being the designated representative and the 01/23/19 date the application and fee were received.

Board Rule 15.01.14 (c) states that within thirty calendar days any changes in information shall be submitted to the Board. Within the thirty days after termination of the former designated representative's employment, an application to transfer the registration to the new representative and paid transfer fee must be submitted. CRS 12-42.5-123(1)(c)(I)(II)(III) provides that the Board may suspend, revoke, refuse to renew, or otherwise discipline any registration issued by it, after a hearing, upon proof that the registrant has violated any lawful rules of the Board or any state or federal laws pertaining to drugs.

Accordingly, per standard procedure, please initiate a complaint against the registration of this Wholesaler Out-of-State drug outlet using this memo and a copy of the 01/23/19 application.

1. Application	1.

Reviewer's Initials

PAID
3500 mc
1602825

DPU920
JHNZFIY/002427

Division of Professions and Occupations
Office of Licensing—Pharmacy
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-7800 / Fax (303) 894-7693
www.dora.colorado.gov/professions

Application for Registration OUT-OF-STATE WHOLESALER / DISTRIBUTOR OF PRESCRIPTION DRUGS and/or CONTROLLED SUBSTANCES

New Registration or Ownership Transfer: **$450**
Change Location: **$125**
Change Name or Change Designated Representative: **$35**
Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

If additional pages are attached to respond to requested information in any part of the application, please indicate the number of the item to which you are responding.

PART 1.

Select from the following and submit the appropriate fee for each selection:

☐ **I am submitting an application for NEW Out-of-State Wholesaler registration.** $450
➢ *Enclose fee with your application and continue to Part 2.*

—OR—

☐ **I am reporting a TRANSFER OF OWNERSHIP for a current registration.** $450
Previous owner name: _____
Effective date of new ownership: _____

☒ **I am reporting a change in existing registration as follows:** (select all that apply)

☐ **CHANGE OF LOCATION** $125
Previous location: _____
Effective date of relocation: _____

☐ **CHANGE OF BUSINESS NAME** $35
Colorado registration number: _____
Previous business name: _____
New business name: _____
Effective date of new name: _____

☒ **CHANGE OF DESIGNATED REPRESENTATIVE** $35
Colorado registration number: WHO.0008288
New Designated Representative Name: James Patrick Kennedy
New Designated Representative Social Security No: 259-49-9617
Previous Designated Representative Name: Thomas Flynn
Effective date of change: 3/9/2018
Designated Representative Affidavit (page 5): _____

Total Fee: $ 35

PART 2.

1. Colorado Registration Number: WHO.0008288 *If this is a new registration, leave blank.*
2. Business Name: _____
   List all trade names or DBA names used by business: _____
3. Wholesaler business license number in the state of residence: _____

DESIGNATED REPRESENTATIVE AFFIDAVIT

Facility Name: Exel Inc. dba DHL Supply Chain (USA)

Address: 1635 Stone Ridge Drive, Stone Mountain, GA 30083

I, James Patrick Kennedy, certify the following:

1. I am the designated representative for the above-referenced facility.
2. The information contained in the application and this document is correct including, but not limited to, the responses to the Background Questions in Part 3.
3. I am familiar with the requirements of the Federal Food, Drug and Cosmetic Act and its supporting regulations.
4. I am at least twenty-one years of age.
5. I have at least three years of full-time employment history with a pharmacy or a wholesaler in a capacity related to the dispensing and distribution of and the record keeping related to prescription drugs.
6. I am employed by the applicant or facility in a full-time managerial position.
7. I am actively involved in and aware of the actual daily operation of the wholesaler.
8. I am physically present at the facility during regular business hours, except when the absence of the designated representative is authorized, including but not limited to, sick leave and vacation leave.
9. I do not serve as the designated representative for more than one wholesaler.
10. I do not have any convictions under federal, state, or local law relating to wholesale or retail prescription drug distribution or a controlled substance.
11. I do not have any felony, civil, or misdemeanor convictions pursuant to federal, state, or local law. (This includes deferred judgments or deferred sentences.)
12. I agree to notify the Board in writing when I cease to be the designated representative of this facility.
13. I certify that the applicant wholesaler will not distribute any new drug into Colorado not authorized to move into interstate commerce under appropriate federal law.
14. I attest that, pursuant to § 12-42.5-304, C.R.S., I have submitted my fingerprints to the Colorado Bureau of Investigation (CBI) for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing records of the CBI and the Federal Bureau of Investigation (FBI). The Board, which makes the determination of suitability for licensing, will provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. 16.34. The Board will not deny the license based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. Direct all challenges to your record to the FBI's Criminal Justice Information Services Division, Attention: Correspondence Group, 1000 Custer Hollow Rd., Clarksburg, WV 26306.

Per § 12-4-104(13)(a), C.R.S., any applicant who, under oath, supplies false information to an agency in an application for a license, commits perjury in the second degree as defined in § 18-8-503, C.R.S.. In accordance with §§ 18-8-503 and C.R.S. 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

Signature: J P K **Date:** 1-7-19

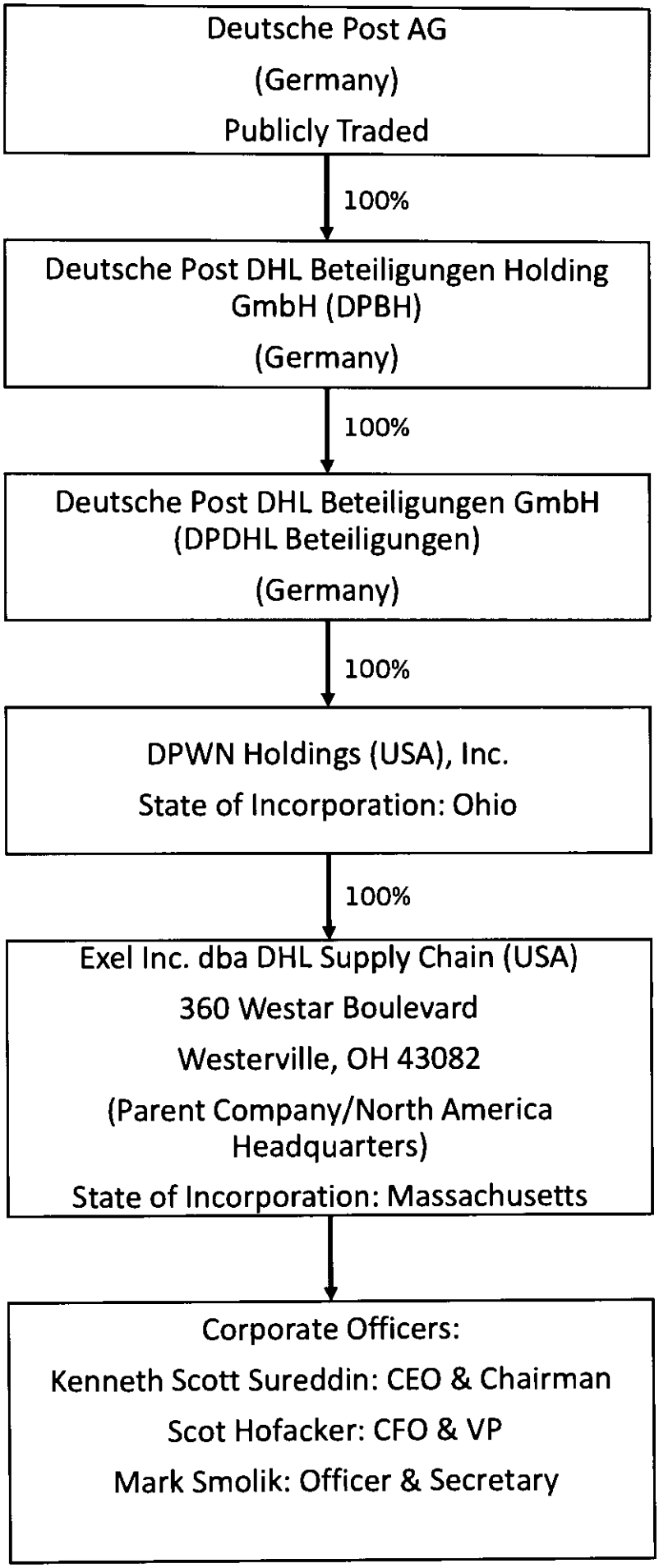
If the wholesaler is changing designated representatives, indicate the name of the previous designated representative and the date this individual ceased to be the designated representative for this wholesaler.

Previous Designated Representative: Thomas Flynn

Date Ceased to be Designated Representative: 3/9/2018

Corporate Officer Information:

Name:	Kenneth Scott Sureddin 2/3/22	Scot Kevin Hofacker 2/3/22	Mark Andrew Smolik 2/3/22
Title:	Chairman/CEO	VP/CFO	Officer/Secretary
Email	scott.sureddin@dhl.com	scot.hofacker@dhl.com	mark.smolik@dhl.com
Office Address:	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082	360 Westar Blvd, Westerville OH 43082
Office Phone:	614-865-8500	614-865-8500	614-865-8500
% Ownership	0	0	0


Deutsche Post AG
(Germany)
Publicly Traded
100%
Deutsche Post DHL Beteiligungen Holding GmbH (DPBH)
(Germany)
100%
Deutsche Post DHL Beteiligungen GmbH (DPDHL Beteiligungen)
(Germany)
100%
DPWN Holdings (USA), Inc.
State of Incorporation: Ohio
100%
Exel Inc. dba DHL Supply Chain (USA)
360 Westar Boulevard
Westerville, OH 43082
(Parent Company/North America Headquarters)
State of Incorporation: Massachusetts
Corporate Officers:
Kenneth Scott Sureddin: CEO & Chairman
Scot Hofacker: CFO & VP
Mark Smolik: Officer & Secretary

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: January 10, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,

EXEL INC.

is a domestic corporation organized on **June 01, 1983** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23010181970

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: ili

STATE OF GEORGIA
Georgia Board of Pharmacy
Third Party Distributor
LICENSE NO. PHTPL000039 Status: Active

DHL Supply Chain (USA)
2500 Southpoint Drive
Forest Park GA 30297

Expires: 06/30/2023
Issued: 11/04/2022

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Third Party Distributor** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Third Party Distributor
LICENSE NO. PHTPL000039 Status: Active
DHL Supply Chain (USA)
360 Westar Blvd Dept 555
Westerville OH 43082

Expires: 06/30/2023
Issued: 11/04/2022
Real-time license verification is available at gadch.mylicense.com/verification

Adams, Matthew	304973
Bell, Christopher	305202
Bentley, Kevin	234044
Benton, Michael	305191
Bolden, John	305189
CLAYTON, SAMMY	305212
Cole, Keyshia N	305184
Cole, Stanley	305242
Crook, Iola N	191449
Decker, Lindsey	307792
Dowers, Keston R	514798
Fears, Tumeka	305235
Gaines, Gregory L	305215
Garrett, Timmy	305240
Green, Michael P	305214
hare, shaunell	305035
Harper, Kevin	305211
Harris, Jeffrey	305223
HarrisHunter, Tracy	305241
Johnson, Kadedra	305228
Knight, Marcus	305210
LEWIS, JOY	502377
Lipscomb, John	305231
McLendon, Sequoya	285302
Mcnair, Emory	305234
Payton, Ronny	305224
Pratt, Jason	304976
Reed, Jonathan	305222
Salomon, Angie	305229
Seaton, Richard	305199
Taylor, John	305209
Tolbert, Erica	305213
Toner, William N	213352
Ubale, Tathagat	305891
Whatley, Latonya	097188
White, Bobby	305192
White, Willie	305208
Williams, Dominique	305187
Williams, Michael	305185

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Exel Inc. dba DHL Supply Chain (USA)

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 2500 Southpoint Dr.

City: Forest Park State: GA Zip: 30297

Mailing Address (if different from physical address): 360 Westar Blvd, Dept 555

City: Westerville State: OH Zip: 43082

Telephone: 404-675-3600 Website: www.exel.com

Licensing Company Email: DHL@IQVIA.com

Section 2: Personal Information

First: Shaunell Middle: Delaine Last: Hare

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 2500 Southpoint Dr.

City: Forest Park State: GA Zip: 30297

Telephone: 404-675-3652 Email: shaunell.hare@sanofi.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Joliet Central High School		1994-1998	
Address	**City**	**State**	**Zip**
201 E Jefferson St	Joliet	IL	60432
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Robert Morris College		1998-1999	
Address	**City**	**State**	**Zip**
6001 University Boulevard Moon	Township	PA	15108
Diploma/Degree obtained, if any			
Associates Degree			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Current	[redacted] Watson Circle	Locust Grove	GA	30248
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/15 - 02/21	[redacted] Buckhorn Bend	Locust Grove	GA	30248
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Exel Inc. dba DHL Supply Chain (USA)			2017 - Current	
Business Address		**City**	**State**	**Zip**
2500 Southpoint Dr.		Forest Park	GA	30297
Phone	**Title**		**Number of Employed Hours**	
404-675-3652	Operations Manager		6000+	
Description of Duties				
Manage People and Process in a 300,000 sq Distribution Center, Manage the daily workflow to help with continuous production and efficiency with our various departments, Drive & maintain accountability towards strict compliance with SOP and cGMP & Lead team through system transition from SAP PKF to SAP SHIFT with no customer interruptions.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Shaunell Hare, **certify that as the designated representative for**

Exel Inc. dba DHL Supply Chain (USA),

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SDH I am at least 21 years of age;
3. SDH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SDH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SDH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SDH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SDH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Shaunell Hare

Print Name (First, Last)

Shaunell Hare

→ Original Signature (electronic, copies or stamps not accepted)

12/29/2022

→ Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shaunell Hare

Print Name (First, Last)

Shaunell Hare — 12/29/22

→ Original Signature (electronic, copies or stamps not accepted) → Date

---

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Henry

I, Shaunell Hare, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Shaunell Hare — 12/29/2022

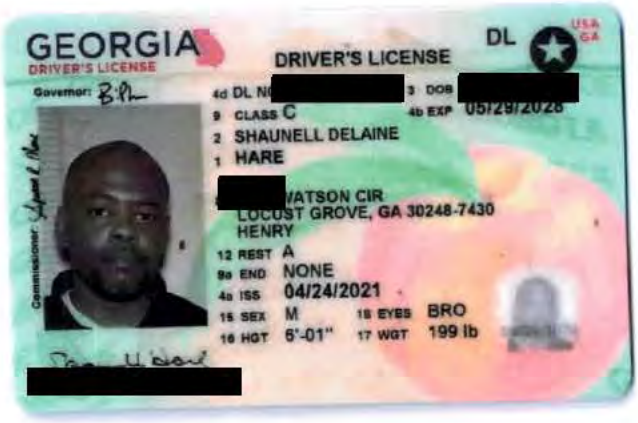
→ **Original Signature** → **Date**

Subscribed and Sworn to before me this 29th day of December.

Karen Harkness 10/20/25

→ **Notary Public Signature**

KAREEMAH HARKNESS NOTARY PUBLIC GEORGIA EXPIRES BUTTS COUNTY (Seal)


GEORGIA
DRIVER'S LICENSE
DRIVER'S LICENSE
DL
USA GA
Governor:
4d DL N[redacted]
3 DOB [redacted]
9 CLASS C
4b EXP 05/29/2028
2 SHAUNELL DELAINE
1 HARE
[redacted] WATSON CIR
LOCUST GROVE, GA 30248-7430
HENRY
12 REST A
9a END NONE
4a ISS 04/24/2021
15 SEX M
18 EYES BRO
16 HGT 6'-01"
17 WGT 199 lb
Commissioner:
[redacted]


[redacted]
RESTRICTIONS: A-None
ENDORSEMENTS: NONE
MEDICAL INFORMATION: NONE
01/02/2019

RIDER

To be attached to and form part of:

Bond Number 016075066

dated April 15, 2017

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

and in favor of THE STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The following site locations to be added:

- North Star Forest Park GA - 2500 Southpoint Dr., Forest Park, GA 30297
- North Star Reno located - 1025 Sandhill Road, Reno, NV 89521

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 22nd day of August, 2022.

Signed, Sealed & Dated this 22nd day of August, 2022.

EXEL, INC. DBA DHL SUPPLY CHAIN (USA)
(Principal)

By: Mark A. Smalik

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Pedro Gonzalez Jr., Attorney-in-Fact

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8207389-016018

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Claudette Alexander Hunt, Pedro Gonzalez, Jr.

all of the city of Miami state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 24th day of February, 2022.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 24th day of February, 2022 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2026
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 22nd day of August, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12673 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

4XX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ■ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02390	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Animal Health Logistics, LLC. dba EPIQ Animal Health

Physical Address: 400 Metro Place North - Suite 360

City: Dublin State: OH Zip: 43017

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (614) 717-7119 Website:

Name of Designated Representative (DR): Anjela Lynn English

Licensing Company Email: SMUN-CVET-EPIQ-General@covetrus.com DR Email: aenglish@epiq-ah.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: Veterinary Legend Drugs and Devices	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Virtual Wholesaler

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

11/16/2022
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Formed in Delaware

Parent Company (if any): Butler Animal Health Supply, LLC

Corporation/Organization Name: Animal Health Logistics, LLC

Mailing Address: 400 Metro Place N - Suite 360

City: Dublin State: Ohio Zip: 43017

Telephone: (614) 717-7113 Email: SMUN-CVET-EPIQ-General@covetrus.com

Contact Person Name: Kelly Ann Barnes

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Animal Health Logistics, LLC dba EPiQ Animal Health

Facility Name

John Simonovich

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/16/2022

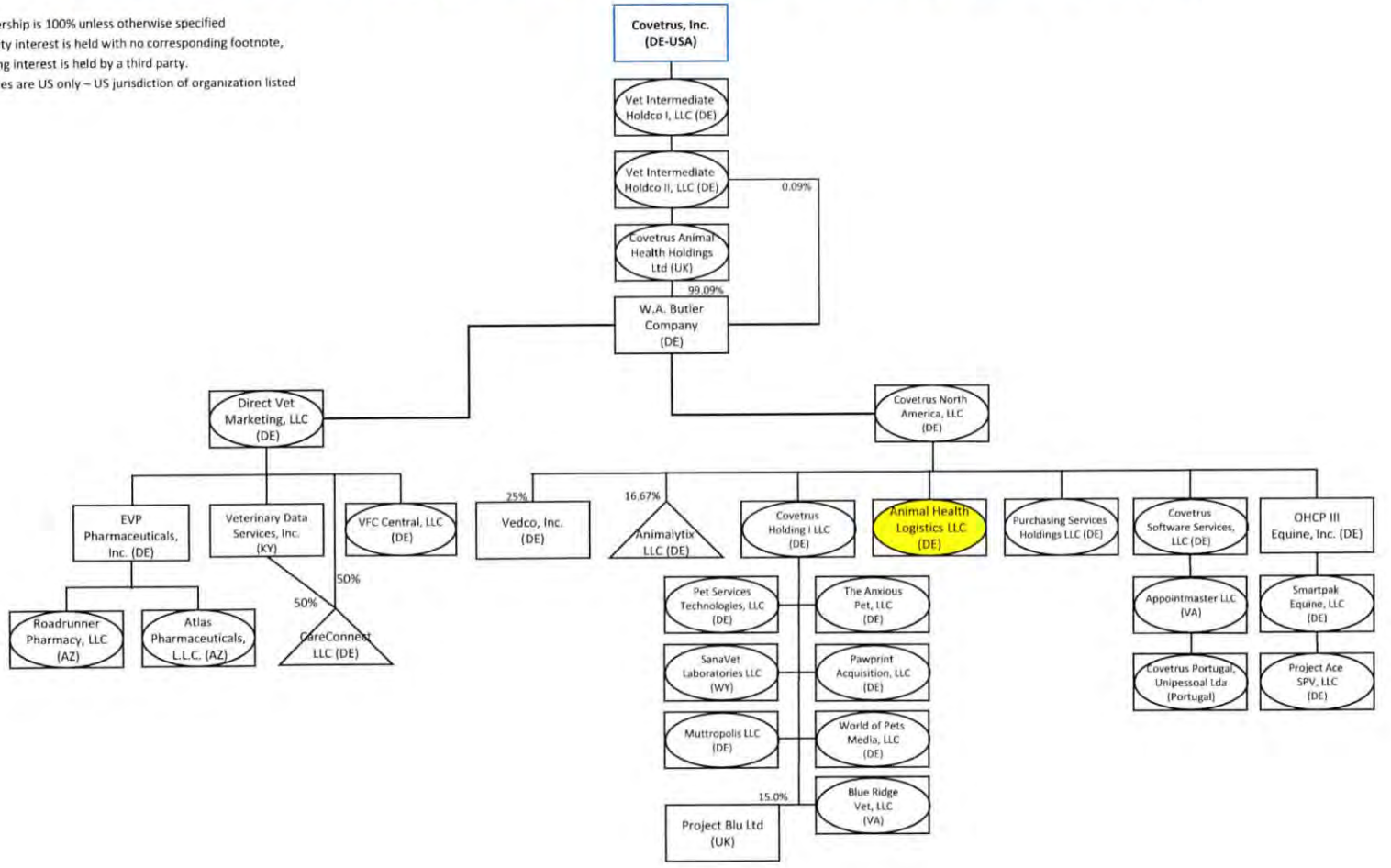
Date

Board Use Only	Date Received: 2-2-23	Amount: 1000.00 CC

Organizational Structure

Animal Health Logistics, LLC dba EPiQ Animal Health

All ownership is 100% unless otherwise specified
If minority interest is held with no corresponding footnote, remaining interest is held by a third party.
All entities are US only – US jurisdiction of organization listed



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANIMAL HEALTH LOGISTICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANIMAL HEALTH LOGISTICS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6444723 8300

SR# 20224310725

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205133283

Date: 12-19-22

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

Animal Health Logistics, LLC

EPiQ Animal Health

400 METRO PLACE N, SUITE 360

DUBLIN, OH 43017

License Number: 012656000

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: VW – Virtual Wholesaler

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
Angela Lynn English	Angela Lynn English

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard -

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 |

December 28, 2022

Re: Animal Health Logistics, LLC dba EPiQ Animal Health Officer List 2022

To whom it may concern:

Below please find 2022 Officer list for Animal Health Logistics, LLC dba EPiQ Animal Health

Vacant, President
Lee Wise, CFO
Margaret B. Pritchard, Secretary

The following individuals who **not** corporate officers are listed are authorized signatories for Animal Health Logistics, LLC dba EPiQ Animal Health.

John Branstad, Authorized Signatory
Robert Lynn, Authorized Signatory

Per Mark, No FP needed

If additional information is required, please do not hesitate to contact me directly.

Sincerely,

Kelly Ann Barnes

Kelly Ann Barnes, JD, RPh
Sr. Director, Regulatory Compliance | Covetrus-North America
Licensing Animal Health Logistics, LLC dba EPiQ Animal Health
M: +1 339.236.2411
kellyann.barnes@covetrus.com
www.covetrus.com

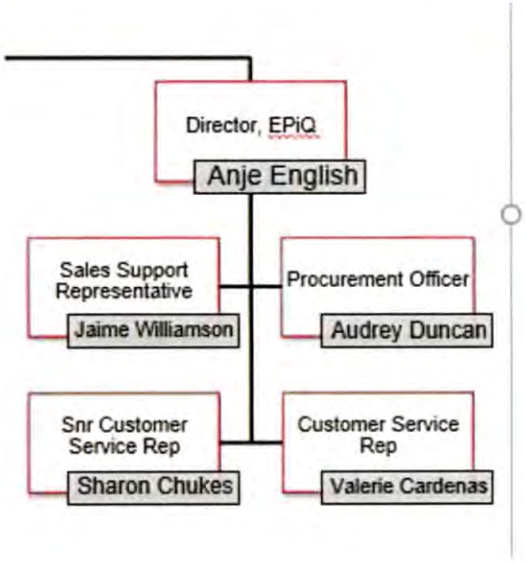
November 15, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada
Email: pharmacy@pharmacy.nv.gov

Re: Animal Health Logistics, LLC dba EPiQ Animal Health Employee List 2022

To whom it may concern:

Below please find 2022 employee list for Animal Health Logistics, LLC dba EPiQ Animal Health



If additional information is required, please do not hesitate to contact me directly.

Sincerely,

Kelly Ann Barnes

Kelly Ann Barnes, JD, RPh
Sr. Director, Regulatory Compliance | Covetrus-North America
Licensing Animal Health Logistics, LLC dba EPiQ Animal Health
M: +1 339.236.2411
kellyann.barnes@covetrus.com
www.covetrus.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 02/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Covetrus North America, LLC 400 Metro Place N. Dublin OH 43017 USA	INSURER A: ProAssurance Specialty Insurance Company	17400
	INSURER B: Starr Indemnity & Liability Company	38318
	INSURER C: Continental Casualty Company	20443
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 570097886531 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			1000100099231	03/01/2023	03/01/2024	EACH OCCURRENCE	$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$4,000,000
							PRODUCTS - COMP/OP AGG	Excluded
B	AUTOMOBILE LIABILITY			1000639300231 (AOS)	03/01/2023	03/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
B	X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY X Comp/Coll. $1,000			1000639301231 (MA)	03/01/2023	03/01/2024	BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			7036813655	03/01/2023	03/01/2024	EACH OCCURRENCE	$10,000,000
							AGGREGATE	$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A If yes, describe under DESCRIPTION OF OPERATIONS below			1000004069 (AOS)	03/01/2023	03/01/2024	X PER STATUTE OTH-ER	
B				1000004071 (FL, MA)	03/01/2023	03/01/2024	E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE-EA EMPLOYEE	$1,000,000
							E.L. DISEASE-POLICY LIMIT	$1,000,000
A	Products Liability			N23ME380001	03/01/2023	03/01/2024	Aggregate Each Occurrence	$10,000,000 $10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The above-referenced policies cover all of the Company's subsidiaries, facilities and locations. National Association of Boards of Pharmacy is included as Additional Insured as required by written contract with respect to the General Liability policy.

CERTIFICATE HOLDER

National Association of Boards of Pharmacy
1600 Feehanville Drive
Mount Prospect IL 60056 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570097886531

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AGENCY CUSTOMER ID: 570000078389
LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk Services Northeast, Inc.	Covetrus North America, LLC
POLICY NUMBER: See Certificate Number: 570097886531	
CARRIER: See Certificate Number: 570097886531 / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	WORKERS COMPENSATION							
B		N/A		1000004067 AZ,CT,IA,NJ,NY,NC,TX,VT	03/01/2023	03/01/2024		
B		N/A		1000004070 (WI)	03/01/2023	03/01/2024		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Animal Health Logistics, LLC dba EPiQ Animal Health

Pharmacy/Wholesaler License # (if applicable): WH02390

Physical Address: 400 Metro Place North, Suite 360

City: Dublin State: OH Zip: 43017

Mailing Address (if different from physical address): 400 Metro Place N, Suite 360

City: same as above State: Zip:

Telephone: 800-480-0838 Website:

Licensing Company Email: cvet-na-licensing@covetrus.com

Section 2: Personal Information

First: Angela Middle: Lynn Last: English

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Common Bent Drive

City: Sunbury State: OH Zip: 43074

Telephone: [redacted] Email: aenglish@epiq-ah.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ohio State University		8/89 - 9/93	
Address	City	State	Zip
	Columbus	OH	43210
Diploma/Degree obtained, if any			
Bachelor of Arts in Journalism			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Common Bent Drive	Sunbury	OH	43074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Miller Paul Rd.	Galena	OH	43021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
EPiQ Animal Health			4/2021-present	
Business Address		City	State	Zip
400 Metro Place N, Suite 360		Dublin	OH	43017
Phone	Title		Number of Employed Hours	
614-905-7689	Sr Manager, Customer Success		2900+	
Description of Duties				
Responsible for managing sales, account management, sales administration, customer support/operations, order processing, service level management and accounts receivable.				

Business Name			From - To (MM/YY – MM/YY)	
EPiQ Animal Health			10/2018-3/2021	
Business Address		City	State	Zip
400 Metro Place N, Suite 360		Dublin	OH	43017
Phone	Title		Number of Employed Hours	
614-905-7689	National Account Manager		4900+	
Description of Duties				
Lead and manage business relationships with over $60M in revenue from global brands J&J (Ethicon), KRUUSE, Elanco, Sentrx Animal Care and others to national and regional animal health distributors with one direct report (sales administrator).				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Anjela Lynn English, **certify that as the designated representative for**

Animal Health Logistics dba EPiQ Animal Health,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ALE I am at least 21 years of age;
3. ALE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ALE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ALE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ALE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ALE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Anjela Lynn English
Print Name (First, Last)

Anjela Lynn English
Original Signature (electronic, copies or stamps not accepted)

10/31/2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anjela Lynn English

Print Name (First, Last)

Anjela Lynn English

Original Signature (electronic, copies or stamps not accepted)

10/31/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Franklin

I, Anjela Lynn English, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Anjela Lynn English

Original Signature

10/31/2022

Date

Subscribed and Sworn to before me this 31 day of October.

Notary Public Signature

NICOLE MARIE LYBARGER
Notary Public
State of Ohio
My Comm. Expires
August 24, 2027

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Animal Health Logistics dba EPiQ Animal Health MDEG License # (if applicable): _____

Physical Address: 400 Metro Place North, Suite 360

City: Dublin State: OH Zip: 43017

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 614-717-7119 Website: www.epiq-ah.com

Licensing Company Email: SMUN-CVET-EPIQ-General@covetrus.com

Section 2: Personal Information

First: Anjela Middle: Lynn Last: English

Alias(es, nicknames, name changes, etc.): Anje English

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Common Bent Drive

City: Sunbury State: OH Zip: 43074

Telephone: [redacted] Email: aenglish@epiq-ah.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ohio State University		8/89-9/93	
Address	**City**	**State**	**Zip**
	Columbus	OH	43210
Diploma/Degree obtained, if any			
Bachelor of Arts in Journalism			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2018-present	[redacted] Common Bent Drive	Sunbury	OH	43074
2/2005-6/2018	[redacted] Miller Paul Rd.	Galena	OH	43021
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
EPiQ Animal Health			4/2021-present
Business Address	**City**	**State**	**Zip**
400 Metro Place North, Suite 360	Dublin	OH	43017
Phone	**Title**	**Number of Employed Hours**	
614-905-7689	Sr Manager, Customer Success	2900+	

Description of Duties

Responsible for managing sales, account management, sales administration, customer support/operations, order processing, service level management and accounts receivable.

Business Name			From - To (MM/YY – MM/YY)
EPiQ Animal Health			10/2018-3/2021
Business Address	**City**	**State**	**Zip**
400 Metro Place North, Suite 360	Dublin	OH	43017
Phone	**Title**	**Number of Employed Hours**	
614-905-7689	National Account Manager	4900+	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Angela Lynn English

Original Signature (electronic, copies or stamps not accepted)

2/20/2023

Date

I, Anjela Lynn English, **certify that as the MDEG Administrator for**

Animal Health Logistics dba EPiQ Animal Health

that I (initial that you have read and meet the following requirements):

1. ALE Have a high school diploma or its equivalent;
2. ALE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ALE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ALE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anjela Lynn English
Print Name (First, Last)

Anjela Lynn English
Original Signature (electronic, copies or stamps not accepted)

2/20/2023
Date

Board Use Only	Date Received: _____

Liberty Mutual.

VERIFICATION CERTIFICATE FOR INDEFINITE TERM BOND

Liberty Mutual Insurance Company Boston, MA , Surety upon

a certain Bond No. 015212017

dated effective October 1, 2021
(MONTH-DAY-YEAR)

on behalf of ANIMAL HEALTH LOGISTICS, LLC DBA EPIQ ANIMAL HEALTH
(PRINCIPAL)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(OBLIGEE)

Amount of bond $ 100,000.00

Description of bond Wholesaler License

Premium: $ 1,000.00

and that the said bond remains in effect, subject to all its agreements, conditions and limitations, and ends only with the cancellation of said bond or other legal termination.

Signed and dated on March 16, 2023
(MONTH-DAY-YEAR)

Liberty Mutual Insurance Company

175 Berkeley Street, Boston, MA 02116 1-610-832-8240

By Sandra Diaz
Sandra Diaz, Attorney-in-fact



Aon Risk Services Northeast, Inc.
Agent

165 Broadway - 33rd Floor, New York, NY, 10006
Address of Agent

212-441-1000
Telephone Number of Agent

Risk Services | AON

Covetrus, Inc.

Invoice No. 100000969343

Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006
(866) 283-7122 FAX (800) 363-0105

Client Account No.	Invoice Date	Currency	Account Executive
570000078389	Dec-14-2021	US DOLLAR	Martha Blackman

Insurance Co.	Policy No. / Named Insured	Policy Term	Trans. Eff. Date	Description	Amount
Liberty Mutual Insurance Co.	015212017 Covetrus, Inc.	Oct-01-2021 - Oct-01-2022	Oct-01-2021	Renewal - License & Permit Bond Premium	1,000.00
Comments Principal: ANIMAL HEALTH LOGISTICS, LLC DBA EPIQ ANIMAL HEALTH Obligee: THE NEVADA STATE BOARD OF PHARMACY Description: Wholesaler License Bond Amount:$100,000.00 Ques,call Sandra Diaz @ 212-479-3724					
				TOTAL INVOICE AMOUNT DUE	**1,000.00**

TO AVOID POTENTIAL DISRUPTION IN YOUR COVERAGE, PAYMENT IS DUE UPON RECEIPT.
Please Make Payable to Aon Risk Services

Please see last page for statement regarding Aon compensation.

Please detach here. Top portion is for your records, bottom portion to be returned with your payment.

Client Account No.	Invoice No.	Invoice Date	Currency	Amount Due
570000078389	100000969343	Dec-14-2021	US DOLLAR	1,000.00

Covetrus, Inc.
Custom House Square
7 Custom House Street
Portland ME 04101 USA

Remit to:
Aon Risk Services Northeast, Inc.
Aon Risk Services , Inc.
P.O. Box 7247 - 7376
Philadelphia PA 19170-7376

AON

Covetrus, Inc.

Invoice No. 100000969343

Please see last page for statement regarding Aon compensation.

Please detach here. Top portion is for your records, bottom portion to be returned with your payment.

Client Account No.	Invoice No.	Invoice Date	Currency	Amount Due
570000078389	100000969343	Dec-14-2021	US DOLLAR	1,000.00

USD ONLY WIRE/ACH Remit to:

Citibank
111 Wall Street
New York NY 10043

ABA No: 021000089
Swift No: CITIUS33
Account Name: Aon Risk Services Northeast, Inc.
Account No: 30427574

Overnight Remit to:

First Data/Remitco
Attn: Aon Risk Services Northeast Inc.
400 White Clay Center Drive
Newark DE 19711

Reference: Lockbox #7376
Phone No: 410-363-5800

Please Reference your Client Account No. & Invoice No. being paid
Wire payment information is for USD currency only. Please contact your Aon representative for Multi-Currency payment instructions.

Regarding Compensation and Taxes

Affiliates of Aon Group, Inc. providing retail, wholesale and reinsurance brokerage, risk management, underwriting and/or claim management, captive management, premium financing, or consulting may receive compensation in the form of (i) commissions and/or fees paid by an insurer and/or other third party and/or fees paid by a client; and (ii) investment and/or interest income on premiums, claim payments and return premiums temporarily held as fiduciary funds subject to the principal's consent as may be required or permitted by law. To the extent a portion of Aon's compensation by operation of law, agreement or otherwise becomes adjusted or credited to you, it is your responsibility to disclose the net cost of the brokerage and insurance costs you have incurred to third parties having an interest in such amounts.

The Data and Analytics Charge covers tools enabling Aon clients to access reports and analytics, including those related to insurers' capabilities, benchmarking and program design. Payment of this Charge is not part of your premium cost, and is neither a requirement nor a condition to receiving brokerage services or to the purchase of insurance policies. The Charge is in addition to any other compensation earned by Aon and is inclusive of sales tax where applicable. You may choose to decline these services by contacting your Account Executive.

If you have any questions regarding the nature or amount of the compensation paid to an Aon company on your account, you should contact the head of the Aon office servicing your account. We have made every effort to identify any surplus lines or other premium taxes and/or fees due in advance, if applicable, but in all instances the payment of these taxes and/or fees will remain the responsibility of the Client and, to the extent tax rates change due to amendments to surplus lines and similar regulations, we will invoice you for the payment of such taxes and fees.

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: HUB Pharmaceuticals LLC

Physical Address: 800 Junction Street, Dock #1

City: Plymouth State: MI Zip: 48170

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-393-3767 Website: www.hubrx.com

Name of Designated Representative (DR): Adam Andrew Dryden

Licensing Company Email: compliance.hubrx@gmail.com DR Email: ADryden@hubrx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
■ Others: Specialty Distributors		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: AmerisourceBergen
Address: 1 West First Avenue City: Conshohocken State: PA Zip: 19428

Name: Cardinal Health
Address: 7000 Cardinal Place City: Dublin State: OH Zip: 43017

Name: McKesson
Address: 6555 State Highway 161 City: Irving State: TX Zip: 75039

Name: Accutome
Address: 3222 Phoenixville Pike, Bldg #50 City: Malvern State: PA Zip: 19355

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Arizona
Parent Company (if any): Renew HUB, LLC
Corporation/Organization Name: HUB Pharmaceuticals, LLC
Mailing Address: 6617 N Scottsdale Road, Suite 204
City: Scottsdale State: AZ Zip: 85250
Telephone: 888-393-3767 Email: orders@hubrx.com
Contact Person Name: Jerry Rosentein

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

HUB Pharmaceuticals LLC

Facility Name

Adam Andrew Dryden

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/9/2022

Date

Board Use Only	Date Received: 12-6-22	Amount: 1000.00 CC



Licensed Professional Information: Wholesale Distributor 5306004219

Licensee Detail

License Type:
Wholesale Distributor

License Number:
5306004219

Organization Name:
HUB PHARMACEUTICALS LLC

DBA Trade Name:

License Issue Date:
08/29/2013

License Expiration Date:
08/29/2024

License Status:
Active

County:

Wayne

<--- Click to view Public Documents

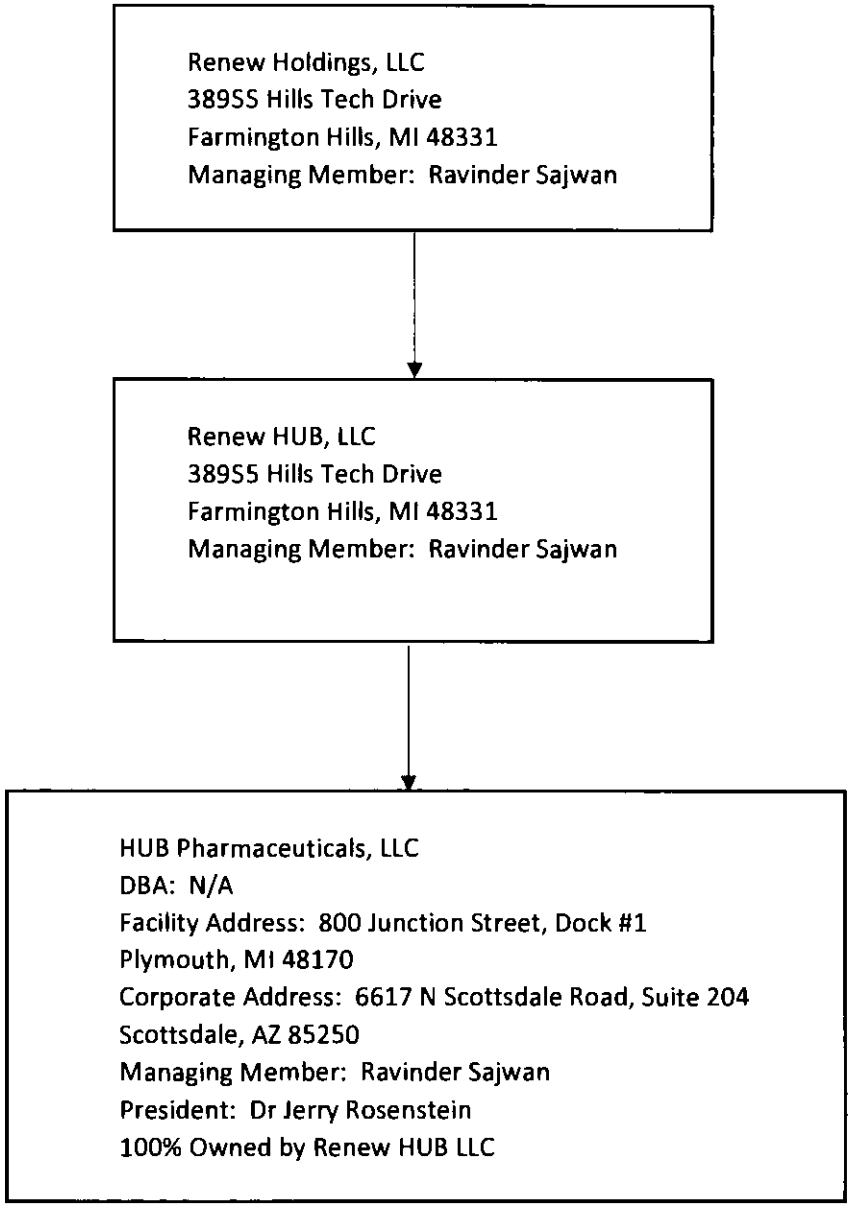
© 2016 State of Michigan.

Company Description

HUB Pharmaceuticals primary business or selling its own-labeled ophthalmic diagnostic products.

Our products are primarily distributed through specialty distributors and through all major wholesalers. In addition, HUB Pharmaceuticals has contracts with national GPO's (Group Purchasing Organizations) whose members are serviced through wholesalers.

HUB Pharmaceuticals, LLC Ownership Structure



HUB Pharmaceuticals, LLC Officer Information

Full Name: Dr. Jerry Rosenstein

Title/Position: President

Date of Birth [redacted]

Social Security Number: [redacted]

Phone Number [redacted]

Home Address: [redacted] E Calle De Las Brisas, Scottsdale, AZ 85255

Email Address: drjerry@hubrx.com

Place of Birth (City, State, County): NY, NY, Manhattan

Length of Service with Company: Since inception 2005

Educational Background: Doctor of Optometry (O.D.)

22102217006493

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

HUB PHARMACEUTICALS, LLC

ACC file number: L22857154

was incorporated under the laws of the State of Arizona on 06/04/2018, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **10/17/2022**

Matthew Neubert, Executive Director

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

HUB PHARMACEUTICALS, LLC

a(n) Arizona FOREIGN LIMITED LIABILITY COMPANY.

was validly authorized on November 18 , 2021, to transact business in Michigan, and that said limited liability company holds a valid certificate of authority to transact business in this state, and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the limited liability company is in good standing in Michigan as of this date and is duly authorized to transact in this state any business set forth in its application which a domestic limited liability company formed under this act may lawfully conduct except as limited by statements in its Application for Certificate of Authority or under the law of its jurisdiction of organization.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS ★ Corporations, Securities & Commercial Licensing Bureau ★

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of October , 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22100340305

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Certificate Dept	
The Campbell Group 4808 Broadmoor Ave SE Kentwood MI 49512	PHONE (A/C, No, Ext): 8774885769	FAX (A/C, No): 800-847-3129
	E-MAIL ADDRESS: certs@thecampbellgrp.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Federal Insurance Company	20281
INSURER B : Chubb European Group SE	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED DIAGGRE-01
HUB Pharmaceuticals LLC
Diagnostic Green LLC
6617 N. Scottsdale Rd.
Suite 204
Scottsdale AZ 85250

COVERAGES **CERTIFICATE NUMBER:** 968321424 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			36053536 GAB	2/26/2023	2/26/2024	EACH OCCURRENCE	$ 1,000,000
	X CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 1,000,000
	X POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	X OTHER: Retro 12/04/2017							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Product Liability			DELSCA26694	2/26/2023	2/26/2024	Occurrence Aggregate	10,000,000 20,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Verification of Insurance

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

HUB Pharmaceuticals LLC
List of Employees, Agents, etc.

1. Rick Manner, Managing Member
2. Dr. Jerry Rosenstein, President
3. Adam Dryden, Designated Rep, Director of Distribution
4. Mary Griffin, Consultant
5. Debbie Robson, Controller
6. Stu Green, Quality Assurance
7. Joel Lindblade, Warehouse Manager
8. Chris McEachern, Warehouse
9. Mandi Smith, Customer Service
10. Ed Rodriquez, Customer Service
11. Chris McKee, Consultant
12. Pharma Solutions USA Inc., Consultant
13. Cardinal Health, Consultant
14. Real Solutions Group, Consultant

Adam Dryden

[redacted] N Connecticut, Royal Oak, Michigan 48073 | [redacted] linkedin.com/in/adamdryden

Overview

- Versatile, knowledgeable, warehouse operations director experienced in growing operations, facility management and building teams to achieve and exceed operational business excellence. Collaborative and creative problem solver, excels at direct oversight, process improvement to overcome challenges.

Qualifications and Accomplishments

- Contributed to revenue growth of more than 125 percent through expense management and leveraging personal network to develop and maintain new product line.
- Created and managed safe working environment for all distribution lines resulting in zero lost time incidents in 15 years.
- Developed and implemented improvement plan, training and standard deployment procedures to validate order fulfilment, reduce error rate and improve delivery time.
- Organized and implemented three complete warehouse moves while maintaining full operations with zero operational incidents.
- Assisted in development and implementation of purchasing and assembly of items to create new product kits.

Skills & Abilities

MANAGEMENT

- Lead consistent individual and team meetings to inform, inspire, set priorities, review operations, challenges and maintain productive team environment.
- Develop and enhance materials management process to monitor productivity and validate order fulfillment, reduce error rate and improve delivery time to customer.
- Manage and coordinate daily warehouse and activities including workforce schedule, employee development, training, coaching and performance appraisals.

CUSTOMER SERVICE AND BUSINESS DEVELOPMENT

- Enhance and maintain relationships with key accounts and business partners to reduce material costs and maximize efficiencies.
- Maintain relationships with sales team and client base to proactively research and source solutions for customer needs.
- Address and solve customer issues related to quality and product management needs.

OPERATIONS

- Direct material and logistic operations to maintain third party logistics for four separate companies, direct oversight for warehouse technicians and transportation services. Products for companies included heavily regulated pharmaceutical items, over the counter drugs and medical devices.
- Create and manage safe working environment for all distribution lines.
- Oversee and coordinate facility and equipment maintenance, preventive upkeep and necessary repairs.
- Collect and review all sales orders to ensure accuracy with product, customer and transportation services.

Experiences

DIRECTOR OF DISTRIBUTION | HUB PHARMACEUTICAL | APRIL 2022 – PRESENT

- Manage material and logistical operations for pharmaceutical distribution company. Direct warehouse technicians in timely and accurate order processing and order fulfillment, develop and implement process improvement design. Manage international and national transportation and shipping logistics. Manage all facility and equipment maintenance, and repair.

Adam Dryden

OWNER-OPERATOR | DRYDEN HOME SERVICES LLC | 2016 – 2022

- Operated startup business with 20 percent growth year over year for 5 years. Perform remodel design/sales to individual clients, Manage individual construction contract with clients. Ensured safe work environment for employees with no incidents. Developed and maintained working partnerships with material suppliers. Perform all aspects of building process in accordance to Michigan building code. Develop and maintain all business licensing, insurance, payroll and taxes.

DIRECTOR OF MATERIALS AND LOGISTICS | DYNAMIC DIAGNOSTICS | 2000 - 2016

- Manage material and logistical operations for medical supply distribution company, direct oversight of $10 million annual inventory. Lead communication and relationships with four third-party business partnerships. Direct warehouse technicians in timely and accurate order processing and order fulfillment, develop and implement process improvement design. Lead vendor purchasing relationships, ensure accurate and timely product delivery. Manage international and national transportation and shipping logistics. Manage all facility and equipment maintenance, repair and direct new purchasing.

WAREHOUSE TECHNICIAN | FORD MOTOR COMPANY | 1990 - 2000

- Performed inventory receipt, stock, process and order fulfillment for second largest American multinational automaker. Ensure accuracy of paper and electronic tracking systems. Appointed to quality control team, ensuring accurate order fulfillment.

Education

BACHELOR OF ARTS | CENTRAL MICHIGAN UNIVERSITY

- Major: Graphic Design
- Minor: Industrial Printing Technologies

Professional Development and Certifications

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

- Individual Builder License | **2016** maintained annually

MICHIGAN MANUFACTURING TECHNOLOGY CENTER

- Supervisory Skills | **2016**

DALE CARNEGIE COURSE

- Effective Communications and Human Relations | **2015**

HAZARDOUS MATERIAL SHIPPING CERTIFICATION, 2010

STATE OF MICHIGAN CHAUFFEUR LICENSE, 2008 maintained annually

BUSINESS PLANNING AND STRATEGY

- Automation Alley | **2005**

MANAGING WAREHOUSE OPERATIONS

- Warehousing Education and Research Council | **2002**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler HUB Pharmaceuticals, LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 800 Junction Street, Dock #1

City Plymouth State MI Zip 48120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-393-3767 Website www.hubrx.com

Licensing Company Email compliance.hubrx@gmail.com

Section 2: Personal Information

First Adam Middle Andrew Last Dryden

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]N Connecticut

City Royal Oak State MI Zip 48073

Telephone [redacted] Email compliance.hubrx@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (MRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Failure to Support Dependents (MRS 425.520)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Central Michigan University			
Address	**City**	**State**	**Zip**
106 Warriner Hall	Mount Pleasant	MI	48859
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
CHURCHILL HIGH SCHOOL		09/1986 - 04/1989	
Address	**City**	**State**	**Zip**
8900 NEWBURGH RD	LIVONIA	MI	48150
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2017 - Present	[redacted] N Connecticut	Royal Oak	MI	48073
10/2008 - 10/2017	[redacted] Dunblaine	Beverly Hills	MI	48025

Section 7: A designated representative must provide proof that he or she has been employed for at least 4,000 hours in pharmacies [NAC 639.5095] or wholesalers [NAC 639.5095] in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs, beginning with the most current, for your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
HUB Pharmaceuticals, LLC			04/2022 - Present
Business Address	**City**	**State**	**Zip**
800 Junction Street, Dock #1	Plymouth	MI	48120
Phone	**Title**		**Number of Employed Hours**
888-393-3767	Director of Distribution		800 + hours
Description of Duties			
Please see attached - resume			

Business Name			From - To (MM/YY – MM/YY)
Dryden Home Services LLC			06/2016 - 05/2022
Business Address	**City**	**State**	**Zip**
2500 N Connecticut	Royal Oak	MI	48073
Phone	**Title**		**Number of Employed Hours**
313-657-9006	Owner		12000 + hours
Description of Duties			
Please see attached resume			

Business Name			From - To (MM/YY – MM/YY)
Dynamic Diagnostics Inc.			08/2000 - 06/2016
Business Address	**City**	**State**	**Zip**
800 Junction Street	Plymouth	MI	48120
Phone	**Title**		**Number of Employed Hours**
800-717-4677	Director of Materials & Logistics		33000 + hours
Description of Duties			
Please see attached resume			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Adam Andrew Dryden, **certify that as the designated representative for**

HUB Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes AD I am at least 21 years of age;
3. Yes AD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes AD I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes AD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes AD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes AD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Dryden

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Dryden

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Oakland

I, Adam Dryden, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/13/2022

Date

Subscribed and Sworn to before me this 13th day of October.

Notary Public Signature

JOSHUA L GUYTON
Notary Public - State of Michigan
County of Wayne
My Commission Expires Jun 25, 2023
Acting in the County of Oakland

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG HUB Pharmaceuticals, LLC MDEG License # (if applicable) _____

Physical Address 800 Junction Street, Dock #1

City Plymouth State Michigan Zip 48120

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-393-3767 Website www.hubrx.com

Licensing Company Email compliance.hubrx@gmail.com

Section 2: Personal Information

First Adam Middle _____ Last Dryden

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]N Connecticut

City Royal Oak State MI Zip 48073

Telephone [redacted] Email compliance.hubrx@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Central Michigan University		01/1989 - 01/1994	
Address	**City**	**State**	**Zip**
106 Warriner Hall	Mount Pleasant	MI	48859
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY)	
Churchill High School		09/86 - 09/89	
Address	**City**	**State**	**Zip**
8900 Newburg Road	Livonia	MI	48150
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2017 - Present	[redacted]N Connecticut	Royal Oak	MI	48073
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2008 - 10/2017	[redacted]Dunblaine	Beverly Hills	MI	48025
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
HUB Pharmaceuticals, LLC			04/2022 - Present	
Business Address		**City**	**State**	**Zip**
800 Junction Street, Dock #1		Plymouth	MI	48120
Phone	**Title**		**Number of Employed Hours**	
888-393-3767	Director of Distribution		1200 + hours	
Description of Duties				
please see attached - resume				

Business Name			From - To (MM/YY – MM/YY)	
Dryden Home Services LLC			06/2016 - 05/2022	
Business Address		**City**	**State**	**Zip**
2500 N Connecticut		Royal Oak	MI	48073
Phone	**Title**		**Number of Employed Hours**	
313-657-9006	Owner		12000 + hours	
Description of Duties				
please see attached - resume				

Business Name			From - To (MM/YY – MM/YY)	
Dynamic Diagnostic Inc.			08/2000 - 06/2016	
Business Address		**City**	**State**	**Zip**
800 Junction ST		Plymouth	MI	48120
Phone	**Title**		**Number of Employed Hours**	
800-717-4677	Director of Materials & Logistics		33000 + hours	
Description of Duties				
please see attached - resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
7/31/2002	7/31/2002	VT	Newport City	Orleans

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-NP-01235	VT0100100 Newport City PD

Reason/Charge
DUI #1 - Influence

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Regarding the attached background check, please note my recollection of the event.

I had been on a family vacation in Vermont. After having dinner, I drove to the family cottage. During this drive I had been observed making an illegal turn on a blinking red light without coming to a complete stop. From there I had been arrested for a misdemeanor DUI.

Please note: Attached FBI background check is all the documentation of the event that I have.

Original Signature (electronic, copies or stamps not accepted)

12/20/2022
Date

I, Adam Dryden, **certify that as the MDEG Administrator for**

HUB Pharmaceuticals, LLC,

that I (initial that you have read and meet the following requirements):

1. AD Have a high school diploma or its equivalent;
2. AD Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AD Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AD Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Dryden
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/2022
Date

Board Use Only	Date Received: 2-6-23

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USFPID09Z
PART 2

NCN E2022336000000284881

- FBI IDENTIFICATION RECORD - FBI UCN-221451XB7

NAME	FBI UCN	DATE REQUESTED
DRYDEN,ADAM ANDREW	221451XB7	2022/12/02

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	[redacted]	509	195	BLU	BRO

BIRTH PLACE
MICHIGAN

PATTERN CLASS
LS LS LS LS LS LS AU LS LS LS

CITIZENSHIP
UNITED STATES

RECORD UPDATED 2022/12/02

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

********** CRIMINAL HISTORY RECORD **********

********** Introduction **********

This rap sheet was produced in response to the following request:

State Id Number	VT262684 ()
Purpose Code	R
Attention	E2022336000000284881;T

The information in this rap sheet is subject to the following caveats:

ONLY MOTOR VEHICLE OFFENSES WHICH WERE ARRAIGNED IN A VERMONT DISTRICT COURT AFTER SEPTEMBER 1, 1995 ARE INCLUDED IN THIS RECORD. The criminal record information provided below represents case disposition data reported by courts indicated. Charges that are supported by fingerprints are designated with a "Y" in the "FP" column. All responses are based on file search criteria provided by the requestor at the date/time of the request. The requestor agrees to use Criminal Conviction Record information received from the Vermont Information Center for the purposes intended by law. The requestor agrees not to disclose the contents of any criminal conviction record without the applicant's permission to any person other than the applicant and properly designated employees who have a documented need to know the contents of the record. A violation may result in a civil penalty of up to $5,000. Each unauthorized disclosure shall constitute a separate civil violation. Authorized: J. Wallin - Director, Vermont Criminal Information Center Waterbury, Vermont

********** IDENTIFICATION **********

Subject Name(s)

DRYDEN, ADAM ANDREW

Subject Description

FBI Number	State Id Number
221451XB7	[redacted]

Social Security Number
[redacted]

Sex	Race
Male	White

Height	Weight	Date of Birth
5'09"	195	[redacted]

Hair Color	Eye Color
Brown	Blue

Scars, Marks, and Tattoos

Code	Description, Comments, and Images
CON LENSES	,

Place of Birth
LIVONIA MI

********** CRIMINAL HISTORY **********

========== Cycle 001 ==========

Tracking Number 1357314
Earliest Event Date 2002-07-31

Arrest Date 2002-07-31
Arrest Case Number 02-NP-01235
Arresting Agency VT0100100 NEWPORT CITY PD
Charge 1
Charge Literal DUI #1-INFLUENCE
Statute (23V1201A2#1)
NCIC Offense Code 5404
Severity MISDEMEANOR

Court Disposition (Cycle 001)
Court Case Number DOCKET# 469-7-02
Final Disposition Date 2002-07-31
Court Agency ORLEANS CO. DISTRICT COURT
Charge 1
Charge Literal DUI #1-INFLUENCE
Statute (23V1201A2#1)
NCIC Offense Code 5404
Severity MISDEMEANOR
Court Comment ARRAIGNMENT DATE: 2002-07-31

Sentencing (Cycle 001)
Charge 1
Charge Literal DUI #1-INFLUENCE
Statute (23V1201A2#1)
NCIC Offense Code 5404
Disposition (2002-07-31; MISDEMEANOR CONVICTION)
(FINED $400)

Corrections (Cycle 001)

Correction Action UNKNOWN
Correction Comment 2002-08-19 - PRINTS - RECEIVED FBI 9/16/02

********** INDEX OF AGENCIES **********

Agency NEWPORT CITY PD; VT0100100;

Agency ORLEANS CO. DISTRICT COURT; ;

* * * END OF RECORD * * *

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0814952

Application/License No. _____

Hub Pharmaceuticals, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 800 Junction St., Dock #1 Plymouth, MI 48170 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 03/11/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21ST day of March, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Sharif Ismail, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Melissa M. Moreno
Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0814952

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 03/21/2022

A00816

Irene Martins, Assistant Secretary

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Lovell Government Services, Inc.

Physical Address: 223 West Gregory Street

City: Pensacola State: Florida Zip: 32502

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 850-684-1867 Website: www.lovellgov.com

Name of Designated Representative (DR): Gail Samoluk

Licensing Company Email: pharmacy@lovellgov.com DR Email: gail@lovellgov.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 2/15/2023

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sun Pharmaceutical Industries
Address: 2 Independence Way City: Princeton State: NJ Zip: 08540

Name: Glenmark Pharmaceuticals
Address: 750 Corporate Drive City: Mahwah State: NJ Zip: 07430

Name: Major Pharmaceuticals
Address: 17187 N. Laurel Park Drive, Suite 300 City: Bridgewater State: NJ Zip: 08807

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): N/A
Corporation/Organization Name: Lovell Government Services, Inc.
Mailing Address: 223 West Gregory Street
City: Pensacola State: Florida Zip: 32502
Telephone: 850-684-1867 Email: Pharmacy@lovellgov.com
Contact Person Name: Christopher Lovell

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Lovell Government Services, Inc.
Facility Name

Gail Samoluk
Print Name of Authorized Person Submitting Application

Gail Samoluk
Original signature of Authorized Person (copies or stamps not accepted)

2/15/2023
Date

Board Use Only	Date Received: 2-21-23	Amount: 1000.00 CK - 1049

Ron DeSantis, Governor

Melanie S. Griffin, Secretary

Florida dbpr

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS

THE Prescription Drug Wholesale Distributor HEREIN HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 499, FLORIDA STATUTES

LOVELL GOVERNMENT SERVICES INC.

223 WEST GREGORY STREET
PENSACOLA FL 32502

LICENSE NUMBER: 2220265

EXPIRATION DATE: APRIL 30, 2025

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

2503

LOVELL

223 West Gregory Street - Pensacola, Florida 32502
Office: (850) 684-1867 Fax: (850)254-9853

November 15, 2022

RE: Lovell Government Services, Inc.
Ownership Information

To whom it may concern:

Below is the requested information for each owner/officer, including professional designation.

Name & Title	Business Address	Home Address	Date of Birth	Ownership
Christopher Lovell, CEO & Owner	223 W. Gregory Street, Pensacola, FL 32502	[redacted] Olivera Street, Navarre, FL 32566	[redacted]	100%

State of Incorporation: Florida

FEIN: 46-3795418

Sincerely,

Gail Samoluk
Director, Wholesale Pharmaceutical Distribution
LOVELL GOVERNMENT SERVICES, INC.
Service-Disabled Veteran Owned Small Business
www.lovellgov.com
850-684-1867 Ext. 703 or 850-332-6301 (Direct)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0573851	03-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-06-2023

LOVELL GOVERNMENT SERVICES, INC
223 W GREGORY ST
PENSACOLA, FL 325024821

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0573851	03-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-06-2023

LOVELL GOVERNMENT SERVICES, INC
223 W GREGORY ST
PENSACOLA, FL 325024821

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0573851	03-31-2024	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	02-06-2023

LOVELL GOVERNMENT SERVICES, INC
223 W GREGORY ST
PENSACOLA, FL 325024821

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
4000 1615

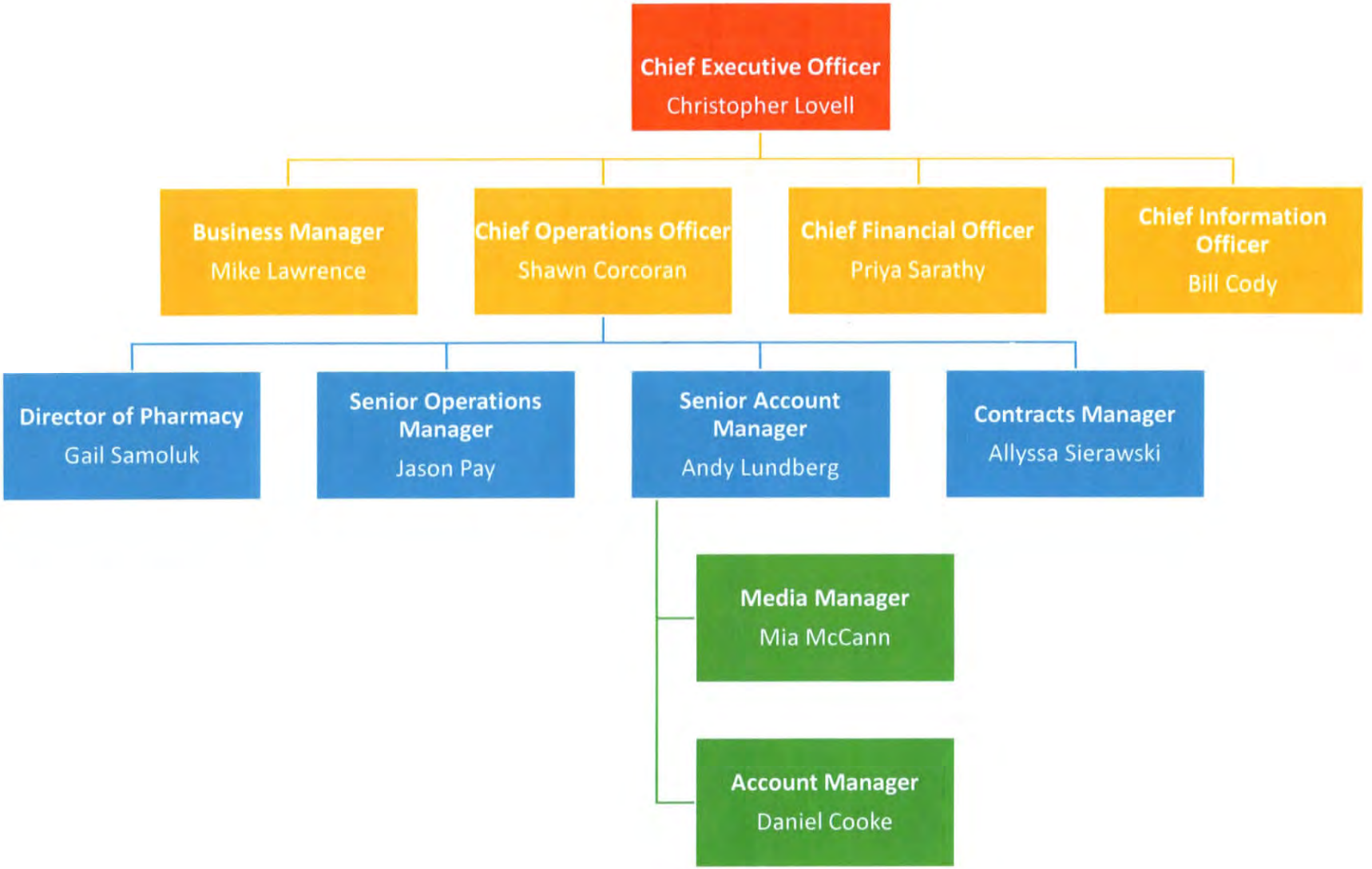
LOVELL
223 West Gregory Street - Pensacola, Florida 32502
Office: (850) 684-1867 Fax: (850)254-9853
FEIN: 46-3795418

April 5, 2023

Lovell Government Services, Inc. List of current employees for Nevada Board of Pharmacy.

Name	Title
Christopher Lovell	Chief Executive Officer and Owner
Shawn Corcoran	Chief Operations Officer
Bill Cody	Chief Information Officer
Mike Lawrence	Vice President of Business Development
Gail Samoluk	Director of Pharmaceutical Wholesale Distribution
Jason Pay	Director of Supply Chain Management
Andy Lundberg	Director of Account Services
James Wiseman	Accountant, Accounts Payable
Patrick Doyle	Accounts Receivable Specialist
Daniel Cooke	Sr. Account Manager
Tanicka Deshommes	Account Manager
Mia McCann	Media Manager
Allyssa Sierawski	Contracts Manager
Doug Chico	National Sales Director
Matt Hand (new)	Director of Business Development

Lovell Government Services Organizational Chart



State of Florida
Department of State

I certify from the records of this office that LOVELL GOVERNMENT SERVICES INC. is a corporation organized under the laws of the State of Florida, filed on February 28, 2022, effective July 18, 2013.

The document number of this corporation is P22000021151.

I further certify that said corporation has paid all fees due this office through December 31, 2023 and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of February, 2023

Secretary of State

Tracking Number: 9025758256CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Lovell Government Services, Inc.

Physical Address: 223 West Gregory Street

City: Pensacola State: Florida Zip: 32502

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 850-684-1867 Website: www.lovellgov.com

Licensing Company Email: pharmacy@lovellgov.com

Section 2: Personal Information

First: Gail Middle: Renee Last: Samoluk

Alias(es, nicknames, name changes, etc.): Gail Renee Strouphauer

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]enetian Garden

City: Gulf Breeze State: FL Zip: 32563

Telephone: [redacted] Email: gail@lovellgov.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: GRS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pensacola State College		01/10 - 06/10	
Address	City	State	Zip
1000 College Boulevard	Pensacola	Florida	32504
Diploma/Degree obtained, if any			
Pharmacy Technician Certificate			

School Name		From - To (MM/YY – MM/YY)	
Nathan B. Forrest High School (now Westside High School)		1981 - 1983	
Address	City	State	Zip
5530 Firestone Road	Jacksonville	Florida	32244
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/16 - Current	[redacted] Venetian Garden	Gulf Breeze	Florida	32563
07/13 - 08/16	[redacted] Nightingale Lane	Gulf Breeze	Florida	32561
07/01 - 07/13	[redacted] Benton Blvd	Pace	Florida	32571

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Lovell Government Services, Inc.			9/2018 - Present	
Business Address		**City**	**State**	**Zip**
223 West Gregory Street		Pensacola	Florida	32502
Phone	**Title**		**Number of Employed Hours**	
850-332-6301	Director, Wholesale Pharmaceutical Distribution		40 hr/week	
Description of Duties				
Oversee all purchasing, supply chain, and distribution activities of prescription drugs; as well as all inventory management...Maintain complete DSCSA compliance...Regulatory requirements for new and renewed permits.				

Business Name			From - To (MM/YY – MM/YY)	
Aids Healthcare Foundation Pharmacy			11/15 - 09/18	
Business Address		**City**	**State**	**Zip**
4300 Bayou Boulevard, Suite 17D		Pensacola	Florida	32503
Phone	**Title**		**Number of Employed Hours**	
850-472-0962	Pharmacy Technician/Inventory Manager		40 hr/week	
Description of Duties				
Daily operations involving inventory management related to ordering/receiving...Processed all expired drugs through reverse distribution company...processed prescriptions from patient drop-off to production to patient pick-up.				

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			08/10 - 11/15	
Business Address		**City**	**State**	**Zip**
225 Gulf Breeze Parkway		Gulf Breeze	Florida	32561
Phone	**Title**		**Number of Employed Hours**	
850-934-0030	Pharmacy Technician, Inventory Specialist			
Description of Duties				
Assisted in training/orientation of new staff...Prepared weekly staff work schedule...processed prescriptions from initial drop-off to production to patient pick-up...Processed all hazardous waste drugs and containers through StrongPAK.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

December 5, 2022
Date

Applicant's initials _____

I, Gail Samoluk, **certify that as the designated representative for** Lovell Government Services, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gail Samoluk

Print Name (First, Last)

Gail R. Samoluk

Original Signature (electronic, copies or stamps not accepted)

December 5, 2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gail Samoluk

Print Name (First, Last)

Gail Samoluk

Original Signature (electronic, copies or stamps not accepted)

1/30/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Escambia

I, Gail Samoluk, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gail Samoluk

Original Signature

1/30/2023

Date

Subscribed and Sworn to before me this 30th day of January 2023

Donna M. Nelson

Notary Public Signature

Notary Public State of Florida
Donna M Nelson
My Commission HH 054297
Expires 10/24/2024

(Seal)

Applicant's initials GP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Lovell Government Services, Inc.

Physical Address: 223 West Gregory Street

City: Pensacola State: Florida Zip: 32502

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 850-684-1867 Website: www.lovellgov.com

Licensing Company Email: pharmacy@lovellgov.com

Section 2: Personal Information

First: Christopher Middle: Wayne Last: Lovell

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Olivera Street

City: Navarre State: FL Zip: 32566

Telephon[redacted] Email: Chris@lovellgov.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: June 1, 1987 to: June 1, 2011

Military Occupation/Specialty: Supply Officer

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ■ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of West Florida		1999-2002	
Address	City	State	Zip
11000 University Pkwy	Pensacola	FL	32514
Diploma/Degree obtained, if any			
Masters in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Naval Academy		1990-1994	
Address	City	State	Zip
121 Blake Rd	Annapolis	MD	21402
Diploma/Degree obtained, if any			
BS English			

School Name		From - To (MM/YY – MM/YY)	
Arthur P. Schalick		1984-1987	
Address	City	State	Zip
718 Centerton Road	Pittsgrove	NJ	08318
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2013 - Current	[redacted] Olivera Street	Navarre	FL	32566
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Lovell Government Services, Inc.			7/2013 - Present	
Business Address		**City**	**State**	**Zip**
223 West Gregory Street		Pensacola	Florida	32502
Phone	**Title**			
717-422-8722	Owner & CEO			

Description of Duties

Chief Executive Officer for Medical surgical and pharmaceutical wholesale distribution. Managing overall operations of the company, creating, planning, implementing and integrating the strategic direction of the company.

Business Name			From - To (MM/YY – MM/YY)	
Lexmark International Federal Accounts			8/2012 - 4/2013	
Business Address		**City**	**State**	**Zip**
740 New Circle Road		Lexington	KY	
Phone	**Title**			
859-232-2000	Senior Account Manager			

Description of Duties

Managed a portfolio of accounts for federal customers by developing account management strategies, coordinating with internal teams to deliver solutions and identify opportunities to grow accounts.

Business Name			From - To (MM/YY – MM/YY)	
Defense Logistics Agency			1/2012 - 8/2012	
Business Address		**City**	**State**	**Zip**
2001 Mission Drive		New Cumberland	PA	
Phone	**Title**			
717-770-6011	Operations Manager			

Description of Duties

Operations Manager duties included formulating strategy, improving performance, procuring material and resources and securing compliance.

Business Name			From - To (MM/YY – MM/YY)	
Amazon Fulfillment			10/2010 - 12/2011	
Business Address		**City**	**State**	**Zip**
675 Allen Road		Carlisle	PA	
Phone	**Title**			
717-218-8502	Operations Manager			

Description of Duties

Operations manager for distribution of Amazon warehouse. Developed storage methods, including the allocation and arrangement of storage facility.

Business Name			From - To (MM/YY – MM/YY)	
United States Marine Corp			6/1/1987 - 6/1/2011	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
	Supply Officer			

Description of Duties

Maintain department inventory of supplies and equipment. Received, stored and issued equipment, materials and supplies. Supervised maintenance of records related to receiving, issue and control of supplies. Conducted physical inventory of supplies.

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/26/2023
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christopher Lovell
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date 1/26/2023

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Escambia

I, Christopher Lovell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 1/26/2023

Subscribed and Sworn to before me this 26th day of January 2023

Gail R. Samoluk
Notary Public Signature

GAIL R. SAMOLUK
MY COMMISSION # GG943553
EXPIRES: January 01, 2024

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 10134971

Application/License No. _____

LOVELL GOVERNMENT SERVICES LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 223 W. GREGORY STREET, PENSACOLA, FL, 32502 (Address of Applicant/Principal), as PRINCIPAL, and Hudson Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1035 Greenwood Boulevard, Suite 265 LAKE MARY FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Apr 07, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of April, 20 22.

APPLICANT/PRINCIPAL

LOVELL GOVERNMENT SERVICES LLC
COMPANY

Authorized Representative

SURETY

Hudson Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

Hudson Insurance Company CORPORATE SEAL 1918 DELAWARE B307

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

Bond Number: 10134971

HUDSON INSURANCE GROUP

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

John D. Weisbrot; Melissa L. McDade; Steven M. Varga

of the State of Pennsylvania

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

one hundred thousand dollars

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly on this 6th day of February, 20 20 at New York, New York.

SEAL (Corporate Seal)

HUDSON INSURANCE COMPANY

Attest.....
Dina Daskalakis
Corporate Secretary

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

On the 6th day of February, 20 20 before me personally came Michael P Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

CAMERON GOURLAY NOTARY PUBLIC STATE OF NEW YORK

.....
CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

The undersigned **Dina Daskalakis** hereby certifies

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

In witness the hand of the undersigned and the seal of said Corporation this 11th day of April, 20 22

SEAL (Corporate Seal)

By.....
Dina Daskalakis, Corporate Secretary

To verify the bond please visit https://www.suretybond.org/validate/?code=dUFX2eQk6GXANYVmZfQARQUw

HUDSON INSURANCE COMPANY

SHORT FORM FINANCIAL STATEMENT
AS OF DECEMBER 31, 2020

ASSETS

Bonds	$	249,170,810
Real estate		0
Mortgage Loans on Real Estate		66,540,675
Cash on hand and on deposit		228,642,006
Reinsurance Receivable		461,626,592
FIT recoverable (including net deferred tax asset)		17,977,531
Aggregate write-ins for other than invested assets		367,448,414
Deferred premiums, agents' balances and installments booked but deferred and not yet due (including earned but unbilled premiums)		87,588,790
Stocks		252,247,411
Other Assets		85,543,440
Total Assets	$	1,816,785,669

LIABILITIES & SURPLUS

Losses	$	261,072,137
Loss adjustment expense		28,994,118
Other expenses		29,151,202
Unearned Premiums		122,362,433
Ceded reinsurance premiums payable		736,644,510
Payable to parent, subsidiaries and affiliates		14,980,653
Commissions payable, contingent commissions and other similar charges		26,855,804
Other Liabilities		127,751,926
Total Liabilities	$	1,347,812,783
Preferred and Common capital stock	$	7,500,238
Gross paid in and contributed surplus		293,480,097
Unassigned funds (surplus)		167,992,551
Surplus as regards policyholders	$	468,972,886
Total Liabilities and Surplus	$	1,816,785,669

STATE OF NEW YORK)
) ss:
COUNTY OF NEW YORK)

I, the undersigned Controller of Hudson Insurance Company hereby certify the foregoing to be a short form financial statement in the form of a balance sheet, showing the Company's assets and liabilities on a provisional basis, at the close of business on December 31, 2020.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 24th day of March , 2021.

Keith Brennan

Keith M. Brennan
Controller

CAMERON GOURLAY NOTARY PUBLIC STATE OF NEW YORK

Subscribed and sworn to before me this 24th day of March , 2021.

My commission expires

CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Lovell Government Services, Inc.

Physical Address: 223 West Gregory Street

City: Pensacola State: Florida Zip: 32502

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 850-684-1867 Website: www.lovellgov.com

Licensing Company Email: pharmacy@lovellgov.com

Section 2: Personal Information

First: Shawn Middle: Christopher Last: Corcoran

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Rush Lane

City: Pensacola State: FL Zip: 32526

Telephone: [redacted] Email: Shawn@lovellgov.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: August 1990 to: October 2018

Military Occupation/Specialty: Artillery

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ■ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: SCC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Incarnate Word		08/13-08/17	
Address	City	State	Zip
4301 Broadway	San Antonio	TX	78209
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		06/06-11/10	
Address	City	State	Zip
4035 S. Riverpoint Parkway	Phoenix	AZ	85040
Diploma/Degree obtained, if any			
BSBM			

School Name		From - To (MM/YY – MM/YY)	
Patch American High School		08/86-06/90	
Address	City	State	Zip
DODDS Overseas School	Stuttgart	Germany	
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/17 - Current	[redacted] Rush Lane	Pensacola	FL	32526
02/14-10/17	[redacted] Hilton Avenue	Baton Rouge	LA	70802
02/12-02/14	[redacted] Box Elder Ct	Derby	KS	67037
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SCC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Lovell Government Services, Inc.			08/18 - Present
Business Address	**City**	**State**	**Zip**
223 West Gregory Street	Pensacola	Florida	32502
Phone	**Title**		
850-332-6067	Chief Operating Officer		

Description of Duties

Design and implement business operations, establish policies that promote company culture and vision, and oversee operations of the company and the work of executives.

Business Name			From - To (MM/YY – MM/YY)
United States Marine Corps			10/2001-08/2018
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
	Sergeant Major		

Description of Duties

Advised the commander on all issues related to the enlisted ranks.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Dec 5, 2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Shawn Corcoran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

DEC 5, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Escambia

I, Shawn Corcoran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

DEC 5, 2022

Date

Subscribed and Sworn to before me this 5th day of December 2022

Notary Public Signature

GAIL R. SAMOLUK
MY COMMISSION # GG943553
EXPIRES: January 01, 2024

(Seal)

Applicant's initials SRC

Florida dbpr Department of Business & Professional Regulation

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www.myfloridalicense.com

ENTRY NOTICE AND ON-SITE INSPECTION REPORT

DBA Name:		Form Date:	May 26, 2022 11:21 - May 26, 2022 12:37
Full Legal Name:	LOVELL GOVERNMENT SERVICES, LLC	Permit Number:	20265 Rank: 22A
Inspection Reason:	Routine - P	Telephone Number:	717-422-8722
Address:	223 WEST GREGORY STREET PENSACOLA FL 32502	Inspection Visit ID:	7922873
		File Number:	3289
		Permit Type:	3322

INSPECTION RESULT Completed

Inspection Authority 499.051 F.S., 61N-1.019, F.A.C. (03/10/2017)

Person Receiving Report/Title Gail Samoluk CDR

Facility Hours 61N-1.015(2)(c), F.A.C.

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	0800	0800	0800	0800	0800		
Close	1600	1600	1600	1600	1600		

FACILITY/STORAGE [(Rx drug establishments) FS 499.01(2) and 499.0121(1)(b),(d),(e)]

1. Is the establishment a residence? [F.S. 499.012(1)(b)]	No	
2. Lighting adequate? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.44] [(Cosmetic manufacturers) 61N-1.010(2)(e), F.A.C.]	Yes	
3. Pest Free? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.56] [(Cosmetic manufacturers) 61N-1.010(2)(b), F.A.C.]	Yes	Anchor
4. Clean and orderly? [(OTC drug manufacturers) 61N-1.014(4), F.A.C.] [(Cosmetic manufacturers) 61N-1.010(2)(a), F.A.C.]	Yes	

RECORD KEEPING [F.S. 499.0121(6)] [61N-1.012 F.A.C.]

5. All records computer based?	No	Firm keeps a hard copy of temp logs and also scans those electronically
6. Location of hard copy?		See #5 above
7. All records manual?	No	
8. On-site storage?	Yes	
9. Shares facility?	No	
10. If yes to #9, separate records?	N/E	

PRESCRIPTION DRUG ESTABLISHMENT

11. Is the name identical to another person authorized to purchase legend drugs? [F.S. 499.012(1)(c)] [61N-1.015(2)(b), F.A.C.]	No	
12. Is the person a broker only as defined under [61N-1.001(2)(d), F.A.C.]?	No	

SECURITY [(Rx drug establishments) FS 499.0121(2)(a), (b) and 499.0121(10)(b) or 61N-1.013(1), F.A.C.]

13. Access restricted? [(OTC drug manufacturers) FS 499.01(2)(n)3 and 21 CFR 211.28(c)] [(Cosmetic manufacturers) 61N-1.010(4)(f), F.A.C.]	Yes	
14. Drug facility alarmed?	Yes	Redwire

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15. Telephone monitoring?	Yes	
16. Controlled substance cage (CIII-CV)? [21 CFR 1301.72]	Yes	
17. Controlled Substance CII vault? [21 CFR 1301.72]	Yes	

STORAGE [(Rx drug establishments) FS 499.0121(3)(5) or 61N-1.013(3)(4), F.A.C.] [(OTC drug manufacturers) 61N-1.014, F.A.C., and/or FS 499.01(2)(n)3 and 21 CFR 211.46] [(Cosmetic manufacturers) 61N-1.010(2), F.A.C.]

18. Quarantine area?	Yes	
19. Air conditioner?	Yes	
20. Method of monitoring?		Manual temp logs
21. Refrigeration present?	N/E	
22. Handles drugs or cosmetics requiring refrigeration?		NE
23. Method of monitoring refrigeration?		NE
24. Freezer present?	N/E	
25. Handles drugs or cosmetics requiring freezing?	N/E	
26. Method of monitoring freezing temperatures?		NE

WRITTEN POLICIES AND PROCEDURES [(Rx drug establishments and OTC manufacturers) FS 499.0121(6)(8)(10), 499.01(2) and/or 21 CFR Part 211] [(Cosmetic manufactures) 61N-1.010, F.A.C.]

27. Exist?	Yes
28. Rx drug annual examination? [F.S. 499.0121(5)(a)2]	Yes
29. Drug FIFO inventory?	Yes
30. Recalls/emergencies?	Yes
31. Natural disasters for Rx drug establishments?	Yes
32. Receipt and distribution business records?	Yes
33. Transaction Information, History and Statement (T3) for Rx drug products?	Yes

INBOUND PRESCRIPTION DRUG BUSINESS RECORDS (Purchases and/or Receipts) [FS 499.0121(6)(b)] [61N-1.012(1)(a),(2)(a), F.A.C.]

34. What are firm's all-inclusive inbound business records that it receives from its Rx drug source(s) per firm for this establishment?	Packing slip and Invoice

OUTBOUND PRESCRIPTION DRUG BUSINESS RECORDS (Sales or Otherwise) [FS 499.0121(6)(b)] [61N-1.012(1)(a),(2)(a), F.A.C.]

35. What are firm's all-inclusive typical outbound business records (e.g., sales invoice, packing list, etc.) that it provides to the purchaser and recipient for each Rx drug distribution from this establishment according to firm?	Invoice
36a. Did firm provide its all-inclusive outbound business records for one (1) of its typical Rx drug distribution?	Yes
36b. If yes to 36a, what is the tracking number (e.g., sales invoice or order number, etc.) and distribution date for this provided distribution document?	Firm has an actual tracking number on the invoice
37. Of the document(s) provided in 36a, which document contains the minimum required recordkeeping business elements according to firm?	Invoice

38. For the document type referenced in 37 regarding this establishment's outbound Rx drug distributions:

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38a. Did firm mark "A" next to the field that lists the seller's name and address?	Yes	
38b. Did firm mark "B" next to the field that lists the seller's Florida permit number?	Yes	
38c. Did firm mark "C" next to the field that lists the shipper's name and address when different from the seller?	Yes	
38d. Did firm mark "D" next to the field that lists the distribution date?	Yes	
38e. Did firm mark "E" next to the field that lists the name, strength, dosage form, quantity, and (when assigned) the National Drug Code (NDC) of the Rx drug?	Yes	
38f. Did firm mark "F" next to the field that lists the financial data?	Yes	
38g. Did firm mark "G" next to the field that lists the purchaser's name, address, and Florida permit number?	N/E	Purchaser's DEA only - Firm only sales to Federal Entities such as VA who are not required to have a State Permit, but are required to have a DEA Registration.
38h. Did firm mark "H" next to the field that lists the physical recipient's name, address and permit or license number, when the recipient is different from the purchaser?	Yes	

N/E = Not Evaluated

Inspection Notes

Routine Compliance Inspection Rx Drug Wholesale Distributor
FL Permit # 22:20265

Previous DBPR Inspection for the Rx Drug Wholesale Distributor was conducted on 3/28/19 by Don Yerbey, Drug Inspector
Previous Inspection Result – Pass

Business Card and Credentials presented to Gail Samoluk CDR

Hereafter in this report Lovell Government Services will be referred to as FIRM, THE FIRM and/or LGS

CDR of record: Gail Samoluk permit # 8812170
Does LGS employ any additional CDRs? Andy Lundberg Permit #8812412

I. OWNERSHIP
a) FEI – 463795418 –
b) Legal Name – Lovell Government Services, Inc.
c) d/b/a – none

Sun Biz indicates the legal name is Lovell Government Services, Inc. The renewal application submitted by the Firm dated 2/15/21 indicates the legal name is Lovell Government Services, LLC.
Rule 61N-1.015(2) FAC states, in part,
(2) A permit is valid only for the name and address to which it is issued. The name in which a permit is issued will be changed, at no cost, upon notification to the department.
(a) The name in which the permit is issued must be the name in which the company is doing business, i.e., the name that appears on purchase and sales invoices.

A review of the outbound invoices included with the Firm's renewal application dated 2/15/21 indicates the name of the Firm is Lovell Government Services, LLC.

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*RECOMMENDATION #1 – Firm should contact the Division to request the name to be changed on their permit to match the legal name listed in the Florida Division of Corporations Website (Sunbiz)
Samoluk states the new legal name is Lovell Government Services Inc. Firm has already completed Change of Name application to submit to DDC

d) Ownership – Christopher Lovell – 100%
e) Location of Corporate Office – Same a license location.

II. DESCRIPTION OF BUSINESS
a) Number of employees? 11
b) Approximate Square Footage of Facility? 1750
c) Are Permits Posted? Yes
d) Additional Permits:

The Firm is permitted to distribute Rx drugs into approximately (21) other states.

e) Is the Firm registered with the FDA? Firm is not registered with the FDA but Firm is reporting Wholesale Distributions to FDA
f) DEA Registration? RL0573851

Is THE FIRM registered with THE DEPARTMENT to report distribution of Controlled Substances in accordance with FS 499.0121(14)? An email received from Dwayne Godwin, Government Operations Consultant I | Data Steward, Division of Drugs, Devices and Cosmetics, Florida Department of Business & Professional Regulation on 5/17/22 stated as follows:

"They made a CSR account in October 2021. On October 13, 2021, they submitted manual data entry reports showing no transactions for January 2021 to October 2021; however, have not submitted reports for November 2021-April 2022. If they don't have transactions for any month, they should still submit a NoTrans (no transactions) reports for every month with no transactions."

*RECOMMENDATION #2– The Inspector requested the firm go back and submit CSR Transactions for the months of 11/21 through 4/22 and to continue to report monthly as described by 499.0121(14) below.

F.S. 499.0121(14), states, in part, each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distribution of controlled substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period.

Samoluk states she has corrected the above as of 5/25/22.

g) Does the firm have any off-site storage of Rx Drugs? Firm states no
h) Who conducts the delivery of Rx Drugs for the Firm? Dropped shipped by the Manufacturer.
i) Does LGS export any Rx Drugs? FS 499.0121(12) & Rule 61N-1.012(2)(b) FAC? Firm states no. Firm may be applying for a Freight Forwarder in the future.
j) Does LGS receive and/or distribute any sample Rx drugs? Firm states no

III. DAY TO DAY OPERATIONS (DESCRIBE BUSINESS ACTIVITIES)

The Firm states their business model is as follows:

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The firm states their intended customers are VA hospitals and Dept of Defense. Firm states they are selling/distributing to Federal Government Entities.
The Firm reviews what Rx Drugs are needed by the Government based on what is publically posted on FBO.gov.
The Firm will generally reach out to Manufacturer's to determine the cost to provide the Rx Drugs publically posted on FBO.gov.
At this point the Firm can propose a bid to the Government to provide the particular drugs needed as per FBO.gov

IV CURRENT INVENTORY - Rule 61N-1.012(2)(e), F.A.C

a) Did LGS provide a Current Inventory of Rx Drugs? Firm normally has all inventory pre sold so at the time of the inspection the Firm does not have any Rx Drugs on-site.

b) Has LGS had any significant inventory discrepancies since previous inspection? Firm states no. They did have one shortage on a drop shipment that was rectified.

c) Has LGS had any Thefts/Losses since the previous inspection? Firm states no. (Rule 61N-1.013(6) FAC)
d) Has LGS had to perform any recalls of Rx drugs since the previous inspection? Firm states no.

V. VENDORS

a) LGS was requested to provide a current Vendor List of Rx Drugs to include Name, Address and FL Permit Number for Vendors they have purchased Rx Drugs from in the previous 12 months.
Samlouk provided a list to include (5) Vendors.

b) How is due diligence of Vendors conducted? (FS 499.0121(13)). How do you determine if a Vendor is permitted to sale/distribute Rx Drugs into the State of FL?

Samoluk states vendors are required to complete an application prior to the firm ordering from a vendor. She states she requests a copy of their current permit. She states she also requests most recent copy of their inspection report. She states they also request 3 references. She states they also search FDA and DEA website for any problems with the Vendor.

VI. CUSTOMERS

a) LGS provided a list of all customers who have purchased Rx drugs from the Firm in the previous 12 months.
b) How is due diligence of Customers conducted? FS 499.005(15) & Rule 61N-1.001(2)(c) FAC. How do you determine if the customer is permitted to purchase/receive Rx drugs?

Because their customers are the Federal Government Samoluk states they only need to verify the DEA Permit.

c) If THE FIRM distributes to MD/Vet Offices does THE FIRM check for HCCE permits? Samoluk states they do not distribute to MD offices

F.S. 499.01(2)(r) states, in part, a health care clinic establishment permit is required for the purchase of a prescription drug by a place of business at one general physical location that provides health care or veterinary services, which is owned and operated by a business entity that has been issued a federal employer tax identification number.

VII. RECORDKEEPING:
Business Records – FS 499.0121(6)(b)

a) Does the FIRM maintain Business Records electronically, manually or both? Both

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b) Did the Firm provide a Sample all-inclusive document that included the following business record elements? The firm provided copies of outbound invoices and T3 documents. The inspector used the firm's outbound invoice as the all inclusive document. The only element not present on the outbound invoice is the Seller's permit number.

1) Seller's Name and Address - Yes
2) Seller's FL Permit Number - Yes
3) Shipper's Name and Address (if different from the seller) - Yes
4) Date of distribution - Yes
5) Name of product, Strength of product, Dosage form, quantity and NDC number - Yes
6) Financial data - Yes
7) Purchaser's Name and Address and permit number - Yes
8) Recipient's Name and Address and permit number (if different from purchaser) – Yes

c) LGS was requested to provide (5) INBOUND transactions and corresponding OUTBOUND transactions for Sun Pharmaceuticals, 2 Independence Way, Princeton, NJ and (5) INBOUND transactions and corresponding OUTBOUND transactions for Major-Rugby, 17187 N. Laurel Park Drive, Suite 300, Livonia, MI. These transactions were reviewed by the inspector.

d) Was the Firm able to provide INBOUND and OUTBOUND T3 information for the above transactions? Yes.
Rfxcel is the provider of the firm's track and trace documents

VIII. RETURN/DESTRUCTION OF RX DRUGS CONDUCTED BY? Firm has not had to conduct any returns or destructions

a) Can LGS provide a recent copy of return/destruction records? NA

XI. TEMPERATURE & HUMIDITY MONITORING:

a) Is Temperature & Humidity monitored electronically or manually? Manually

b) # of Temp/Humidity monitors present? 2

c) Is LGS notified of any temperature excursions? Not at this time. This was discussed with the Firm. At present the Firm normally does not take possession of Rx Drugs but they hope to expand into a larger building in the future.

d) Does LGS monitor temperatures of Refrigerator(s) and/or Freezer(s)? NA

e) Is LGS notified of temperature excursions of Refrigerator(s) and/or Freezer(s)? NA

IX. SECURITY
a) Access to FIRM restricted? Yes

b) Alarms present? Yes

c) Controlled Substance cage(s) present? Yes

d) How many employees have access to the controlled substance cage? 2

e) How many employees have 24/7 access to the drug room area? 4.

Florida dbpr Department of Business & Professional Regulation

2601 Blair Stone Road
Tallahassee, Florida 32399-1047
(850) 717-1800
www.myfloridalicense.com

X. POLICIES & PROCEDURES: (reviewed prior to the on-site inspection)

a) Record Retention - FS 499.0121(6)(f),

b) Temperature & Humidity Monitoring Rule - 61N-1.013(3) FAC
c) Handling of Suspicious Orders - FS 499.0121(4) & Rule 61N-1.013(5) FAC
d) Due Diligence of Suppliers & Purchaser– FS 499.0121(13)(15)
e) Track and Trace (DSCSA) –Rule 61N-1.030 FAC
f) Recalls – FS 499.0121(8)(b)
g) Inventory– FS 499.0121(6)(d)
h) Natural Disaster FS 499.01218(c)
i) Thefts/Losses – FS 499.0121(
j) Returns – FS 499.0121(5)
k) Stock Rotation and/or First In First Out (FIFO) – FS 499.0121(8)(a)
l) Annual Examination (expired drugs) – F.S. 499.0121(5)(a)2.

XI. TOUR OF FACILITY

a) Is Quarantine(s) Area Present? Yes (FS 499.0121(5)) (Rule 61N-1.013(4) FAC)
b) # of Refrigerator(s) present? Yes
c) # of Freezer(s) present? Yes
d) Controlled Substance Cage(s) present? Yes
Is
XII. MISCELLANEOUS INFORMATION (Reviewed with Firm)

a) A permit issued by DBPR/DDC is non-transferable and only valid for the entity to which it is issued per FS 499.012(6).
b) A change in address, ownership, or a closure of the permit, must be communicated to the department in writing before the date of the change.
c) Any changes such as hours of operations or telephone must also be reported to the department.
d) Does Firm does have a copy of Chapter 499, Florida Statutes and Rule 61N-1 Florida Administrative Code on-site, electronically or hard copy.
e) Firm was advised that in the event the firm does decide to distribute controlled substances; the firm should notify the department of their DEA Registration Permit and register with the department and report as per FS 499.0121(14)
f) F.S. 499.012(15)(d)3 states, in part, a designated representative, must be physically present at the establishment during normal business hours, except for time periods when absent due to illness, family illness or death, scheduled vacation, or other authorized absence.

XIII. EXIT INTERVIEW:

RECOMMENDATION #1 – Firm should contact the Division to request the name to be changed on their permit to match the legal name listed in the Florida Division of Corporations Website (Sunbiz) Application for name change is completed

RECOMMENDATION #2 – The Inspector requested the firm go back and submit CSR Transactions for the months of 11/21 through 4/22 and to continue to report monthly as described by 499.0121(14)
Samoluk states this has been rectified as of 5/25/22

Any references made to F.S. 499 and/or Rule 61N-1 F.A.C. is for educational purposes only.

Florida dbpr
Department of Business & Professional Regulation

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Tallahassee, Florida 32399-1047
(850) 717-1800
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Licensee or Owner Signature

Gail Samoluk
CDR
May 26, 2022 12:36

Inspector Signature

Donald Yerbey
Pharmaceutical Program Manager
May 26, 2022 12:37

May 26, 2022 at 12:37:18 PM CDT
Location:
License #: 22A20265
Inspector: Donald Yerbey

BY THE BAY MANAGEMENT, LLC
223 WEST GREGORY STREET
PENSACOLA, FL 32502

Commercial Lease Agreement

Received from **Lovell Government Services, LLC** **hereinafter** referred to as LESSEE, the sum of $4,740.10 (Four Thousand Seven Hundred Forty Dollars and 10/100), evidenced by check or ACH payment, made payable to By The Bay Management, LLC, as a deposit which, upon acceptance of this lease, shall belong to Lessor and shall be applied as follows:

1st Month's Rent for the period from	9/01/2021	to	8/31/2022	4,430.00
Sales Tax (currently 7.0%, subject to change)				310.10
Security Deposit				2,285.00
Security Deposit Already Paid				-2,285.00
TOTAL DUE				**$4,740.10**

In the event that this lease is not accepted by the Lessor within 5 days, the total deposit received shall be refunded. Lessee hereby offers to lease from Lessor the premises situated in the City of Pensacola, County of Escambia, State of Florida, described as 223 West Gregory St, Pensacola, Florida 3250 (See Addendum Attached) upon the following TERMS and CONDITIONS:

1. **TERM:** The term hereof shall be One (1) year, commencing on September 1, 2021, and expiring on August 31, 2022.
2. **RENT:** The total rent shall be payable as follows: $4,430.00 plus sales tax, in advance, per month (total monthly payment, including current sales tax) rate of **$4,740.10**) – sales tax rate currently 7.0%, and subject to change by governmental entities. The first payment shall be made payable to **By The Bay Management, LLC,** and forwarded with this signed lease to 223 West Gregory St, Pensacola, Florida 32502. All rents after the first payment shall be paid to Owner or his authorized agent, at the same address or at such other places as may be designated by Owner from time to time. In the event rent is not paid within 5 days after due date, Tenant agrees to pay a late charge of 10% of the base rent amount, plus sales tax per month on the delinquent amount. Tenant further agrees to pay $35.00 for each dishonored bank check. The late charge period is not a grace period, and Owner is entitled to make written demand for any rent if not paid when due. Any unpaid balances remaining after termination of occupancy are subject to 1-1/2% interest per month or the maximum rate allowed by law.
3. **USE:** The premises are to be used for the operation of a business office for medical equipment & pharmaceutical sales and for no other purpose, without prior written consent of Lessor.
4. **USES PROHIBITED:** Lessee shall not use any portion of the premises for purposes other than those specified hereinabove, and no use shall be made or permitted to be made upon the premises, nor acts done, which will increase the existing rate of insurance upon the property, or cause cancellation of insurance policies covering said property. Lessee shall not conduct or permit any sale by auction on the premises.
5. **ASSIGNMENT AND SUBLETTING:** Lessee shall not assign this lease or sublet any portion of the premises without prior consent of the Lessor, which shall not be unreasonably withheld. Any such assignment or subletting without shall be void and, at the option of the Lessor, may terminate this lease.
6. **ORDINANCES AND STATUTES:** Lessee shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the premises occasioned by or affecting the use thereof by Lessee. The commencement or pendency of any state or federal court abatement proceeding affecting the use of the premises shall, at the option of the Lessor, be deemed a breach hereof.
7. **MAINTENANCE, REPAIRS, ALTERATIONS:** Lessee acknowledges that the premises are to be leased in good condition, and will be in good order and repair. With the exception of any items that may be under warranty from the Lessor's build-out of the space, and unless otherwise indicated herein Lessee shall, at his own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical wiring, ~~plumbing and heating installations and any other system or equipment upon the premises~~

BY THE BAY MANAGEMENT, LLC
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PENSACOLA, FL 32502

Commercial Lease Agreement

and Lessee shall surrender the same, at termination hereof, in as good condition as received, normal wear and tear excepted. Lessee shall be responsible for all repairs required, excluding the roof, exterior walls, and structural foundations, which will be Lessor's responsibility. ~~Lessee shall also maintain in good condition such portions adjacent to the premises, such as sidewalks, driveways, lawns and shrubbery, which could otherwise be required to be maintained by Lessor.~~ No improvement or alteration of the premises shall be made without the prior written consent of the Lessor. Prior to the commencement of any substantial repair, improvement, or alteration, Lessee shall give Lessor at least (10) days written notice in order that Lessor may post appropriate notices to avoid any liability for liens. Lessee shall not commit any waste upon the premises, or any nuisance or act which may disturb the quiet enjoyment of any tenant in the building.

8. **ENTRY AND INSPECTION:** Lessee shall permit Lessor or Lessor's agents to enter upon the premises at reasonable times and upon reasonable notice, for the purpose of inspecting the same, and will permit Lessor at any time within (60) days prior to the expiration of this lease, to place upon the premises any usual "To Let" or "For Lease" signs, and permit persons desiring to lease the same to inspect the premises thereafter.
9. **INDEMNIFICATION OF LESSOR:** Lessor shall not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the demised premises or any part thereof, and Lessee agrees to hold Lessor harmless from any claims for damages, no matter how caused.
10. **POSSESSION:** If Lessor is unable to deliver possession of the premises at the commencement hereof, Lessor shall not be liable for any damage caused thereby, nor shall this lease be void or voidable, but Lessee shall not be liable for any rent until possession is delivered. Lessee may terminate this lease if possession is not delivered within 30 days of the commencement of the term hereof.
11. **LESSEE'S INSURANCE:** Lessee, at his expense, shall maintain plate glass and public liability insurance including bodily injury and property damage insuring Lessee and Lessor with minimum coverage as follows: $500,000 minimum coverage. Lessee shall provide Lessor with a Certificate of Insurance showing Lessor as additional insured. The policy shall require ten (10) days written notice to Lessor prior to cancellation or material change of coverage. Lessee shall also be responsible for insuring its own contents, equipment and furniture.
12. **LESSOR'S INSURANCE:** Lessor shall maintain hazard insurance covering at least eighty percent replacement cost of the improvements throughout the lease term. Lessor's insurance will not insure Lessee's personal property or leasehold improvements.
13. **SUBROGATION:** To the maximum extent permitted by insurance policies which may be owned by Lessor or Lessee, Lessee and Lessor, for the benefit of each other, waive any and all rights of subrogation which might otherwise exist.
14. ~~**UTILITIES:** Lessee agrees that he shall be responsible for the payment of electricity and any extraneous utilities provided to the leased space~~
15. **SIGNS:** Lessor reserves the exclusive right to the roof, side and rear walls of the Premises. Lessee shall not construct any projecting sign or awning without the prior written consent of Lessor which consent shall not be unreasonably withheld. All signage to be approved in writing in advance by Lessor, and said signage shall meet all applicable codes and restrictions.
16. **ABANDONMENT OF PREMISES:** Lessee shall not vacate or abandon the premises at any time during the term hereof, and if Lessee shall abandon or vacate the premises, or be dispossessed by process of law, or otherwise, any personal property belonging to Lessee left upon the premises shall be deemed to be abandoned, at the option of Lessor.
17. **CONDEMNATION:** If any part of the premises shall be taken or condemned for public use, and a part thereof remains which is susceptible of occupation hereunder, this lease shall, as to the part taken, terminate as of the date the condemner acquires possession, and thereafter Lessee shall be required to pay such proportion of the rent for the remaining term as the value of the premises remaining bears to the total value of the premises at the date of condemnation; provided however, that Lessor may at his option, terminate this lease as of the date the condemner acquires possession. In the event that the demised premises are condemned in whole, or that such portion is condemned that the remainder is not susceptible for use hereunder, this lease shall terminate upon the date upon which the condemner acquires possession. All sums which may be

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payable on account of any condemnation shall belong to the Lessor, and Lessee shall not be entitled to any part thereof, provided however, that Lessee shall be entitled to retain any amount awarded to him for his trade fixtures or moving expenses.

18. **TRADE FIXTURES:** Any and all improvements made to the premises during the term hereof shall belong to the Lessor, except trade fixtures of the Lessee. Lessee may, upon termination hereof, remove all his trade fixtures, but shall repair or pay for all repairs necessary for damages to the premises occasioned by removal.

19. **DESTRUCTION OF PREMISES:** In the event of a partial destruction of the premises during the term hereof, from any cause, Lessor shall forthwith repair the same, provided that such repairs can be made within (60) days under existing governmental laws and regulations, but such partial destruction shall not terminate this lease, except that Lessee shall be entitled to a proportionate reduction of rent while such repairs are being made, based upon the extent to which the making of such repairs shall interfere with the business of the Lessee on the premises. If such repairs cannot be made within said (60) days, Lessor, at his option, may make the same within a reasonable time, this lease continuing in effect with the rent proportionately abated as aforesaid, and in the event that Lessor shall not elect to make such repairs which cannot be made within (60) days, this lease may be terminated at the option of either party. In the event the building in which the demised premises may be situated is destroyed to an extent of not less than one-third of the replacement costs thereof, Lessor may elect to terminate this lease whether the demised premises be injured or not. A total destruction of the building in which the premises may be situated shall terminate this lease. In the event of any dispute between Lessor and Lessee with respect to the provisions hereof, the matter shall be settled by arbitration in such a matter as the parties may agree upon, or if they cannot agree, in accordance with the rules of the American Arbitration Association.

20. **HAZARDOUS MATERIALS:** Lessee shall not use, store, or dispose of any hazardous substances upon the premises, except use and storage of such substances if they are customarily used in Lessee's business, and such use and storage complies with all environmental laws. Hazardous substances mean any hazardous waste, substance or toxic materials regulated under any environmental laws or regulations applicable to the property.

21. **INSOLVENCY:** In the event a receiver is appointed to take over the business of Lessee, or in the event Lessee makes a general assignment for the benefit of creditors, or Lessee takes or suffers any action under any insolvency or bankrupt act, the same shall constitute breach of this lease by Lessee.

22. **REMEDIES OF OWNER ON DEFAULT:** In the event of any breach of this lease by Lessee, Lessor may, at his option, terminate the lease and recover from Lessee: (a) the worth at the time of award of the unpaid rent which was earned at the time of termination: (b) the worth at the time of award of the amount by which the unpaid rent which would have been earned after termination until the time of the award exceeds the amount of such rental loss that the Lessee proves could have been reasonably avoided: c) the worth at the time of award of the amount by which the unpaid rent for the balance of the term after the time of award exceeds the amount of such rental loss that Lessee proves could be reasonably avoided; and (d) any other amount necessary to compensate Lessor for all detriment proximately caused by Lessee's failure to perform his obligations under the lease or which in the ordinary course of things would be likely to result there from. Lessor may, in the alternative, continue this lease in effect, as long as Lessor does not terminate Lessee's right to possession, and Lessor may enforce all his rights and remedies under the lease, including the right to recover the rent as it becomes due under the lease. If said breach of lease continues, Lessor may, at any time thereafter, elect to terminate the lease. Nothing contained herein shall be deemed to limit any other rights or remedies which Lessor may have.

23. **SECURITY:** The security deposit set forth above, if any, shall secure the performance of the Lessee's obligations hereunder. Lessor may, but shall not be obligated to apply all or portions of said deposit on account of Lessee's obligations hereunder. Any balance remaining upon termination shall be returned to Lessee. Lessee shall not have the right to apply the Security Deposit in payment of the last month's rent.

24. **DEPOSIT REFUNDS:** The balance of all deposits shall be reduced within two weeks from date possession is delivered to Owner or his authorized agent, together with a statement showing any charges made against such deposits by Owner.

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PENSACOLA, FL 32502

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25. **WAIVER OF RIGHT TO JURY TRIAL:** In the event there shall be a dispute between Lessor and Lessee and either party shall file an action against the other party to enforce their rights under this lease, to interpret the Lease terms, or arising out of their relationship as Lessee and Lessor, the parties agree that the matter shall be tried by the court without a jury and each party specifically waives the right to a jury trial in any such action.
26. **ATTORNEY'S FEE AND COSTS:** In any action or proceeding involving a dispute between Lessor, Lessee and/or Broker, arising out of the execution of this lease, or to collect commissions, or to enforce the terms and conditions of this lease, or to recover possession of the premises from Lessee, the prevailing party shall be entitled to receive from the other party a reasonable attorney's fee, expert fees, appraisal fees and all other costs incurred in connection with such action or proceedings, to be determined by the court or arbitrator(s).
27. **WAIVER:** No failure of Lessor to enforce any term hereof shall be deemed to be a waiver.
28. **NOTICES:** Any notice which either party may or is required to give, shall be given by mailing the same, postage prepaid to Lessee at the address shown below, or Lessor at the address shown below, or at such other places as may be designated by the parties from time to time.
29. **HOLDING OVER:** Any holding over after the expiration of this lease, with the consent of Lessor, shall be construed as a month-to-month tenancy at a rental of one and one-half times the most recent base rental rate, plus sales tax, per month, otherwise in accordance with the terms hereof, as applicable.
30. **TIME:** Time is of the essence of this lease.
31. **HEIRS, ASSIGNS, and SUCCESSORS:** This lease is binding upon and insures to the benefit of the heirs, assigns and successors in interest to the parties.
32. **TAX INCREASE:** In the event there is any increase during any year of the term of this lease in the City, County or State real estate taxes over and above the amount of such taxes assessed for the tax year during which the term of this lease commences, whether because of increased rate or valuation, Lessee shall pay to Lessor upon presentation paid tax bills an amount equal to 0 % of the increase in taxes upon the land and building in which the leased premises are situated. In the event that such taxes are assessed for a tax year extending beyond the term of the lease, the obligation of Lessee shall be proportionate to the portion of the lease term included in such year.
33. **COST OF LIVING INCREASE:** The rent provided for in Paragraph 2 shall be adjusted effective upon the first day of the month immediately following the expiration of twelve (12) months from date of commencement at the expiration of each twelve (12) months thereafter in the amount of three (3) percent for the term of the lease.
34. **OPTION TO RENEW:** Provided that Lessee is not in default in the performance of this lease, Lessee shall have the option to renew the lease for one additional term of 12 months commencing at the expiration of the initial lease term. All of the terms and conditions of the lease shall apply during the renewal term except that the monthly rent shall be adjusted in accordance with the cost of living increase provision set forth in Paragraph 33. The option shall be exercised by written notice given to Lessor not less than 60 days prior to the expiration of the initial lease term. If notice is not given in the manner provided herein within the time specified, this option shall expire.
35. **LESSOR'S LIABILITY:** The term "Lessor", as used in this paragraph, shall mean only the owner of the real property or a Lessee's interest in a ground lease of the premises. In the event of any transfer of such title or interest, the Lessor named herein (or the grantor in case of any subsequent transfers) shall be relieved of all liability related to Lessor's obligations to be performed after such transfer. Provided however, that any funds in the hands of Lessor or Grantor at the time of such transfer shall be delivered to Grantee. Lessor's obligations hereunder shall be binding upon Lessor's successors and assigns only during their respective periods of ownership.
36. **ESTOPPEL CERTIFICATE:** a) Lessee shall at any time upon not less than ten (10) days' prior written notice from Lessor execute, acknowledge and deliver to Lessor a statement in writing (1) certifying that this lease is

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Commercial Lease Agreement

unmodified and in full force and effect (or, if modified, stating the nature of such modification and certifying that this lease, as so modified, is in full force and effect), the amount of any security deposit, and the date to which the rent and other charges are paid in advance, if any, and (2) acknowledging that there are not, to Lessee's knowledge, any uncured defaults on the part of Lessor hereunder, or specifying such defaults if any are claimed. Any such statement may be conclusively relied upon by any prospective buyer or encumbrancer to the Premises.

b) At Lessor' option, Lessee's failure to deliver such statement within such time shall be a material breach of this Lease or shall be conclusive upon Lessee (1) that this Lease is in full force and effect, without modification except as may be represented by Lessor, (2)that there are no uncured defaults in Lessor's performance, and (3) that not more than one month's rent has been paid in advance or such failure may be considered by Lessor as a default by Lessee under this Lease.

c) If Lessor desires to finance, or sell the Premises, or any part thereof, Lessee hereby agrees to deliver to any lender or buyer designated by Lessor such financial statements of Lessee as may be reasonably required by such lender or buyer. Such statements shall include the past three years' financial statements of Lessee. All such financial statements shall be received by Lessor and such lender or buyer in confidence and shall be used only for the purposes herein set forth.

~~37. **COMMON AREA EXPENSES:** In the event the demised premises are situated in a shopping center or in a commercial building in which there are common areas, Lessee agrees to pay his pro-rata share of maintenance, taxes, and insurance for the common area.~~

38. **LANDLORD'S WORK:** The Lessor shall be responsible for the following prior to lease commencement: **N/A**

39. **MISCELLANEOUS:** Lessee acknowledges that: **Building Is Designated a Non-Smoking Area**

40. **ADDENDUM:** An addendum, signed by the parties, _X_ is attached, ____ is not attached hereto.

ENTIRE AGREEMENT: The foregoing constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties. The following Exhibits, if any, have been made a part of this lease before the parties' execution hereof:

The undersigned Lessee hereby acknowledges receipt of a copy hereof.

Date: 8/25/2021 LESSOR: Marlene Nelson Phone: (850) 293-3778

Printed
Name/Title: Marlene Nelson, Leasing Manager
Address: 223 West Gregory Street, Pensacola, FL 32502

E-Mail:
marlene@bontragerbuildersgroup.com

ACCEPTANCE:

Date: 8/25/21 LESSEE: Phone: (717) 422-8722

Printed
Name/Title: Christopher W. Lovell, CEO
Lovell Government Services, LLC

E-Mail:
chris@lovellgov.com

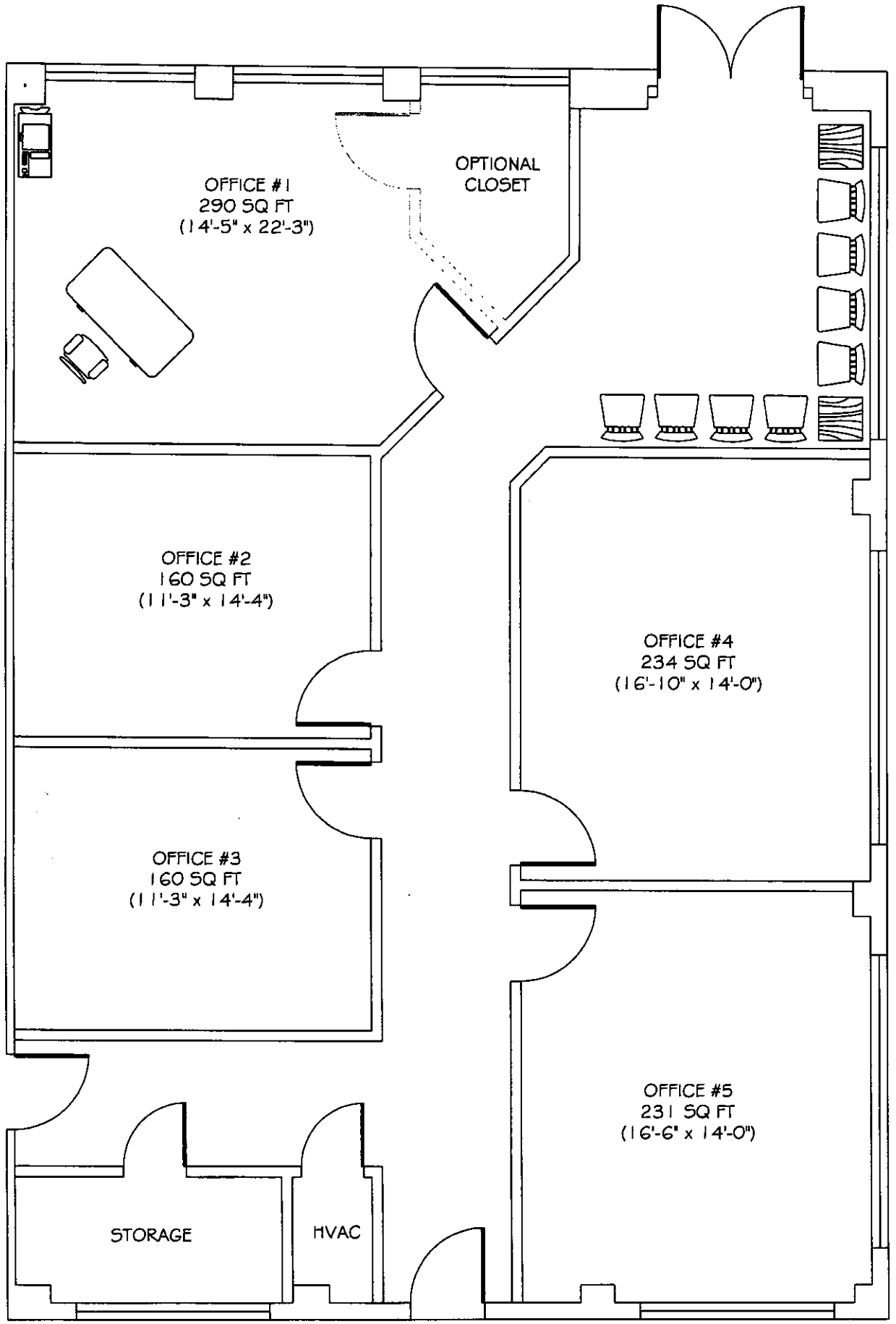
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ADDENDUM

Per attached floor plan the following offices are included in lease agreement:

Office # 1
Office # 2
Office # 3
Office # 4
Office # 5
Reception Area
Hallways & Storage Areas Included
Total Square Footage 1,750

Initials: Lessee CWL


OFFICE #1
290 SQ FT
(14'-5" x 22'-3")
OPTIONAL
CLOSET
OFFICE #2
160 SQ FT
(11'-3" x 14'-4")
OFFICE #3
160 SQ FT
(11'-3" x 14'-4")
OFFICE #4
234 SQ FT
(16'-10" x 14'-0")
OFFICE #5
231 SQ FT
(16'-6" x 14'-0")
STORAGE
HVAC

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Medea Inc.

Physical Address: 351 Saint Mary St.

City: Pleasanton State: CA Zip: 94566

Mailing Address (if different from physical address): SAME AS ABOVE

City: _____ State: _____ Zip: _____

Telephone: 925-425-9282 Website: medeausa.com

Name of Designated Representative (DR): Brant Rego

Licensing Company Email: _____ DR Email: brant.rego@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		■ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: **Kaleo
Address: 111 Virginia Street City: Richmond State: VA Zip: 23219
Name: **Hikma Pharmaceutical USA, Inc.
Address: 1809 N Wilson Rd City: Columbus State: OH Zip: 43228
Name: Access Bio
Address: 65 Clyde Rd. Suite A City: Somerset State: NJ Zip: 08873
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any):
Corporation/Organization Name: Medea Inc.
Mailing Address: 351 Saint Mary St.
City: Pleasanton State: CA Zip: 94566
Telephone: 925-425-9282 Email: michael@medeamp.com
Contact Person Name: Michael Laidlaw

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
Certificate of Corporate Status or Certificate of Good Standing obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
Designated Representative form must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
Personal History Record Application must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
Copy of DEA certificate if handling controlled substances	✓	✓	✓	✓
Copy of current SEC 10K or 8K (First 15 pages only)	✓			
List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.	✓	✓	✓	✓
Copy of your license, certification, permit or registration issued to your wholesaler business from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
[a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Medea Inc.

Facility Name

Brant Rego

Print Name of Authorized Person Submitting Application

Brant Rego RPh

Original signature of Authorized Person (copies or stamps not accepted)

12/12/2022

Date

Board Use Only	Date Received: 2-2-23	Amount: 1000.00 CK-1895

Ownership Disclosure

Officers

1. Brandon Laidlaw: 15.574% (through Brandon Scott Laidlaw Trust)
   Home Address: [redacted]Via Romero, Alamo, CA 94507
   Position: Chief Executive Officer
   Birthdate: [redacted]

2. Jesse Jecmen: 4.1637%
   [redacted]Oakshire Place, Alamo, CA 94507
   Position: Chief Operating Officer
   Birthdate [redacted]

3. Tyson Gomez: 0.7443%
   Home Address: [redacted]Coho Dr. Unit 110 Huntington Beach, CA 94628
   Position: Chief Commercial Officer
   Birthdate: [redacted]

4. Michael Laidlaw: 0.4832%
   Home Address: [redacted]Pasqual Dr., Roseville, CA 95661
   Position: President and General Counsel
   Birthdate: [redacted]

5. Virginia Bennett: 0.0702%
   Home Address [redacted]Dolores Dr., Pleasanton, CA 94566
   Position: VP of Administration / Officer
   Birthdate: [redacted]

Board of Directors

1. Brandon Laidlaw: 15.574% (through Brandon Scott Laidlaw Trust)
   Home Address: [redacted]Via Romero, Alamo, CA 94507
   Position: Chief Executive Officer
   Birthdate: [redacted]

2. Margaret Taylor: 12.6955%
   [redacted]Lodgepole Drive, Incline Village, NV 89451
   Position: Board of Directors
   Birthdate: [redacted]

3. Marie Moretti: 9.5496%
   Home Address: [redacted]East Tumbleweed Dr., Scottsdale, AZ 85266
   Position: Chief Marketing Officer/Consultant
   Birthdate: [redacted]

4. Brad Brown: 2.1943%
   Home Address: [redacted]Hidden Hills Place, Danville, CA 94506
   Position: Board of Directors
   Birthdate [redacted]

5. Michael Laidlaw: 0.4832%
Home Address [redacted] Pasqual Dr., Roseville, CA 95661
Position: President and General Counsel
Birthdate: [redacted]

6. Kelly Chase: 0.2330%
Home Address: [redacted] South Gozzer Rd., Harrison, ID 83833
Position: Board of Directors
Birthdate: [redacted]

Other Shareholders Over 5%

1. Robert Jecmen: 8.0692%
Home Address: [redacted] High Eagle Rd., Alamo, CA 94507
Birthdate: [redacted]

2. Joseph Lehey: 8%
Home Address: [redacted] Vine St., Waldwick, NJ 07463
Birthdate: [redacted]

Maria Herrera

From: Melanie Oliver <moliver@medeamp.com>
Sent: Wednesday, February 22, 2023 10:35 AM
To: Maria Herrera
Subject: Re: Nevada Out-of-State Wholesaler Application-Medea Inc.
Attachments: Statement of Good Standing.pdf; Ownership Disclosure.pdf; FDA Registration.jpg; FDA Registration_2.jpg

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning Maria,

Please see the attached files:
- Delaware Statement of Good Standing - we ordered this in January 2023.
- Ownership Disclosure- there are only 2 shareholders over 10%. I highlighted them in the attached document. (Brandon Laidlaw & Margaret Taylor)
- (2) FDA Registration is attached. Is there a different document you are looking for?

Please let me know what else you may need.

Thanks Maria,

Melanie

Melanie Oliver

VP of Operations

Mobile +1-925-596-0981
Office +1-925-425-9282
351 Saint Mary St.
Pleasanton, CA 94566
www.medeausa.com

On Wed, Feb 22, 2023 at 10:08 AM Brant Rego <brant.rego@gmail.com> wrote:

---------- Forwarded message ---------
From: **Maria Herrera** <m.herrera@pharmacy.nv.gov>
Date: Wed, Feb 22, 2023 at 10:07 AM
Subject: Nevada Out-of-State Wholesaler Application-Medea Inc.
To: brant.rego@gmail.com <brant.rego@gmail.com>

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Medea Inc. The application is incomplete due to the following missing item(s).

- Delaware Certificate of Good Standing dated within 12 months
- Please confirm that there are no other shareholder/stockholder/

  partner/owner owning more than 10% of the business stocks/shares

- The FDA question was marked yes for the facility, however there was no FDA

registration provided?

- If Not FDA registered, all officers and directors will need to submit fingerprint documents

All items must be received to move forward with processing your application.

Medea Inc. - Ownership Disclosure

Officers:

1. Virginia Bennett: 0.0702%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: VP of Administration / Officer

2. Tyson Gomez: 0.7443%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: Chief Commercial Officer

3. Michael Laidlaw: 0.4832%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: President and General Counsel

4. Jesse Jecmen: 4.1637%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: Chief Operating Officer

5. Brandon Laidlaw: 15.574% (through Brandon Scott Laidlaw Trust)
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: Chief Executive Officer

Board of Directors:

1. Kelly Chase: 0.2330%
   Saint Mary St
   Pleasanton, CA 94566
   Position: Board of Directors

2. Brandon Laidlaw: 15.574% (through Brandon Scott Laidlaw Trust)
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: Chief Executive Officer

3. Michael Laidlaw: 0.4832%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: President and General Counsel

4. Marie Moretti: 9.5496%

351 Saint Mary St
Pleasanton, CA 94566
Position: Chief Marketing Officer

5. Margaret Taylor: 12.6955%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: Board of Directors

6. Brad Brown: 2.1943%
   351 Saint Mary St
   Pleasanton, CA 94566
   Position: Board of Directors

Over 5% Shareholders:

a. Robert Jecmen: 8.0692%
b. Joseph Lehey: 8%

2563

ALL Shareholders

Medea Inc. Detailed Capitalization Table

As of 01/16/2023 • Generated by Michael Laidlaw (michael@medeamp.com) at 01/16/2023 12:46:33

Stakeholder ID	Name	Common Class A (CSA)	Common Class B (CSB)	Options and RSU's Outstanding Under 2014 Stock Option Plan	Common Class A Warrants	Outstanding Shares	Fully Diluted Shares	Outstanding Ownership	Fully Diluted Ownership
14ad4a9583412988(	Adam Lowry	11,429				11,429	11,429	.0000%	0.0000%
17618c481f7e41e13	Adib Farhadi	2,000				2,000	2,000	.0000%	0.0000%
5a98fbd95d69f92e7(	Alexander Steen	18,200				18,200	18,200	.0000%	0.0000%
b993743590a0f8fb9!	Alexys Gonzalez-Lauzan	20,000		35,000		20,000	55,000	.0000%	0.0000%
9c72dc0a6508ecefa	Ali Doraney	90,000				90,000	90,000	.0000%	0.0000%
a9778cb0fef1e5facf!	Amy Herold			5,000			5,000	.0000%	0.0000%
60cf1c172fe26ebdea	Andreas Paden			20,000			20,000	.0000%	0.0000%
afeb317ea0bfd4db9(	Anna M Oviedo	320,000				320,000	320,000	.0000%	0.0000%
b1384600be70629f2	Ayman Bekdash	10,000				10,000	10,000	.0000%	0.0000%
ec231a1437c5a372:	Aziz Doraney			45,000			45,000	.0000%	0.0000%
a97134eb7af3a19a1	Braden Holtby	40,000				40,000	40,000	.0000%	0.0000%
3d2ca546e59e14aa(	Bradley Brown	423,883		235,000		423,883	658,883	.0000%	0.0000%
7eeb4e48fa13f6614!	Brandon Scott Laidlaw Trust	214,503	2,784,000	210,000		2,998,503	3,208,503	.0000%	0.0000%
89be5e981158502b(	Brant Rego			5,000			5,000	.0000%	0.0000%
f30560b63104c30cff	Breede FLP 2013 LLC	15,000				15,000	15,000	.0000%	0.0000%
a12922dad6d1cec6(	Brenden Dillon	91,765				91,765	91,765	.0000%	0.0000%
8148fb730ae9ba2f8(	Brenna Daugherty	10,000				10,000	10,000	.0000%	0.0000%
20ce383b842cc75ec	Brent Putz	25,000		50,000		25,000	75,000	.0000%	0.0000%
fdfb8c3aecc6425281	Brett Hull	11,429				11,429	11,429	.0000%	0.0000%

76f17d07880ae4aa3	Brett Laidlaw	20,000		20,000	20,000	.0000%	0.0000%
32c6edaa5a0dbffdc	Brett Walinski	71,429		71,429	71,429	.0000%	0.0000%
66d79ef86e70d73be	Bryan Nunes	20,000		20,000	20,000	.0000%	0.0000%
45fe8556569d54ef4	Bryce Hollweg		10,000		10,000	.0000%	0.0000%
95300ea2de31e26e	Casey Haines	100,000	25,000	100,000	125,000	.0000%	0.0000%
f5d4a30281642e10d	Chris Brazeel	20,000		20,000	20,000	.0000%	0.0000%
fd5b15e92160343a7	Chris Massie		20,000		20,000	.0000%	0.0000%
6ebe313764f68f2b9	Chris Mullin		15,000		15,000	.0000%	0.0000%
a9e6b028397c8a0a	Corey Perry	40,000		40,000	40,000	.0000%	0.0000%
1505630924be94e1	Cynthia & Edward Neff	23,532		23,532	23,532	.0000%	0.0000%
e5d240b5dec47364	Damon Mathews	45,000	200,000	45,000	245,000	.0000%	0.0000%
d74c8387f8b05a103	Dana Amato	11,765		11,765	11,765	.0000%	0.0000%
e70324b3da28b799	Danielle Thelen	16,666		16,666	16,666	.0000%	0.0000%
ec2b2317c1319afa4	Darby Greek	23,532		23,532	23,532	.0000%	0.0000%
d45bee4075bd6c23	Darius Anderson	10,000	10,000	10,000	20,000	.0000%	0.0000%
1b537f723da7dec86	David Gutridge	23,530		23,530	23,530	.0000%	0.0000%
8dc7a833004c5c98	David Kormandel	14,118		14,118	14,118	.0000%	0.0000%
058131872e1025bfc	David Telesco		10,000		10,000	.0000%	0.0000%
1cae67a0a8064b81	Dawne Davenport	40,000		40,000	40,000	.0000%	0.0000%
495adcc65bc7d3a3	Deeming Project Solution & Supplies, LL	400,000		400,000	400,000	.0000%	0.0000%
a0442e5046dfd87a2	Doug Davenport		235,000		235,000	.0000%	0.0000%
c7a4edef85d5f45b1	Dr. Brad Butler	100,000		100,000	100,000	.0000%	0.0000%
ae8c886ca4d46603	Dr. Walt Ellis	141,668	10,000	141,668	151,668	.0000%	0.0000%
3b55e5d93004b464	Dr. Wayne Hurst	33,334		33,334	33,334	.0000%	0.0000%
a311ee70ad9161ee	Dwight R. Winn	27,864	65,000	27,864	92,864	.0000%	0.0000%
b1ae54bc7f3e5d39b	Edward Gates	71,429		71,429	71,429	.0000%	0.0000%

a7435d1029febe6d0	Elliot Berke			25,000			25,000	.0000%	0.0000%
11fcfa0d8444d43f9e	Eric Fenstad	20,000				20,000	20,000	.0000%	0.0000%
a3936bd37eaeba8a:	Ian Galloway	6,667				6,667	6,667	.0000%	0.0000%
90f40f1c465a9f3b3e	James Orders			15,000			15,000	.0000%	0.0000%
6dc4dbf3a841d5ea2	James Reimer	10,000				10,000	10,000	.0000%	0.0000%
0b3bfb636bf2c1dd7-	Janet & James Falkenreck	23,532				23,532	23,532	.0000%	0.0000%
638eaa9a4e94bdff1l	Jay Parmer			20,000			20,000	.0000%	0.0000%
57a8fcb9d8ac6bcd0	Jesse Jecmen	804,314		85,000		804,314	889,314	.0000%	0.0000%
c37352152c221d4a(	Jessica Holcombe	174,983				174,983	174,983	.0000%	0.0000%
33a8573445d7b813	John Simonse			100,000			100,000	.0000%	0.0000%
1e00f9200afe52a8b	Jonathan Allen	80,000				80,000	80,000	.0000%	0.0000%
902f700b2dbc1024b	Joseph Lehey	2,196,934				2,196,934	2,196,934	.0000%	0.0000%
380b44247fc03515d	Joseph Yorio	10,000				10,000	10,000	.0000%	0.0000%
ab82306855fce48a7	JUB LLC	33,533				33,533	33,533	.0000%	0.0000%
f712ebae458a1d651	Justin Braun	119,412		10,000		119,412	129,412	.0000%	0.0000%
abb3d3345fe9e1387	Karen Dougherty	23,530				23,530	23,530	.0000%	0.0000%
6a044fab8bd27f753(	Kelly Chase	45,000		100,000		45,000	145,000	.0000%	0.0000%
b20b882639d7f7704	Kelly Emary	6,667				6,667	6,667	.0000%	0.0000%
3ecf8214b8ba38715	Kenneth Choi	20,000				20,000	20,000	.0000%	0.0000%
423613d8df1b99aca	Laticia Rolle	50,000				50,000	50,000	.0000%	0.0000%
c234c63d7f8456eb9	LHJS Investments LLC 401k plan fbo Jo	160,000				160,000	160,000	.0000%	0.0000%
2411a4ef00b3dfa41(	Luciano Hayden			5,000			5,000	.0000%	0.0000%
9f57a77579796d6aa	Margaret L. Taylor Living Trust	436,444	2,016,000	358,824	555,414	2,452,444	3,366,682	.0000%	0.0000%
3289476aef8b996fe!	Marie Moretti			125,000			125,000	.0000%	0.0000%
f35cd55e01eef79de-	Mark Fenstad	20,000				20,000	20,000	.0000%	0.0000%
5e8b1c11e087ac3d(	Mark Jamati	43,530				43,530	43,530	.0000%	0.0000%

7f280f295643a17f2d Mark Murphy	23,530	65,000	23,530	88,530	.0000%	0.0000%
0cca157d93dafa16d Mark Stone	40,000		40,000	40,000	.0000%	0.0000%
b36d99420e857e4bl Mason Thelen	50,000		50,000	50,000	.0000%	0.0000%
02247a1c100c1845(Matthew Irwin	64,489	35,000	64,489	99,489	.0000%	0.0000%
2fa6a21829cb1ff5fb(McGann-Moretti Revocable Trust	1,844,739	150,000	1,844,739	1,994,739	.0000%	0.0000%
4d29381ab9f1eeebd Melissa Jecmen	37,600		37,600	37,600	.0000%	0.0000%
79fbd55abf954c38d(Michael and Apryl Bonanno Family Trust	23,532		23,532	23,532	.0000%	0.0000%
0b8fbbfe68e25747a(Michael and Molly Strand	36,429		36,429	36,429	.0000%	0.0000%
277331ec372db2d7(Michael Breede	20,000		20,000	20,000	.0000%	0.0000%
3b40d51f732213af5(Michael J. Taylor	23,532		23,532	23,532	.0000%	0.0000%
152fd3e39cfb647cc7 Michael Jeung	100,000		100,000	100,000	.0000%	0.0000%
4d640dcb28eae695(Michael Laidlaw	93,333	150,000	93,333	243,333	.0000%	0.0000%
aef970abdde3116de Michael Speets	30,000		30,000	30,000	.0000%	0.0000%
4c38d634ec01c51d(Nicholas B. Temple Family Trust		30,000		30,000	.0000%	0.0000%
6b94b02b49206214 Nicholas Lewis		35,000		35,000	.0000%	0.0000%
b1265dbbb8bb5bff2(Nino Niederreiter	22,858		22,858	22,858	.0000%	0.0000%
da20d9059b84c2ef8 Pamela Moellenhoff Trust	714,286		714,286	714,286	.0000%	0.0000%
bba5a2a25c637f9c5 Paul Ling		20,000		20,000	.0000%	0.0000%
6f2122fc5778196bb(Richard B. Taylor II	491,899	25,000	491,899	516,899	.0000%	0.0000%
74afc74733b20357d Rick Barnum	23,530	50,000	23,530	73,530	.0000%	0.0000%
3702f4f0bf9bf12e3c(Rick Barnum	30,000		30,000	30,000	.0000%	0.0000%
2622e6e4b78cb41b(Risk Management Solutions LLC	18,823		18,823	18,823	.0000%	0.0000%
c756701e86190420(Robert Brandt Family Trust	167,143		167,143	167,143	.0000%	0.0000%
4d632ebfe1b576956 Robert Challinor	50,000	50,000	50,000	100,000	.0000%	0.0000%
c0d71b12532875fda Robert Ingal	950,000		950,000	950,000	.0000%	0.0000%
05aab6893ea07ba8 Robert Jecmen	1,558,767	10,000	1,558,767	1,568,767	.0000%	0.0000%

d3403d0b862271e8(	Robert Laidlaw	114,286		114,286	114,286	.0000%	0.0000%
5badf8910f9826c0b:	Robert Laird		10,000		10,000	.0000%	0.0000%
e5391892000fcc1aa	Rodney J. Riggs Trust	23,532		23,532	23,532	.0000%	0.0000%
18923ae37920a047!	Roman Josi	400,000		400,000	400,000	.0000%	0.0000%
ee08917af57a446a4	Ron Triemstra	40,000		40,000	40,000	.0000%	0.0000%
3f51d1e920ccdcd63	Russell D. Mitchell Associates, Inc.	23,530		23,530	23,530	.0000%	0.0000%
1b0dd9f052918adfe:	Ryan Ellis	80,000		80,000	80,000	.0000%	0.0000%
23a0663bcdb18792(	Ryan Lasch	40,000		40,000	40,000	.0000%	0.0000%
5667274c6993fc7e2	Southern Glazer's Wine and Spirits, LLC	50,000		50,000	50,000	.0000%	0.0000%
621f66b9f27dd096e	Steve Hong	71,429		71,429	71,429	.0000%	0.0000%
c0bb18de1f0bf20cb4	Terence Johnston	12,000		12,000	12,000	.0000%	0.0000%
aeb1b72fa6c32e6a4	Tommie Murphy	11,765		11,765	11,765	.0000%	0.0000%
839142fce883f7d90(	Tyler Skinner	68,530	50,000	68,530	118,530	.0000%	0.0000%
480f92f7a83cace5fc	Tyson Gomez	143,771	45,000	143,771	188,771	.0000%	0.0000%
c0790c528b9d7ff2f4	Virginia Bennett	13,555	55,000	13,555	68,555	.0000%	0.0000%
c8d81db3477887b7:	Wesley H. Goldstein	11,765		11,765	11,765	.0000%	0.0000%
8507022dc540d526(	William Bestwick	157,143	20,000	157,143	177,143	.0000%	0.0000%

Renewal License

Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. WLS 7920
RECEIPT NO. 20610552

VALID UNTIL MAY 01, 2023

MEDEA INC. DBA MEDEA MEDICAL PRODUCTS
351 ST MARY ST
PLEASANTON CA 94566

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

04/22

04/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDEA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2023.

Jeffrey W. Bullock, Secretary of State

5497487 8300

SR# 20230222388

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202551590

Date: 01-23-23

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	MEDEA INC.
Entity No.:	3684220
Registration Date:	06/10/2014
Entity Type:	Stock Corporation - Out of State - Stock
Formed In:	DELAWARE
Status:	Active

The above referenced entity is active on the Secretary of State's records and is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 08, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 064979840

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7920

NAME: MEDEA INC. DBA MEDEA MEDICAL PRODUCTS

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

351 ST MARY ST
PLEASANTON CA 94566
ALAMEDA COUNTY

ISSUANCE DATE

MAY 21, 2021

EXPIRATION DATE

MAY 1, 2024

CURRENT DATE / TIME

APRIL 18, 2023
2:6:49 PM

LICENSE RELATIONSHIPS

NAME: REGO, BRANT LOUIS

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 51434 **PRIMARY STATUS:** CLEAR

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Reschini Agency, Inc.
922 Philadelphia Street
P.O. Box 449
Indiana PA 15701

CONTACT NAME: Jeanette Marcus, CISR
PHONE (A/C, No, Ext): (724) 349-1300 FAX (A/C, No): (724) 349-1446
E-MAIL ADDRESS: jmarcus@reschini.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Continental Casualty Company	20443
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED

MEDEA, INC.
351 Saint Mary Street
Pleasanton CA 94566

COVERAGES CERTIFICATE NUMBER: 23-24 GL REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			ADT7036948246	04/03/2023	04/03/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Mitigation Expenses	$ 5,000,000 $ 50,000 $ 1,000 $ 5,000,000 $ 5,000,000 $ 5,000,000 $ 250,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Medea Inc.
351 Saint Mary St.
Pleasanton CA 94566

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeanette Marcus

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The ACORD name and logo are registered marks of ACORD

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/18/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Jeanette Marcus, CISR	
Reschini Agency, Inc. 922 Philadelphia Street P.O. Box 449 Indiana PA 15701	PHONE (A/C, No, Ext): (724) 349-1300	FAX (A/C, No): (724) 349-1446
	E-MAIL ADDRESS: jmarcus@reschini.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Scottsdale Insurance Company	
INSURED Medea, Inc. 351 Saint Mary Street Pleasanton CA 94566	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** GL 23-24 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CPS7770670	04/03/2023	04/03/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Medea Inc.
351 Saint Mary St.
Pleasanton CA 94566

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeanette Marcus

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 3493155

Application/License No. _____

Medea Inc.dba Medea Medical Products (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 351 ST. MARY ST. PLEASANTON, CA 94566 (Address of Applicant/Principal), as PRINCIPAL, and SURETEC INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of TEXAS (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 2103 CITYWEST BOULEVARD SUITE 1300 HOUSTON, TX 77042 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on JANUARY 20, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 26TH day of JANUARY, 2023.

APPLICANT/PRINCIPAL

COMPANY

Virginia Bennett
Authorized Representative

SURETY

Surety Company's Representative

ERIC FAUERBACH, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Not Needed
Nevada Resident Agent

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Alameda)

On 2-22-2023 before me, S. ESSAPOOR, Notary Public
(here insert name and title of the officer)

personally appeared Virginia M. Bennett

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

S. ESSAPOOR
COMM. #2387943
Notary Public - California
Alameda County
My Comm. Expires Jan. 17, 2026

WITNESS my hand and official seal.

Signature S. Essapoor

(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of _____

containing _____ pages, and dated _____

The signer(s) capacity or authority is/are as:

- ☐ Individual(s)
- ☐ Attorney-in-Fact
- ☐ Corporate Officer(s) _____ Title(s)
- ☐ Guardian/Conservator
- ☐ Partner - Limited/General
- ☐ Trustee(s)
- ☐ Other: _____

representing: _____ Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
○ form(s) of identification ○ credible witness(es)

Notarial event is detailed in notary journal on:
Page # _____ Entry # _____

Notary contact: _____

Other

☐ Additional Signer(s) ☐ Signer(s) Thumbprint(s)

☐ _____

© Copyright 2007-2018 Notary Rotary, PO Box 41400, Des Moines, IA 50311-0507. All Rights Reserved. Item Number 101772. Please contact your Authorized Reseller to purchase copies of this form.

POA #: 4010009

SureTec Insurance Company
LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Eric Fauerbach

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for, providing the bond penalty does not exceed

Five Hundred Thousand and 00/100 Dollars ($500,000.00)

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 15th day of May A.D. 2020 .

SURETEC INSURANCE COMPANY

By: _____
Michael C. Keimig, President

State of Texas
County of Harris
ss:

On this 15th day of May A.D. 2020 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

TANYA SNEED
Notary Public, State of Texas
Comm. Expires 03-30-2023
Notary ID 128571231

_____
Tanya Sneed, Notary Public
My commission expires March 30, 2023

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 26th day of January, 2023, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity. 4010009
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

Full-Time Employees

Brandon Laidlaw, CEO and Chairman

Michael Laidlaw, President and General Counsel

Brant Rego, Pharmacist & Designated Representative In-Charge

Jesse Jecmen, Chief Operating Officer

Tyson Gomez, Chief Commercial Officer

Casey Haines, Chief Revenue Officer

Brad Brown, Chief Product Officer

Robert Laird, Senior Vice President of Sales

Dana Amato, Senior Vice President of Global Enterprise

Gina Moretti, Vice President of Administration

Kelly Chase, Executive Director of Business Development

Melanie Oliver, Director of Product Management

Angelica Laidlaw, Director of Business Development

Ryan Ackerman, Warehouse and Logistics Manager

Jerin Mece, Director of Sales & Marketing

Alex Gonzalez, Business Development Manager

Consultants

Marie Moretti
Doug Davenport
Nick Lewis
John Buscher
Ed Reno
Scott Baugh
Bob Herzberg

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medea Inc

Pharmacy/Wholesaler License # (if applicable) WLS 7920

Physical Address 351 St. Mary St

City Pleasanton State Ca Zip 94566

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 925-425-9282 Website medeausa.com

Licensing Company Email info@medeamp.com

Section 2: Personal Information

First Brant Middle Louis Last Rego

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Benhenry Ct

City Rocklin State Ca Zip 95677

Telephone [redacted] Email brant@medeamp.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/94-06/99	
Address	**City**	**State**	**Zip**
1700 SW Western Blvd	Corvallis	Or	97331
Diploma/Degree obtained, if any			
BS/ Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
West Valley College		08/92-06/94	
Address	**City**	**State**	**Zip**
14000 Fruitvale Ave	Saratoga	Ca	95070
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Westmont Hig School		08/91-06/92	
Address	**City**	**State**	**Zip**
4805 Westmont Ave	Campbell	Ca	95008
Diploma/Degree obtained, if any			
diploma			

School Name		From - To (MM/YY – MM/YY)	
Blackford High School (Closed)		08/88-06/91	
Address	**City**	**State**	**Zip**
3800 Blackford Ave	San Jose	Ca	95117
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/03-present	[redacted]Benhenry Ct	Rocklin	Ca	95677
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Medea Inc.			03/21-Present	
Business Address		**City**	**State**	**Zip**
351 Saint Mary St.		Pleasanton	CA	94566
Phone	**Title**		**Number of Employed Hours**	
916-985-2561	Wholesale Designated Representative & Lab Director		220	

Description of Duties

DR for the California Board of Pharmacy wholesale license. Created and implemented policy & procedures, developed a recorded keeping system, track chain of custody movement of products. Oversaw mobile laboratory divison.

Business Name			From - To (MM/YY – MM/YY)	
California Department of Corrections & Rehabilitations (Folsom State Prison)			12/13-Present	
Business Address		**City**	**State**	**Zip**
300 Prison Rd		Repressa	CA	95671
Phone	**Title**		**Number of Employed Hours**	
916-985-2561	Pharmacist		18,720	

Description of Duties

All duties required by the California Board of Pharmacy, DEA, and California Department of Public Health to be a licensed registered pharmacist.

Business Name			From - To (MM/YY – MM/YY)	
Safeway			01/07-11/13	
Business Address		**City**	**State**	**Zip**
67 Lincoln Blvd		Lincoln	CA	95648
Phone	**Title**		**Number of Employed Hours**	
916-408-0800	Pharmacist in Charge		14,560	

Description of Duties

All requirements of a pharmacist in charge by the California Board of Pharmacy and DEA.

Business Name			From - To (MM/YY – MM/YY)	
Walgreens			02/99-12/06	
Business Address		**City**	**State**	**Zip**
200 Wilmot Rd.		Deerfield	IL	60015
Phone	**Title**		**Number of Employed Hours**	
800-925-4733	Regional Pharmacy Supervisor		14,800	

Description of Duties

Operational director for the west coast. Oversaw 800 employees and $900 million in sales annually.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Brant Rego, **certify that as the designated representative for**

Medea Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BLR I am at least 21 years of age;
3. BLR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BLR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BLR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BLR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BLR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brant Rego

Print Name (First, Last)

Brant Rego RPh

Original Signature (electronic, copies or stamps not accepted)

12/12/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brant Rego

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/12/2022

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of PLACER

I, BRANT REGO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/22/22

Date

Subscribed and Sworn to before me this _____ day of _____.

See attached for notary seal. California state law.

Notary Public Signature

(Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Placer

Subscribed and sworn to (or affirmed) before me on this 22 day of December, 2022, by Brant Louis Rego,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ALEX BOURGOIN
COMM. # 2425942
NOTARY PUBLIC - CALIFORNIA
PLACER COUNTY
COMM. EXPIRES NOV. 9, 2026

(Seal)

Signature Alex Bourgoin

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Medea Inc MDEG License # (if applicable): _____

Physical Address: 351 St Mary St

City: Pleasanton State: Ca Zip: 94566

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 925-425-9282 Website: medeausa.com

Licensing Company Email: info@medeamp.com

Section 2: Personal Information

First: Brant Middle: Louis Last: Rego

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Benhenry Ct

City: Rocklin State: Ca Zip: 95677

Telephone: [redacted] Email: brant@medeamp.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/94-06/99	
Address	**City**	**State**	**Zip**
1700 SW Western Blvd	Corvallis	OR	97331
Diploma/Degree obtained, if any			
BS Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
West Valley College		08/92-06/94	
Address	**City**	**State**	**Zip**
14000 Fruitvale Ave	Saratoga	Ca	95070
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Westmont High School		08/91-06/92	
Address	**City**	**State**	**Zip**
4805 Westmont Ave	Campbell	Ca	95008
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Blackford High School (Closed)		08/88-06/91	
Address	**City**	**State**	**Zip**
3800 Blackford Ave	San Jose	Ca	95117
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/03-present	[redacted] Benhenry Ct	Rocklin	Ca	95677
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Medea Inc.			03/21-Present	
Business Address		**City**	**State**	**Zip**
351 Saint Mary St		Pleasanton	CA	94566
Phone	**Title**		**Number of Employed Hours**	
925-425-9282			220	

Description of Duties

DR for the California Board of Pharmacy wholesale license. Created and implemented policy & procedures, developed a recorded keeping system, track chain of custody movement of products. Oversaw mobile laboratory divison.

Business Name			From - To (MM/YY – MM/YY)	
California Department of Corrections & Rehabilitations (Folsom State Prison)			12/13-Present	
Business Address		**City**	**State**	**Zip**
300 Prison Rd		Repressa	CA	95671
Phone	**Title**		**Number of Employed Hours**	
916-985-2561	Pharmacist		18,720	

Description of Duties

All duties required by the California Board of Pharmacy, DEA, and California Department of Public Health to be a licensed registered pharmacist.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Brant Rego, **certify that as the MDEG Administrator for**

Medea Inc,

that I (initial that you have read and meet the following requirements):

1. BLR Have a high school diploma or its equivalent;
2. BLR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. BLR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. BLR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brant Rego
Print Name (First, Last)

Brant Rego RPh
Original Signature (electronic, copies or stamps not accepted)

12/12/2022
Date

Board Use Only	Date Received: 2-2-23

Wholesale Distributor and Third-Party Logistics Providers Reporting

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About this Database | Back to Search Page

Search Results for: "Medea"

Show 10 rows CSV

Filter:

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
Medea Inc. DBA: **Medea Medical Products**	WDD	WLS7920	US-CA	05/01/2023	2023	351 Saint Mary St. Pleasanton CA	Melanie Oliver	moliver@medeamp.com

U.S. FOOD & DRUG ADMINISTRATION

NDA 212045

NDA APPROVAL

Hikma Pharmaceuticals USA, Inc.
1809 Wilson Road
Columbus, OH 43228

Attention: Chrysoula Koukoutsis
Associate Director, Drug Regulatory Affairs

Dear Ms. Koukoutsis:

Please refer to your new drug application (NDA) dated and received April 30, 2019, and your amendments, submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (FDCA) for KLOXXADO (naloxone hydrochloride) nasal spray, 8 mg.

We acknowledge receipt of your amendment dated October, 29, 2020, which constituted a complete response to our February 28, 2020, action letter.

This new drug application provides for the use of KLOXXADO for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression, for adult and pediatric patients.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

We note that your April 27, 2021, submission includes final printed labeling (FPL) for your Prescribing Information, Patient Package Insert, and Instructions for Use. We have not reviewed this FPL. You are responsible for assuring that the wording in this printed labeling is identical to that of the approved content of labeling in the structured product labeling (SPL) format.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (Prescribing Information, Patient Package Insert, Instructions for Use) as well as annual reportable

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm

changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2]

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission "**Final Printed Carton and Container Labeling for approved NDA 212045**. Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for KLOXXADO (naloxone hydrochloride) nasal spray shall be 24 months from the date of manufacture when stored at 20-25°C (68-77°F) with excursions permitted to 40°C (104°F) and to 5°C (41°F). Avoid long term storage at temperatures higher than 40°C.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

This product is appropriately labeled for use in all relevant pediatric populations. Therefore, no additional pediatric studies are needed at this time.

---

[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

4051-1 Provide additional characterization of the extractables and leachables in this drug product.

- Perform additional extractables studies to show the extraction methods used are exhaustive and reanalyze the extractables detected to attempt to at least assign a compound class.
- Provide additional assurance of the suitability of the leachables methods with additional validation and by spiking drug product samples with stopper extracts as well as known compounds to ensure the leachables method can detect them.

The timetable you submitted on April 27, 2021, states that you will conduct this study according to the following schedule:

Final Protocol Submission:	05/2021
Study Completion:	04/2022
Final Report Submission:	07/2022

A final submitted protocol is one that the FDA has reviewed and commented upon, and you have revised as needed to meet the goal of the study or clinical trial.

Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled "**Postmarketing Commitment Protocol**," "**Postmarketing Commitment Final Report**," **or** "**Postmarketing Commitment Correspondence**."

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-*

Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.[3]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.[4] Information and Instructions for completing the form can be found at FDA.gov.[5]

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

Your product is a Part 3 combination product (21 CFR 3.2(e)); therefore, you must also comply with postmarketing safety reporting requirements for an approved combination product (21 CFR 4, Subpart B). Additional information on combination product postmarketing safety reporting is available at FDA.gov.[6]

If you have any questions, call Joyce Chin, Pharm.D., Regulatory Health Project Manager, at (301) 348-1772.

Sincerely,

{See appended electronic signature page}

Rigoberto Roca, MD
Director
Division of Anesthesiology, Addiction Medicine, and Pain Medicine
Office of Neuroscience
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
  - Patient Package Insert
  - Instructions for Use
- Carton and Container Labeling

---

[3] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.
[4] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[5] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf
[6] https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use KLOXXADO safely and effectively. See full prescribing information for KLOXXADO.

KLOXXADO™ (naloxone hydrochloride) nasal spray
Initial U.S. Approval: 1971

INDICATIONS AND USAGE

KLOXXADO is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression, for adult and pediatric patients. (1)

KLOXXADO is intended for immediate administration as emergency therapy in settings where opioids may be present.

KLOXXADO is not a substitute for emergency medical care. (1)

DOSAGE AND ADMINISTRATION

- KLOXXADO is for intranasal use only. (2.1)
- Seek emergency medical care immediately after use. (2.1)
- Administer a single spray of KLOXXADO to adult or pediatric patients intranasally into one nostril. (2.2)
- Administer additional doses of KLOXXADO, using a new nasal spray with each dose, if the patient does not respond or responds and then relapses into respiratory depression. Additional doses of KLOXXADO may be given every 2 to 3 minutes until emergency medical assistance arrives. (2.2)

  Additional supportive and/or resuscitative measures may be helpful while awaiting emergency medical assistance. (2.2)

DOSAGE FORMS AND STRENGTHS

nasal spray: naloxone hydrochloride 8 mg in 0.1 mL. (3)

CONTRAINDICATIONS

Hypersensitivity to naloxone hydrochloride or to any of the other ingredients. (4)

WARNINGS AND PRECAUTIONS

- Risk of Recurrent Respiratory and CNS Depression: Due to the duration of action of naloxone relative to the opioid, keep patient under continued surveillance and administer repeat doses of naloxone using a new nasal spray with each dose, as necessary, while awaiting emergency medical assistance. (5.1)
- Risk of Limited Efficacy with Partial Agonists or Mixed Agonist/Antagonists: Reversal of respiratory depression caused by partial agonists or mixed agonist/antagonists, such as buprenorphine and pentazocine, may be incomplete. Larger or repeat doses may be necessary. (5.2)
- Precipitation of Severe Opioid Withdrawal: Use in patients who are opioid dependent may precipitate opioid withdrawal. In neonates, opioid withdrawal may be life-threatening if not recognized and properly treated. Monitor for the development of opioid withdrawal. (5.3)
- Risk of Cardiovascular (CV) Effects: Abrupt postoperative reversal of opioid depression may result in adverse CV effects. These events have primarily occurred in patients who had preexisting CV disorders or received other drugs that may have similar adverse CV effects. Monitor these patients closely in an appropriate healthcare setting after use of naloxone hydrochloride. (5.3)

ADVERSE REACTIONS

The following adverse reactions were reported with KLOXXADO in two adult subjects each: abdominal pain, asthenia, dizziness, headache, nasal discomfort, and presyncope. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Hikma Specialty USA Inc. at 1-800-962-8364 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 04/2021

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
2.1 Important Dosage and Administration Instructions
2.2 Dosing in Adult and Pediatric Patients
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
5 WARNINGS AND PRECAUTIONS
5.1 Risk of Recurrent Respiratory and Central Nervous System Depression
5.2 Risk of Limited Efficacy with Partial Agonists or Mixed Agonist/Antagonists
5.3 Precipitation of Severe Opioid Withdrawal
6 ADVERSE REACTIONS
6.1 Clinical Trials Experience
6.2 Postmarketing Experience
8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.2 Lactation
8.4 Pediatric Use
8.5 Geriatric Use
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medea Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 351 Saint Mary St.

City Pleasanton State CA Zip 94566

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 925-425-9282 Website medeausa.com

Licensing Company Email brant@medeamp.com

Section 2: Personal Information

First MARGARET Middle LOUISE Last TAYLOR

Alias(es, nicknames, name changes, etc.) PEGGY

Date of Birth [redacted] SSN or ITIN _____ Sex ☐ M ☒ F ☐ X

Mailing Address PO Box [redacted]

City INCLINE VILLAGE State NV Zip 89450

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LONE MOUNTAIN COLLEGE		09/69 - 12/72	
Address	**City**	**State**	**Zip**
2820 TURK BLVD	SAN FRANCISCO	CA	94118
Diploma/Degree obtained, if any			
B.A. COMMUNICATIONS & PSYCHOLOGY			

School Name		From - To (MM/YY – MM/YY)	
FOREST RIDGE SCHOOL OF THE SACRED HEART		09/65 - 06/69	
Address	**City**	**State**	**Zip**
4800 139TH AVE SE	BELLEVUE	WA	98006
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/13 01/83	[redacted] LODGEPOLE DRIVE	INCLINE VILLAGE	NV	89451
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
SELF EMPLOYED	01/13 – 01/23

Business Address	City	State	Zip
531 LODGEPOLE DRIVE	INCLINE VILLAGE	NV	89451

Phone	Title
775 846-0028	OWNER/INV. MGR

Description of Duties: INVESTMENT MGR, R.E., P.E., VENTURE CAPITAL, BOARD WORK

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MARGARET TAYLOR
Print Name (First, Last)

Margaret Taylor
Original Signature (electronic, copies or stamps not accepted)

JAN. 17, 2023
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, Margaret Taylor, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Margaret Taylor
Original Signature

JAN 17, 2023
Date

Subscribed and Sworn to before me this 17th day of January.

Notary Public Signature

SUSAN IRENE BORUNDA
Notary Public, State of Nevada
Appointment No. 22-7744-02
My Appt. Expires Apr 27, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medea Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 351 Saint Mary St.

City: Pleasanton State: CA Zip: 94566

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 925-425-9282 Website: medeausa.com

Licensing Company Email: info@medeamp.com

Section 2: Personal Information

First: Brandon Middle: Scott Last: Laidlaw

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Via Romero

City: Alamo State: CA Zip: 94507

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Utica College		08/2006-05/2007	
Address	City	State	Zip
1600 Burrstone Rd.	Utica	NY	13502
Diploma/Degree obtained, if any			
n/a			

School Name		From - To (MM/YY – MM/YY)	
Amador Valley High School		08/2002-05/2003	
Address	City	State	Zip
1155 Santa Rita Rd	Pleasanton	CA	94566
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Nanaimo Secondary School		08/1999-05/2002	
Address	City	State	Zip
355 Wakesiah Ave	Nanaimo	BC CAN	V9R 3K5
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2021-Current	[redacted] Via Romero	Alamo	CA	94507
07/2016-03/2021	[redacted] Takens Ct	Pleasanton	CA	94588
05/2010-07/2016	[redacted] Krause St.	Pleasanton	CA	94588

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medea Inc.			07/2017-Current
Business Address	**City**	**State**	**Zip**
351 Saint Mary St	Pleasanton	CA	94566
Phone	**Title**		
925-425-9282	CEO & Chairman		

Description of Duties

Majority owner and operator responsible for managing a company's overall operations. Serve as the principal point of communication between corporate operations and the board of directors.

Business Name			From - To (MM/YY – MM/YY)
Medea Inc.			03/2014-07/2017
Business Address	**City**	**State**	**Zip**
351 Saint Mary St	Plasanton	CA	94566
Phone	**Title**		
925-425-9282	President		

Description of Duties

Oversaw budgets, staff, and executives and evaluated the success of the company. Meeting with board members and other executives to assess the direction of the company and ensuring the company's compliance with the stated mission.

Business Name			From - To (MM/YY – MM/YY)
Sapphire Restaurant & Lounge			01/2008-02/2014
Business Address	**City**	**State**	**Zip**
2300 1st St Ste.120B		CA	94550
Phone	**Title**		
NONE	Owner		

Description of Duties

Owner and operator of a restaurant and lounge. Oversaw the day-to-day operations of a restaurant, managing staff, resolve customer issues and work to make the establishment profitable. Sapphire is no longer in business.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
May 25, 2022	Ongoing	CA	N/A	Alameda
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22CV011786		Alameda County		
Reason/Charge				
Medea Inc filed a product defect action against supplier Honeywwell Safety Products USA				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Medea Inc.: plaintiff. Honeywell Safety Products US: Defendant		Civil Lawsuit		
Name of Business/Industry/Entity				
Medea Inc. is the plaintiff				

Provide explanation below:

Medea Inc. filed a product defect action against its supplier Honeywell Safety Products USA, Inc. Medea has asserted that Defendant Honeywell sold it 4 million defective surgical N95 respirators for resale. Medea is seeking money damages. Complaint attached as Exhibit C.

Plaintiff/defendant/claimant/respondent: Medea Inc. is the plaintiff. Honeywell Safety Products USA, Inc. is the defendant.

Lawsuit/Arbitration/Bankruptcy: Civil lawsuit

Name of Business/Industry/Entity: Medea Inc. is the plaintiff.

Original Signature (electronic, copies or stamps not accepted)

1/10/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
July 7, 2021	Dec 9, 2021	CA	N/A	Alameda

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
RG21103940	Superior Court of California – Alameda County

Reason/Charge
Please see below

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Medea Inc.: plaintiff. TPT MedTech, LLC: Defendant	Limited Civil Lawsuit

Name of Business/Industry/Entity
Medea Inc. was the plaintiff

Provide explanation below:

Medea Inc. filed a limited civil action against a debtor that purchased and accepted goods from Medea but did not pay for them. Complaint attached as Exhibit D. The action was settled and Medea dismissed the action on December 9, 2021. Dismissal attached as Exhibit E.

Plaintiff/defendant/claimant/respondent: Medea Inc. was the plaintiff. TPT MedTech, LLC was the defendant.

Lawsuit/Arbitration/Bankruptcy: Limited civil lawsuit.

Name of Business/Industry/Entity: Medea Inc. was the plaintiff.

Original Signature (electronic, copies or stamps not accepted)

1/10/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Jan 28, 2019	June 16, 2021	MA	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
1:19-cv-10182-DJC		U.S.D.C. – District of Massachusetts		
Reason/Charge				
Please see below				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
CRG Financial, LLC & Claims Recovery Group, LLC: plaintiffs		Civil Lawsuit		
Name of Business/Industry/Entity				
Medea Inc. was named as a defendant				

Provide explanation below:

Plaintiff financial lenders named Two Diamond Capital Corp. and Medea Inc. as defendants in a frivolous lawsuit arising out of loan facility and related agreements that were alleged not paid by a third party that was not named in the action. Complaint attached as Exhibit A. The Plaintiffs named Medea Inc. as a peripheral party despite the fact that Medea Inc. never had any dealings with the lenders and did not become acquainted with the lenders until after the case was filed. The case was dismissed in its entirety on June 16, 2021 pursuant to Medea Inc.'s motion for summary judgment. Order attached as Exhibit B. Plaintiffs filed an appeal which Medea Inc. has vigorously opposed and contends is frivolous like the underlying lawsuit. The appeal is expected to be heard by the U.S. Court of Appeals for the First Circuit (Case No. 22-1347) in mid-2023.

In addition to the foregoing, Medea offers the following: In dismissing Medea from the case, the Court made clear that the Plaintiff "has failed to show on this undisputed record of material facts, that Medea made any false representation of material fact, the first element of any fraud claim." Further, "[t]here is no suggestion in the record that Medea made the representation [asserted by the Plaintiffs]…Now on a fully developed record, Plaintiffs have not marshaled evidence of their fraud allegations…Accordingly, this Court concludes that the fraud claim fails for lack of evidence of any material misrepresentations…by Medea to Plaintiffs."

Original Signature (electronic, copies or stamps not accepted)

1/10/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brandon Laidlaw
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-26-2023
Date

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Alameda

I, Brandon Laidlaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-26-2023
Date

Subscribed and Sworn to before me this 26th day of Jan. 2023

S. Essapoor
Notary Public Signature

S. ESSAPOOR
COMM. #2387943
Notary Public - California
Alameda County
My Comm. Expires Jan. 17, 2026

(Seal)

Exhibit A

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

CRG FINANCIAL, LLC and CLAIMS RECOVERY GROUP, LLC,

Plaintiffs,

v.

TWO DIAMOND CAPITAL CORP. and MEDEA, INC.

Defendants

Civil Action No. [redacted]

VERIFIED COMPLAINT AND JURY DEMAND

PARTIES

1. Plaintiff CRG Financial, LLC ("CRG") is a Delaware limited liability company with a principal place of business in Cresskill, New Jersey.

2. Plaintiff Claims Recovery Group, LLC ("Claims Recovery", and, with CRG, the "CRG Parties" or the "Plaintiffs") is a Delaware limited liability company with a principal place of business in Cresskill, New Jersey.

3. Defendant Two Diamond Capital Corp. ("Two Diamond") is a Massachusetts corporation with a principal place of business at 100 Ledgewood Place, Suite 102, Rockland, Massachusetts.

4. Defendant Medea Inc. (Medea") is a Delaware corporation with a place of business at 5653 Stoneridge Drive, Suite 119, Pleasanton, California.

JURISDICTION AND VENUE

5. This Court has subject matter jurisdiction of this action pursuant to 28 U.S.C. §§ 1332(a) because there is complete diversity of citizenship among the parties and because the amount in controversy exceeds $75,000, excluding costs.

6. Defendants are each subject to personal jurisdiction in this district because they entered into the contracts at issue with parties operating in Massachusetts and caused injury to Plaintiffs in Massachusetts through conduct, actions, and communications that took place in substantial part in Massachusetts.

7. Venue is proper in this Court pursuant to 28 U.S.C. § 1391 because a substantial part of the events or omissions giving rise to the claims asserted herein occurred in this district.

FACTS

8. On March 21, 2017, Two Diamond's Michael Kot ("Kot") e-mailed CRG's Joseph Brosnan ("Brosnan") regarding an opportunity to participate in a loan facility. The loan facility would finance the purchase by Bevriqo, Inc. ("Bevriqo"), a California company, of approximately 19,387 cases of vodka from Medea, an importer from Holland. The e-mail referred to multiple purchase orders that Medea would soon receive. Kot wrote to Brosnan in part: "This financing is going to happen fast. We can do some of it but we sure can't do all of this." *See* e-mail of Michael Kot dated March 21, 2017, a true and correct copy of which is attached hereto at Exhibit 1.

9. Kot and Brosnan continued to correspond. In March 2017, Kot told Brosnan that Two Diamond intended to fund a $1.8 million facility, that it had approval to fund $500,000 of that amount with its own money.

10. On March 22, 2017, Kot wrote to Brosnan with reference to the loan facility, "We're in." *See* e-mail of Michael Kot dated March 22, 2017, a true and correct copy of which is attached hereto at Exhibit 2.

11. On March 23, 2017, Kot forwarded to Brosnan an e-mail from Bevriqo's Chief Executive Officer, Richard Cabael ("Cabael"), stating that 168 cases of Medea vodka has been shipped pursuant to a purchase order received by Medea, that 224 cases of vodka and 168 cases of vodka had all been shipped against two other purchase orders, and that unspecified numbers of cases had been shipped against two further orders. *See* e-mail dated March 23, 2017 from Michael Kot, a true and correct copy of which is attached hereto at Exhibit 3.

12. On or about April 6, 2017, Two Diamond forwarded to the CRG Parties purported purchase orders for Medea vodka, which Two Diamond had received from Medea. The purchase orders included the following:

- three orders from Duggan Distillers Product Corp., all dated February 16, 2017, in the amounts of $37,968, $50,624, and $37,968, respectively;
- two orders from Allstar Brands and Distribution RD, dated March 15, 2017 and March 23, 2017, in the amounts of $448,627.60 and $224,313.60 respectively;
- an order from Young's Market Company dated March 6, 2017, in the amount of $25,312; and
- an order from Breakthru Beverage Nevada LLC dated March 23, 2017, in the amount of $12,656.56

See true and correct copies of purchase orders attached hereto as Exhibit 4.

13. Under the heading "ALL STAR AGREEMENT," Two Diamond also represented in writing to Plaintiffs that "All Star Global has agreed to a 3 year contract to purchase a minimum of 17,500 cases per year and are projecting 21,000 cases for 2017." Two Diamond stated the total amount of this contract, assuming the minimum order of 17,500 cases per year, as

"$10.5 million." *See* Bevriqo Brands Medea Vodka Opportunity, a true and correct copy of is attached hereto as Exhibit 5, at p.2.

14. All of the foregoing representations concerning purchase orders originated from Medea. Medea knew them to be false. Two Diamond knew or should have known them to be false.

15. Also on April 6, 2017, Two Diamond forwarded to the CRG Parties a "Medea Market Analysis Letter" (the "Market Analysis") from The Branford Group ("Branford"). Two Diamond had hired Branford to make the Market Analysis. The Market Analysis stated among other things that in a distressed closeout sale of approximately 21,447 cases of Medea vodka (that is, 262,166 bottles at 12 bottle per case), an expected aggregate recovery would range from $1.9 million to $2.2 million. The vodka that Bevriqo would purchase was part of the approximately 21,447 cases of vodka referenced in the Market Analysis. *See* a true and correct copy of Market Analysis attached hereto as Exhibit 6.

16. On or about April 7, 2017, Two Diamond sent to Plaintiffs a document entitled "Two Diamond Capital DBA Two Diamond Business Credit Participation Opportunity" (the "Participation Memo").

17. The Participation Memo described that Bevriqo was to buy the assets of Medea. It also stated:

> Two Diamond is being asked to provide a $3MM line of credit to provide for the initial purchase and to fund ongoing working capital needs of the company. Due to portfolio concentration limits of $500M per loan customer by our lender, we have to syndicate the other $2.5MM. Our initial advance is $2MM with no more than $1.5MM against inventory with a cost value of $2.9MM.

See Participation Memo, a true and correct copy of which is attached hereto as Exhibit 7, at p. 1. This statement communicated in substance that: (a) Two Diamond would invest

$500,000 in the loan to Bevriqo; and (b) that Two Diamond's funds would be part of the "initial advance" to Bevriqo. These statements were knowingly false when made.

18. The Participation Memo also stated:

> The company [*i.e.* Medea] has secured Purchase Orders for ultimate sales to Krogers (3900 store chain) and Costco (2900 store chain). Both of these stores have done extensive test marketing of this product in California which resulted in the roll-out of this brand across the entire chain. Sales are imminent and may commence prior to the close of our deal. We hope to close this deal by early next week....quite possibly Monday April 10 2017.

Id. at p. 1. When Two Diamond made the quoted statement, it knew or should have known that the "roll-out" of Medea vodka had not "resulted...across the entire chain[s]" of Costco and Kroger stores.

19. The Participation Memo also stated:

> Two Diamond business Credit is providing a $3MM ABL line of credit. Initial funding will be $2MM and we are looking for additional participants to provide the needed $1MM of addition credit. Participants will be paid 2% per month on their participation interest or 24% per annum. We anticipate this transaction to have a life of approximately 1 years time ... Monthly interest is directly deposited in an account of your choosing once the appropriate paperwork is completed.

Id. at p. 3. When Two Diamond made the quoted statement, it knew that it was not providing a $3,000,000 line of credit.

20. On or about April 11, 2017, Two Diamond and Bevriqo entered into a Loan Agreement and Security Agreement (the "Loan Agreement"), and an Inventory Loan Addendum. On the same date, Bevriqo made a Demand Secured Promissory Note in the amount of $2,000,000 to the order of Two Diamond (the "Bevriqo Note"), and Cabael signed a personal guaranty of the Bevriqo Note ("Cabael Guaranty"). *See* true and correct copies of each at Exhibits 8-10.

21. On or about April 17, 2017, and in reliance on Medea's and Two Diamond's representations, CRG and Claims Recovery each entered into Participation Agreements with Two Diamond, true and correct copies of which are attached hereto as Exhibits 11 and 12.

22. Each Participation Agreement states in part that:

> Participant agrees that Lender will retain in Lender's name, but on behalf of Participant to the extent of the Participation interest in the Loan, all of the obligations of borrower arising out of the Loan Documents....

See Exs. 11 and 12 at p. 3, sec. 4(a):

> Lender agrees that it will use the same prudence and judgment in the servicing of Borrower' [sic] account and in carrying out the terms of the Loan Documents as it would with regard to one of its own loans in which there was no participant.

Id. at p. 4, sec. 4(f).

> At any time during which Lender is administering the Loan Documents with Borrower, however, Lender will obtain the prior written consent of Participant prior to: (i) agreeing to any waiver or amendment which would reduce the principal due on the Loan; or (ii) releasing all or substantially all of the Collateral under the Loan Documents, or releasing any guarantees;

Id.

23. The CRG Parties understood that the loan facility included an Inventory Loan and a Receivables Loan, and that their $1.3 million would fund a portion of the $1.5 million Inventory Loan. They also believed, however, based on Two Diamond's previous misrepresentations, that Two Diamond was funding the balance of the Inventory Loan and, based on the false representations of both Medea and Two Diamond, that accounts receivable to collateralize the Receivables Loan were imminent, and that Two Diamond would imminently fund the Receivables Loan. The CRG Parties' understanding that Two Diamond would be a co-investor was material to their decision to participate. Without this understanding, they would not have participated. Their understanding is confirmed by the amounts of their participation as a

percentage of the total loan balance, as reflected in the language of the Participation Agreements. CRG's Participation Agreement stated that its participation would be "an amount equal to forty per cent (40%) of the total Loan Advances as are outstanding from time to time (the "Participation Percentage"), not to exceed eight hundred thousand dollars ($800,000.00). *See* Exhibit 11 at p. 1. Claims Recovery's Participation Agreement contained the same language except using the figures of 25% and $500,000 instead of 40% and $800,000. The combined amounts of the Inventory Loan and Receivables Loan were $2,000,000. $800,000 is 40% of $2,000,000 and $500,000 is 25% of $2,000,000. *See* Exhibit 12, at p. 1. The CRG Parties understood Two Diamond to be supplying the remaining 35% of the funds and were shocked, after default, to learn that Two Diamond had put no money into the facility.

24. Pursuant to its Participation Agreement, and in reliance on the information provided by Two Diamond and Medea, CRG caused $800,000 of its funds to be delivered to Two Diamond.

25. Pursuant to its Participation Agreement, and in reliance on the information provided by Two Diamond and Medea, Claims Recovery caused $500,000 of its funds to be delivered to Two Diamond.

26. The CRG Parties reasonably believed that purchase and sales transactions reflected in the Medea purchase orders would begin to generate revenue before or shortly after the CRG Parties supplied their $1.3 million.

27. Two Diamond caused the CRG Parties' $1.3 million to be wired to Medea to fund Bevriqo's purchase of Medea's inventory of vodka.

28. Medea's intent in knowingly making false representations regarding purchase orders, and Two Diamond's intent in repeating the same false representations, were to induce the

participation of prospective loan participants including Plaintiffs. At minimum the CRG Parties are persons, or are within a class of persons, whom Medea had reason to expect would act and rely the on Medea's misrepresentations.

29. The CRG Parties did so act and rely to their detriment by entering into the Participation Agreements. The CRG Parties would not have entered into the Participation Agreements and would not have supplied $1.3 million toward Bevriqo's purchase had they known the falsity of Medea's and Two Diamond's representations.

30. On or about May 1, 2017, Two Diamond's George Gochis ("Gochis") e-mailed the CRG Parties that they would receive $12,638.92 as their combined first month's payments of interest on their participations. The CRG Parties received these payments. Two Diamond, however, had received no interest payment from Bevriqo and failed to so inform the CRG Parties.

31. On or about June 1, 2017, Two Diamond sent the CRG Parties, combined, $17,222.26 as their second month's interest on their participations. Again, this money did not originate from Bevriqo. Two Diamond did not tell the CRG Parties that Bevriqo had not paid.

32. The source of funds for the payments described in the preceding two paragraphs was credit that Two Diamond extended to Bevriqo as an advance on the Receivables Loan described in the Loan Agreement and the Participation Agreements. *See* Business Credit Direct Corp. Interest Statement, attached to e-mail to Joseph Brosnan dated August 4, 2017; *see also* e-mail to Joseph Brosnan dated July 28, 2017, true and correct copies of which are attached hereto at Exhibit 13. Two Diamond's Michael Kot told Brosnan that Two Diamond advanced money to Bevriqo on the Receivables Loan in order to earn a return on that loan. At the time of Two Diamond's advance, Bevriqo had no accounts receivable for sales of Medea vodka. *See id.* at

August 4, 2017 e-mail (stating that "...inventory is the only collateral being managed at the moment."). Accordingly Two Diamond's advance on the Receivables Loan was unsecured.

33. Bevriqo made no sales of Medea Vodka in April, May, June, or July of 2017, and made no payments on the Loan Documents.

34. In July 2017, Two Diamond declared a default under the Loan Documents.

35. On August 16, 2017, Two Diamond filed a civil action against Bevriqo, Cabael and others in the Massachusetts Superior Court, Plymouth County, captioned *Two Diamond Capital Corp. v. Bevriqo, Inc., et al.*, Civil Action No. 17-83-CV-00865 (the "Plymouth County Action"). A true and correct copy of the Complaint (without exhibits) in the Plymouth County Action is attached hereto as Exhibit 14.

36. Two Diamond retained Branford to liquidate the Collateral. Branford was able to sell one container (1,120 cases) of the collateral at a price of approximately $90 per case. The sale was to Horizon Beverage, a wholesaler for the State of New Hampshire Liquor and Wine Outlets, run by the New Hampshire State Liquor Commission (the "New Hampshire Sale").

37. The loan participants were entitled to the proceeds of the New Hampshire Sale. They received none. From the proceeds of the New Hampshire Sale, Two Diamond paid, among other things, $21,757.83 to itself. Two Diamond purports to be owed a balance of $26,067.75 that the proceeds of the New Hampshire Sale were insufficient to satisfy.

38. To date, none of the Collateral has been sold in connection with the purported purchase orders described in paragraphs 11-13 above.

39. On May 31, 2018, Two Diamond executed a Cooperation and Settlement Agreement with Bevriqo, Cabael, and Spectrum Spirits, Inc., another defendant in the Plymouth

County Action (the "Settlement Agreement"). *See* Cooperation and Settlement Agreement, a true and correct copy of which is attached hereto as Exhibit 15.

40. Section 4(f) of the Participation Agreements required Two Diamond to:

> ...obtain the prior written consent of Participant prior to: (i) agreeing to any waiver or amendment which would reduce the principal due on the Loan; or (ii) releasing all or substantially all of the Collateral under the Loan Documents, or releasing any guarantees;

See Participation Agreements, Exs. 11 and 12 at p. 4, sec. 4(f).

41. The Settlement Agreement recited that the so-called "Bevriqo parties" jointly and severally owed a "balance due... [of] approximately $2,250,000," but that Two Diamond "has agreed to accept the lesser amount of $2,100,000...." *See* Settlement Agreement at p. 1.

42. The Settlement Agreement also states in part that:

> Lender agrees to release Cabael from his Guaranty and his personal liability under the Execution if and when the Net Proceeds from the sale(s) of the Gateway Inventory reach a total of $1,700,000. For purposes of this Agreement Net Proceeds shall mean the total of all sums received from the sale of the Gateway Inventory less all costs incurred by the Lender in connection with the Lawsuit, the preparation, negotiation and enforcement of this Agreement, and costs of sale, including without limitation Lender's legal fees, commissions and storage and other costs due to Gateway (collectively, "Expenses").

Id. at p. 3 and:

> Net Proceeds in excess of $1,700,000 shall be paid 50% to Lender and 50% to the Bevriqo parties (or to such party(ies) as the Bevriqo parties may designate) until Lender receives a grand total equal to the Judgment Amount of $2,100,000 (i.e., an additional $400,000), at which time Lender will cancel the Note; the Bevriqo parties (or such party(ies) as the Bevriqo parties may designate) shall receive all remaining Net Proceeds. Any shortfall in the payment of the Judgment Amount from the proceeds of the Gateway Inventory shall remain due and owing by the Bevriqo parties, except to the extent that Cabael may have been released as a result of having satisfied certain provisions hereof.

Id. at p. 4 and:

> However, Lender's counsel shall hold the Execution in escrow pending all parties' full compliance with the terms and conditions of this Agreement.

Id. at p. 3 and:

> Provided the Bevriqo parties comply with all terms and condition of this Agreement, and notwithstanding that the Judgment Amount carries with it a statutory interest rate of 12% per annum, Lender agrees to waive all interest on the Judgment Amount for a period of twelve (12) calendar months after the date of the Agreement for Judgment.

Id. and:

> After payment of all Expenses, Lender shall receive 90% of the first $1,700,000 of Net Proceeds, with the remaining 10% to be paid into an escrow account maintained by Lender's counsel from which Lender agrees to pay additional sales and marketing expenses that are approved by Lender in its sole but reasonable judgment.

Id. at p. 4.

43. On June 27, 2018, Two Diamond, Bevriqo, Cabael and Spectrum Spirits filed an Agreement for Judgment pursuant to the Settlement Agreement. A true and correct copy of the Agreement for Judgment is attached hereto as Exhibit 16.

44. Also on June 27, 2018, Two Diamond requested an execution on its judgment in the Plymouth County Action.

45. Two Diamond has not foreclosed on its security interest or levied against assets in order to satisfy execution.

46. In December 2018, Kot informed Brosnan that a company called Grocery Outlet had submitted a purchase order for approximately 1,000 cases of Medea vodka. Kot represented that Grocery Outlet was a sales lead of Cabael's. The CRG Parties understand and believe that: (a) vodka has been shipped to Grocery Outlet on its purchase order; and (b) that Medea has written to Grocery Outlet demanding that it not sell the vodka. They have repeatedly asked Two

Diamond for a copy of the purchase order and for the amount that Cabael or his agent are to be paid as a sales commission. Two Diamond had ignored their requests for information.

COUNT 1 (Breach of Contract v. Two Diamond)

47. The CRG Parties incorporate the allegations of paragraphs 1 through 46.

48. By its actions alleged herein, Two Diamond has breached its contractual duties to plaintiffs under the Participation Agreements, including their contractually-adopted fiduciary duties.

49. The CRG Parties have suffered and will continue to suffer harm and monetary damages, in an amount to be determined at trial, as a result.

COUNT 2 (Breach of Implied Covenant of Good Faith and Fair Dealing vs. Two Diamond)

50. The CRG Parties incorporate the allegations of paragraphs 1 through 49.

51. Two Diamond's conduct alleged herein constitutes a breach of the covenant of good faith and fair dealing implied in the Participation Agreements.

52. The CRG Parties have suffered harm and monetary damages, in an amount to be determined at trial, as a result of Two Diamond's breach.

COUNT 3 (Fraud v. Medea)

53. The CRG Parties incorporate the allegations of paragraphs 1 through 52.

54. In order to induce the CRG Parties to fund Bevriqo's purchase, Medea knowingly and materially misrepresented the existence of bona fide purchase orders.

55. Medea knew that its representations were false in material respects at the time such representations were made.

56. Plaintiffs are persons or are among a class of persons whom Medea knew or should have known would rely on its fraudulent misrepresentations.

57. The CRG Parties reasonably relied on Medea's fraudulent misrepresentations in entering into its Participation Agreements with Two Diamond.

58. The CRG Parties have suffered damages in the amount of no less than $1,233,374.90 as a result of Medea's fraud. This sum represents their $1.3 million investment minus $40,625.10 of interest payments minus $26,000 of the facility fees charged to Bevriqo, which were paid to the CRG Parties as of the closing.

Count 4 (Misrepresentation v. Two Diamond)

59. The CRG Parties incorporate the allegations of paragraphs 1 through 58.

60. In order to induce the CRG Parties to fund Bevriqo's purchase, Medea knowingly and materially misrepresented the existence of bona fide purchase orders.

61. Two Diamond transmitted the purchase orders to Plaintiffs and knew or should have known that the purchase orders were false.

62. The CRG Parties reasonably relied on the fraudulent purchase orders in entering into its Participation Agreements with Two Diamond.

63. The CRG Parties have suffered harm and damages as a result.

64. The CRG Parties seek rescission of the Participation Agreements and repayment of no less than $1,233,374.90. This sum represents their $1.3 million investment minus funds received to date.

COUNT 5 (Chapter 93A vs. Two Diamond)

65. The CRG Parties incorporate the allegations of paragraphs 1 through 64.

66. Two Diamond's conduct respecting the CRG Parties and the Participation Agreements constitutes unfair and deceptive trade practices as prohibited under Massachusetts law.

67. Two Diamond's unfair and deceptive trade practices occurred primarily and substantially in Massachusetts.

68. The CRG Parties have suffered and will continue to suffer harm and monetary damages, in an amount to be determined at trial, as a result of Two Diamond's unfair and deceptive practices.

PRAYERS FOR RELIEF

WHEREFORE, for all of the above stated reasons, Plaintiffs respectfully request this Honorable Court:

1. Enter judgment for CRG and Claims Recovery on Counts 1 through 5 of this Verified Complaint and Jury Demand, including damages in the amount to be determined at trial;

2. Rescind the Participation Agreements and order Two Diamond to repay the CRG Parties no less than $1,233,374.90;

3. Award Plaintiffs pre- and post-judgment statutory interest and costs;

4. Award Plaintiffs attorneys' fees and multiple damages;

5. Order temporary and preliminary relief as requested by the Plaintiffs' accompanying motion for same; and

6. Award such other relief as the Court deems just and proper.

JURY DEMAND

Plaintiffs demand a jury on all claims and issues so triable.

Respectfully Submitted,

CRG FINANCIAL, LLC and CLAIMS RECOVERY GROUP, LLC
By their counsel,

/s/ Daniel J. Dwyer
Andrew G. Lizotte (BBO #559609)
Daniel J. Dwyer (BBO #567026)
MURPHY & KING, P.C.
One Beacon Street, 21st Floor
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Tel: (617) 423-0400
Fax: (617) 423-0498

Date: January 28, 2019

VERIFICATION

I, Joseph Brosnan, have read he foregoing allegations of this Verified Complaint. I state under the penalties of perjury that the facts alleged are true as based on my personal knowledge, and where not on my personal knowledge, to the best of my information and belief.

Joseph Brosnan

Dated: January 28, 2019

Exhibit B

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CRG FINANCIAL, LLC and CLAIMS RECOVERY GROUP, LLC,	
Plaintiffs,	
v.	**No. 19-cv-10182-DJC**
TWO DIAMOND CAPITAL CORP. and MEDEA, INC.,	
Defendants.	

MEMORANDUM AND ORDER

CASPER, J.

I. Introduction

This case arises out of a series of agreements to fund the purchase a Vodka. D. 1. Plaintiffs CRG Financial, LLC ("CRG") and Claims Reco ("Claims Recovery") (collectively, "Plaintiffs") have filed this lawsuit against Diamond Capital Corp. ("Two Diamond") and Medea, Inc. ("Medea") in connection with the loan facility and related agreements. D. 1. Medea has moved for summary judgment on the single count against it for fraud (Count III). D. 126. For the reasons stated below, the Court ALLOWS the motion.

II. Standard of Review

The Court grants summary judgment where there is no genuine dispute as to any material fact and the undisputed facts demonstrate that the moving party is entitled to judgment as a matter of law. Fed. R. Civ. P. 56(a). "A fact is material if it carries with it the potential to affect the outcome of the suit under applicable law." Santiago–Ramos v. Centennial P.R. Wireless Corp., 217 F.3d 46, 52 (1st Cir. 2000). The movant bears the burden of demonstrating the absence of a genuine issue of material fact. Carmona v. Toledo, 215 F.3d 124, 132 (1st Cir. 2000); see Celotex v. Catrett, 477 U.S. 317, 323 (1986). If the movant meets its burden, the non-moving party may not rest on the allegations or denials in its pleadings, Anderson v. Liberty Lobby, Inc., 477 U.S. 242, 256 (1986), but must come forward with specific admissible facts showing that there is a genuine issue for trial. Borges ex rel. S.M.B.W. v. Serrano–Isern, 605 F.3d 1, 5 (1st Cir. 2010). The Court "view[s] the record in the light most favorable to the nonmovant, drawing reasonable inferences in his favor." Noonan v. Staples, Inc., 556 F.3d 20, 25 (1st Cir. 2009).

III. Factual Background

The following summary of material facts is taken from Medea's statement of material facts, D. 128 as well as CRG's response to same, D. 133, and are undisputed unless otherwise noted.

Medea is in the business of manufacturing and distributing Medea Vodka. D. 128 & 133 at ¶¶ 15, 19; D. 127 at 8. Brandon Laidlaw ("Laidlaw") is Medea's CEO. D. 128 & D. 133 at ¶ 16. In 2016, Medea decided to spin off its vodka inventory and focus on licensing the proprietary electronic messaging technology on its bottles. D. 128 & D. 133 at ¶¶ 19-20, 25. Non-party Bevriqo, Inc. ("Bevriqo") is in the vodka business and is headed by Richard Cabael

("Cabael"). Id. at ¶¶ 17-18. Laidlaw and Cabael were in touch about Bevriqo purchasing Medea Vodka. Id. at ¶ 26. Plaintiff CRG provided liquidity to bankruptcy creditors and loans on distressed assets. Id. at ¶ 11. Joseph Brosnan ("Brosnan") was employed by DRB Capital LLC as a trader for CRG. Id. at ¶ 8. Robert Axenrod ("Axenrod") is the CEO of CRG and the managing member of Claims Recovery. Id. at ¶ 10. Two Diamond is in the business of providing asset-based lending accounts receivable financing and other specialty loans. Id. at ¶¶ 12, 14. Michael Kot ("Kot") and George Gochis ("Gochis") are Two Diamond's principals. Id. at ¶ 13.

As explained in further detail below, there were several transactions involved in the funding and purchase of Medea Vodka inventory. The purchase and sale portion of the underlying transaction was executed in the Second Amended Inventory Purchase and Licensing Agreement (the "Asset Agreement") signed by Medea and Bevriqo on April 14, 2017. Id. at ¶ 39; D. 126-5. On April 11, 2017, Two Diamond loaned money to Bevriqo, pursuant to the Loan and Security Agreement, to acquire the Medea Vodka inventory. D. 128 & D. 133 at ¶ 62. Plaintiffs and Two Diamond entered into participation agreements to provide such financing so that Bevriqo could purchase the Medea Vodka. Id. ¶¶ 67-70. Specifically, on April 13, 2017, CRG executed a participation agreements for $800,000 to invest in the inventory loan. Id. at ¶ 67. Claims Recovery did the same on the same day for an investment of $500,000. Id. at ¶ 68. On April 17, 2017, CRG wired these funds to Two Diamond and Two Diamond then wired $1,500,000 to Medea towards Bevriqo's purchase. Id. at ¶ 45.

Since the sole claim against Medea is one for fraud, based upon the alleged misrepresentations that Medea made regarding "the existence of bona fide purchase orders" for

Medea Vodka in the formation of the contracts under which Bevriqo later defaulted, D. 1 (verified complaint) ¶ 54, the Court focuses on this matter in the summary below.

A. **Prior to Execution of the Asset Agreement**

On April 12, 2017, prior to the execution of the Asset Agreement (or the other agreements), Medea provided copies of its distribution agreements with Allstar Global, LLC ("Allstar"), Youngs Market and Duggans Distillers ("Duggans") and Herman Jensen Agreement to Bevriqo. D. 128 & 133 at ¶ 123; D. 126-32 at 164. Medea provided copies of purchase orders for Medea Vodka issued by third party liquor distributors, including Allstar to Cabael. D. 128 & D. 133 at ¶ 126. Gary Carpenter ("Carpenter"), an advisor engaged by Cabael to assist him in getting financing for his Medea Vodka transaction, forwarded copies of several purchase orders issued by distributors for Medea Vodka to Two Diamond, who forwarded the communication to Brosnan. Id. at ¶¶ 55, 127. Stevens, principal of Allstar, represented to Cabael and Medea that, among other things, he sought to extend its exclusive distribution agreement with Medea for distribution in Latin America from three years, dated December 9, 2016, to ninety-nine years. Id. at ¶¶ 139, 141. This agreement required Allstar to purchase 17,500 cases of Medea Vodka annually for a three-year term for distribution in Latin America. Id. at ¶ 142. Allstar had the contractual right to terminate this agreement on thirty days written notice. Id. at ¶ 143. Allstar paid Medea $224,000 for its purchase of Medea Vodka under purchase order #1001. Id. at ¶ 147. Cabael or Carpenter informed Two Diamond that Allstar had made this payment. Id. at ¶ 148. Medea later assigned Purchase Orders ## 1002 and 1003 from Allstar to Bevriqo. Id. at ¶ 149.

Also prior to the execution of the Asset Agreement, Medea provided its financial records to Cabael. Id. at ¶ 164; D. 126-24; D. 126-32 at 722-23. This transmittal included sales

forecasts, accounts receivable and new purchase order information reporting sales of 1147 cases for $229,800 from January 1, 2017. D. 128 & 133 at ¶ 181; D. 126-24. Medea informed Cabael that Medea Vodka was losing money and Cabael informed Two Diamond that Medea was losing money. D. 128 & 133 at ¶ 165-166. The projections provided by Carpenter to Two Diamond on March 20, 2017, D. 126-28, the sales projections Two Diamond provided in the Participation Memorandum regarding the "Medea Vodka Opportunity," D. 1-5, and sales projections provided in the Two Diamond "Participation Opportunity," D. 1-7, are different than the projections that Medea provided to Cabael on March 14, 2017. D. 128 & 133 at ¶ 183. Cabael made up his own sales projections utilizing his own "growth formula" that he provided to Two Diamond. Id. at ¶ 184.

B. The Underlying Medea and Bevriqo Transaction

Medea was engaged in the manufacture and distribution of Medea Vodka. Id. at ¶ 19. For the first three quarters of 2016, Medea's Vodka sales trended negatively. D. 133 at ¶ 24. In 2016, Medea decided to sell its vodka inventory. Id. at ¶ 25.

On April 14, 2017, Medea and Bevriqo executed the Asset Agreement. Id. at ¶ 39. The Asset Agreement provided for Bevriqo to pay Medea a total of $7,720,000, including (i) $2,720,000 to purchase an inventory of finished Medea Vodka products and components; and (ii) license fees for use of Medea's electronic messaging system in the sum of $1,000,000 per year for a term of five years. Id. at ¶ 40. Under the Asset Agreement, Bevriqo represented and warranted to Medea that, among other things, it had sufficient facilities, resources and personnel to market and sell Medea Vodka and perform its duties under the contract, that it acknowledged and received no assurances that its business relationship with Medea would continue or that any investment would be recouped and that it was familiar with the laws of the territories which it

operated and released Medea from any claims in connection with vodka imports or exports. Id. at ¶ 42.

C. Bevriqo Defaults on the Asset Agreement with Medea

The Asset Agreement required Bevriqo to make an initial payment of $1,500,000 towards its $2,720,000 vodka inventory purchase. Id. at ¶ 44. Bevriqo paid Medea this $1,500,000 on April 17, 2017. Id. at ¶ 45. On or about May 9, 2017, Bevriqo invoiced Allstar for its Purchase Orders ## 1002 and 1003. Id. at ¶ 150. Allstar did not take delivery or pay for the Medea Vodka for which it was invoiced by Bevriqo on May 9, 2017. Id. at ¶ 151.

Bevriqo ultimately sold no Medea Vodka, generated no receivables and defaulted on its loan payment. Id. at ¶ 50. Bevriqo defaulted on payment of its $2,000,000 promissory note to secure payment of the first- and second-years' license fees and the balance of its payment to Medea for the vodka inventory. Id. at ¶ 51. Medea declared Bevriqo's default under the Asset Agreement on June 26, 2017. Id. at ¶ 52; D. 126-7.

D. Bevriqo Defaults on the Loan and Security Agreement with Two Diamond

On April 11, 2017, Bevriqo, as a borrower, and Two Diamond, as a lender, entered into a Loan and Security Agreement in the principal sum of $2,000,000, pursuant to which Two Diamond funded the Inventory Loan. Id. at ¶ 62. Bevriqo delivered its $2,000,000 note payable to Two Diamond. Id. at ¶ 63. Cabael delivered his unconditional guarantee of Bevriqo's performance. Id. at ¶ 64. Bevriqo's obligations to Two Diamond were secured and collateralized by (i) the Medea Vodka inventory; and (ii) Cabael's guaranty. Id. at ¶ 65. Plaintiffs agreed to invest $1,300,000 in the $1,500,000 Inventory Loan. Id. at ¶ 66. On April 13, 2017, CRG executed a participation agreement with Two Diamond to invest $800,000 in the Inventory Loan. Id. at ¶ 67. That same day, Claims Recovery executed a participation

agreement with Two Diamond to invest $500,000 in the Inventory Loan. Id. at ¶ 68. Bevriqo failed to make any payments due to Two Diamond for the Inventory Loan. Id. at ¶¶ 73, 74.

IV. Procedural History

On January 28, 2019, the Plaintiffs filed their complaint in this case. D. 1. The following day, Plaintiffs moved for a temporary restraining order against Two Diamond. D. 5. On April 4, 2019, after a motion hearing, the Court denied Plaintiffs' motion. D. 21. Medea moved to dismiss for lack of personal jurisdiction, D. 31, which the Court denied. D. 92. The Court has now heard the parties on Medea's pending motion for summary judgment and took the matter under advisement. D. 143.

V. Discussion

A. Choice of Law

Medea contends that this Court should apply New York law to Plaintiffs' fraud claim. To determine which state's law applies to a particular case, Massachusetts courts employ the "functional choice-of-law approach that responds to the interests of the parties, the States involved, and the interstate system as a whole." Bushkin Assocs., Inc. v. Raytheon Co., 393 Mass. 622, 631 (1985) (citing the considerations under Restatement (Second) of Conflict of Laws § 6 (1971)). Medea argues that New York law should apply to the fraud claim as it was the choice of law under the participation agreements between Plaintiffs and Two Diamond that "[Plaintiffs] insisted should apply" and is also where the majority owner of CRG is located. D. 127 at 16. On the other hand, CRG argues that this argument must fail noting that Medea "wrongly assume[s] that if New York law governed the participation agreements, it would [also] govern CRG's claim of having been induced by false misrepresentations to sign" same. D. 131 at 11. Massachusetts courts "have repeatedly held that claims of fraudulent inducement do not

fall within the scope of contractual choice-of-law provisions" such as those within the participation agreements. Computer Sales Intern., Inc. v. Lycos, Inc., No. 05-10017, 2006 WL 1896192, at *1 (D. Mass. July 11, 2006) (citing Kitner v. CTW Transport, Inc., 53 Mass. App. Ct. 741, 744-45 (Mass. App. 2002); Laboeuf v. Bigliazzi, No. 000048B, 2001 WL 881469, at *7 (Mass. Super. Apr. 10, 2001)); see First Sec. Bank, N.A. v. Northwest Airlines, Inc., No. 95-cv-12103, 2001 WL 92175, at *3, n.8 (D. Mass. Jan. 3, 2001) (concluding under Massachusetts law that a contractual choice of law clause did not apply to a tort claim).

In addition, applying the functional approach, Massachusetts law should apply to the fraud claim here. Even by Medea's accounting, this action is pending in Massachusetts and Two Diamond, at the center of the related transactions is based here, D. 127 at 16. Moreover, any preference that Plaintiffs expressed for the application of New York law was only to the participation agreements to which Medea was not a party. D. 131 at 11. Moreover, considering the substantive interests of the forum, Massachusetts, there is an interest in applying Massachusetts law here, particularly given the differing burden of proof. Id. at 12. For all these reasons,, Massachusetts law shall be applied in analyzing the fraud claim, meaning that this Court will employ a preponderance of the evidence burden of proof, See Keating v. Pappalardo, 74 Mass. App. Ct. 1102, 2009 WL 886888, at *4 (2009) (affirming that burden of proof on fraud claims in Massachusetts is preponderance of the evidence as opposed to clear and convincing evidence standard), and not the clear and convincing evidence standard that would apply under New York law. D. 127 at 18 and cases cited. Given, however, that the Court concludes that Medea is entitled to summary judgment even subjecting Plaintiffs' claim to the preponderance of evidence standard, the outcome here would have been the same even if the Court had applied the (higher) clear and convincing standard under New York law.

B. Fraud

In Count III of the verified complaint, CRG asserts that Medea "knowingly and materially misrepresented the existence of bona fide purchase orders," as a means to "induce the CRG Parties to fund Bevriqo's purchase." D. 1 ¶ 54. They further assert that Medea knew its representations were false and that Plaintiffs relied upon same in entering into participation agreements with Two Diamond. Id. at ¶¶ 55-57. The only purchase orders referenced in the complaint include specific purchase orders from Duggan Distillers, Allstar, Young's Market Company and Breakthru Beverage Nevada LLC, id. at ¶ 12, and the complaint also references Two Diamond's statement in the Participation Memorandum to Plaintiffs that Medea had secured purchase orders for sales to Kroger and Costco. Id. at ¶ 18.

Complaints alleging fraud must also "state with particularity the circumstances constituting fraud," Fed. R. Civ. P. 9(b), requiring Plaintiffs to allege "the time, place and content," of the false representations giving rise to the claim for fraud. Dickey v. U.S. Bank Trust N.A., No. 19-cv-12504, 2020 WL 4474273, at *4 (D. Mass. Aug. 3, 2020); see Epstein v. C.R. Bard, Inc., 460 F.3d 183, 190-91 (1st Cir. 2006). To prevail on a claim for fraud, Plaintiffs must show: (1) Medea made a false representation of a material fact (2) with knowledge of its falsity (3) for the purpose of inducing them to act thereon and (4) they relied on the representation as true and (5) acted upon it to their damage. See Dickey, 2020 WL 4474273, at *4 (internal quotation marks and citations omitted).

Medea is entitled to summary judgment where CRG, has failed to show on this undisputed record of material facts, that Medea made any false representation of material fact, the first element of any fraud claim. As to Two Diamond's representation in the Participation Memorandum that Medea had secured purchase orders for sales to Kroger (3900 store chains)

and Costco (2900 store chain), there is no evidence in the record that Medea made such representations. In fact, Medea's own forecast of sales to Kroger and Costco, reflected in the March 14, 2017 email to Cabael, predicted not a national, thousand-store rollouts, but sales of (estimated) 10,000 cases to Kroger in a year and (estimated) 672 cases to Costco NE. D. 126-24 at 3. There is no suggestion in the record that Medea made the representation contained in the Participation Memorandum. D. 127 at 20-21.

As to the purchase orders referenced in the complaint, there is no evidence in the record that these purchase orders were not bona fide or that Medea made any misrepresentation about them to Plaintiffs. As pled, Plaintiffs base their fraud claim on Medea's alleged misrepresentation of the authenticity of the three orders from Duggan from February 16, 2017 (for $37,968, $50,624, and $37,968, respectively), two orders from Allstar Brands from March 15, 2017 and March 23, 2017 (for $448,627.60 and $224,313.60, respectively), an order from Young's Market Company from March 6, 2017 in the amount of $25,312 and an order from Breakthru Beverage Nevada LLC from March 23, 2017 for $12,656.56. D. 1 at ¶¶ 12. Plaintiffs plead that these representations "originated from Medea," and that Medea knew same to be false. Id. at ¶ 14. "[M]ere allegations of fraud . . . are too conclusional to satisfy the particularity requirement, no matter how many times such accusations are repeated." Hayduk v. Lanna, 775 F.2d 441, 444 (1st Cir. 1985).

Now on a fully developed record, Plaintiffs have not marshaled evidence of their fraud allegations as to these purchase orders. There is perhaps the most in the record about the Allstar purchase orders since Allstar performed on the first purchase order to Medea, but then failed to do so on the latter two purchase orders in March 2017 that were assigned to Bevriqo when it invoiced Allstar on May 9, 2017 for them. Even as to the Allstar purchase orders, however,

there is no evidence that Medea made any representations, much less misrepresentations, to Plaintiffs about them or regarding Allstar's ability to execute on them. Much of Plaintiffs' opposition focuses on alleged misrepresentations that Medea made to Cabael regarding the invoices, but even assuming that those were misrepresentations, there is no record evidence that Medea made such representations to Plaintiffs. Moreover, whatever statements that Medea made Cabael, the record is clear that Cabael made different and more optimistic representations to Two Diamond.[1] D. 139 at 2 (chart contrasting Medea's forecasts to Cabael with those Cabael provided to Two Diamond).[2] Accordingly, this Court concludes that the fraud claim fails for lack of evidence of any material misrepresentations about the purchase orders by Medea to Plaintiffs.

Having reached this conclusion as ot the lack of false representation of a material fact by Medea to Plaintiffs (and failure to show any such representation caused damage to Plaintiffs), the Court need not reach Medea's further arguments that Plaintiffs' claim also fails for failure to

---

[1]For this reason as well, Plaintiffs have failed to show, that any of Medea's alleged representations (assuming *arguendo* that they had shown actionable misrepresentations here) as opposed to representations by others, caused Plaintiff's damages. See Sparks v. Fidelity Nat. Title Ins. Co., 294 F.3d 259, 272 (1st Cir. 2002) (agreeing that even "assuming for purposes of the summary judgment motion that the defendants had misrepresented the extent of their ownership of property in the subdivision, [plaintiff] could not prove that the deception was the cause of any injury or damage to him).

[2]Plaintiffs' reliance on Koch v. Greenberg, 14 F. Supp. 3d 247, 257-58 (S.D.N.Y. 2014) does not warrant a different outcome here. There, the Court noted that "under New York law, while a plaintiff may not generally claim reliance on statements made by third parties, so long as plaintiff is among the 'class of persons' intended to rely on the statement, . . . , it is unnecessary that such 'representations should be made to the plaintiff directly.'" Id. (internal citations omitted). Even assuming *arguendo* New York law applies, Koch is distinguishable because the defendant there "was a driving force behind the . . . representations" made to the class of persons intended to rely on the statement. Id. at 258. The same cannot be said of Medea on the now developed record, particularly when Cabael and his agents were making representations to Two Diamond.

satisfy the other requisite elements. In re Fresenius Granuflo/Naturalyte Dialysate Prods. Liab. Litig., 76 F. Supp. 3d 279, 292 (D. Mass. 2019) (noting that "[a] plaintiff's failure to establish any one of the essential elements of fraud is fatal to recovery") (internal quotation marks and citation omitted).[3]

VI. Conclusion

For the foregoing reasons, the Court ALLOWS Medea's motion for summary judgment, D. 126.

So Ordered.

/s/ Denise J. Casper
United States District Judge

[3]In their opposition, Plaintiffs address the allegations of fraud concerning misrepresentation of the existence of bona fide purchase orders, but now claim more broadly that the fraud claim arises from "Medea knowingly made false representations about market demand, including without limitation representations concerning certain purchase orders for the [Medea Vodka]." D. 131 at 2. Such allegations do not save Plaintiffs' claim against Medea. First, as Medea points out, such allegation was not made in the verified complaint, D. 139 at 2, and "summary judgment is not a procedural second chance to flesh out inadequate pleadings," Fleming v. Lind-Waldock & Co., 922 F.2d 20, 24 (1st Cir. 1990). Second, even if this "market demand" allegation had been included in the complaint, it fails because Plaintiffs do not specify the time, place and content of Medea's alleged false statements regarding same as required by Rule 9(b) except as to the purchase orders specified in the complaint and discussed above. For at least these reasons, Plaintiffs' new allegation in this regard is not a basis for denying summary judgment to Medea.

Exhibit C

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By: Cheryl Clark, Deputy Clerk

SUPERIOR COURT OF CALIFORNIA

COUNTY OF ALAMEDA

MEDEA INC.,

Plaintiff,

v.

HONEYWELL SAFETY PRODUCTS, USA, INC. and DOES 1 to 100, inclusive,

Defendants.

Case No. 22CV011786

COMPLAINT FOR DAMAGES FOR:

(1) BREACH OF CONTRACT
(2) BREACH OF WARRANTY
(3) PRODUCTS LIABILITY – MANUFACTURING
(4) PRODUCTS LIABILITY – DESIGN
(5) FRAUD – CONCEALMENT
(6) VIOLATION OF C… BUSINESS & PRO… §17200 – UNFAIR BUSINESS PRAC…
(7) INTENTIONAL I… PROSPECTIVE E… ADVANTAGE
(8) NEGLIGENT INT… PROSPECTIVE E… ADVANTAGE
(9) TRADE LIBEL

JURY TRIAL DEMA…

Plaintiff MEDEA INC., alleges as follows:

GENERAL ALLEGATIONS

1. Plaintiff MEDEA INC. ("MEDEA") is a distribution and health care solutions company based in Pleasanton, California.

2. Defendant HONEYWELL SAFETY PRODUCTS USA, INC., ("HONEYWELL")

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is a Delaware Corporation that regularly and actively does business within the State of California, including, but not limited to, selling products to California consumers. HONEYWELL is one of the nation's largest manufacturers of PPE, including, but not limited to, surgical N95 masks.

GENERAL ALLEGATIONS – SUMMARY OF DISPUTE

3. This dispute arises from HONEYWELL using its substantial market power to coerce its distributor, MEDEA, to purchase 4 million personal respiratory protective devices ("surgical N95 masks") that HONEYWELL knew, or should have known, were defective and deformed. Then, when provided notice of the defects in the surgical N95 masks HONEYWELL refused to live up to the high manufacturing and customer service standards it repeatedly boasts about in statements made to the government and public at large. Most importantly, HONEYWELL refuses to acknowledge and take responsibility for the material representations of fact it to MEDEA about the quality of the surgical N95 masks that HONEYWELL knew were false and HONEYWELL knowingly allowed the surgical N95 masks go to market where the medical devices would be used by **frontline medical professionals and others**.

4. The true names and capacities, whether individual, corporate, associate, or otherwise, of the Defendants named herein as DOES 1 – 100 inclusive, are currently unknown to MEDEA who therefore sues those defendants by such fictious names. MEDEA will amend this Complaint to allege their true names when and if they are ascertained.

5. MEDEA is informed and believes, and on that basis alleges, that Defendants, and each of them, including the DOE Defendants, were at all times relevant herein the agent, servant, employee, officer, director, joint venturer, and/or parent, partner, subsidiary, affiliate, successor in interest, related entity or alter ego of each of the other Defendants and, in doing the acts alleged hereinafter alleged, Defendants, and each of them, were acting within the scope of authority confirmed upon that party by consent, approval, and/or ratification whether said authority was actual or apparent.

6. MEDEA is informed and believes, and on that basis alleges, there exists such a unity of interests between the Defendants, and each of them, including the DOE Defendants, that they are in fact, the alter ego of each other. MEDEA is further informed and believes, and on that basis

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alleges, that Defendants, and each of them, including the DOE Defendants, converted or otherwise misappropriated assets belonging to MEDEA through fraud and other unjust means.

VENUE ALLEGATIONS

7. Venue is proper in the County of Alameda as the contract at issue was performed within the County of Alameda and HONEYWELL regularly and intentionally conducts business within the County of Alameda, and the breach of contract as alleged herein occurred within the County of Alameda.

FACTUAL ALLEGATIONS

THE COVID-19 PANDEMIC AND THE IMPORTANCE OF PERSONAL RESPIRATORY PROTECTIVE DEVICES.

8. MEDEA realleges paragraphs 1 through 7 of this Complaint as though fully set forth herein.

9. On February 4, 2020, the Secretary of the Department of Health and Human Services (HHS) determined that there was a public health emergency that had a significant potential to affect national security or the health and security of United States citizens living abroad. That threat to health and security made its way to American shores. That threat was the virus that causes Coronavirus Disease 2019 (COVID-19). According to the Secretary of the Department of Health and Human Services as well as medical professionals across the nation, one of the most effective ways for medical professionals and citizens alike to protect themselves and each other from COVID-19 is the use of personal respiratory protective devices.

10. According to the Mayo Clinic, "An N95 (mask) offers the highest level of protection. It offers more protection than a medical mask does because it filters out both large and small particles when the wearer inhales. Non-surgical N95s can be used by the general public. The CDC has said surgical N95 masks should be reserved for health care providers. Health care providers must be trained and pass a fit test before using a surgical N95 mask." https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-mask/art-20485449

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HONEYWELL'S RESPONSE TO COVID-19 AND PROMISES MADE TO THE PUBLIC

11. MEDEA realleges paragraphs 1 through 9 of this Complaint as though fully set forth herein.

12. In response to the COVID-19 pandemic, HONEYWELL converted some of its manufacturing facilities in Rhode Island, Arizona, Michigan and Germany to produce supplies of personal protective equipment for healthcare workers. In April 2020, HONEYWELL began production of N95 masks at the company's factories in Smithfield and Phoenix, aiming to produce 20 million masks a month.

13. HONEYWELL'S Chairman and Chief Executive Office is quoted as stating ""We are honored to support the U.S. government's efforts to protect Americans with personal protective equipment made right here in the United States," "Our Rhode Island facility already produces industry-leading safety gear and soon will play a critical role in supplying the Strategic National Stockpile with N95 masks." https://www.honeywell.com/us/en/news/2020/03/n95-mask-and-the-coronavirus-more-production-underway

14. On April 3, 2020, HONEYWELL issued the following statement:

> "Honeywell is communicating the following principles to our stakeholders to ensure our personal protective equipment (PPE) products are being placed quickly and cost-effectively in the hands of those most in need – including first responders and medical professionals.
>
> At Honeywell, we are committed to supporting the safety of our employees, customers and fellow citizens around the world. This is a critical time in our industry and in our history and the number of requests and orders we have received for personal protective equipment (PPE) related to the COVID-19 pandemic is unprecedented.
>
> To that end, we have begun to invest in new production facilities and expand existing ones to increase production of these critical PPE products and bring them to market as quickly as possible. We are working around the clock with our teams to ensure that we are serving the most critical needs of our partners and our communities and to ensure that those who need these critical items most – the medical care workers and first responders – have access to the PPE they need so they can care for others safely.
>
> There has been substantial media coverage recently describing how certain distributors and individuals have purchased and hoarded critical health-related products such as ventilators, masks and sanitizers, obtained through various channels to engage in price gouging of end-user customers. This activity is indefensible, immoral and illegal. It puts lives at risk and strains

> the already financially challenged resources of our most vulnerable population and we have zero tolerance for this.
>
> We expect that, at a minimum, all of our partners will comply with all applicable laws prohibiting price gouging and apply appropriate diligence to the greatest extent possible to understand how our products are being purchased so that they are placed quickly and cost-effectively in the hands of those most in need – including first responders and medical professionals. In addition, while we do not control the prices that third parties set, we have established standardization and fair pricing on select personal protective equipment used in the COVID-19 response effort.
>
> If we find that one of our partners is not upholding the letter or spirit of this commitment, we reserve the right not to fulfill that partner's orders and terminate our relationship with that party.
>
> The days ahead will be stressful for all of us. Only by working together will we ensure that the most critical needs are met and those that are placing themselves in harm's way will have the protection needed to serve those affected by this pandemic. We thank our partners for the efforts they are undertaking to help serve our communities and look forward to working with them in the weeks ahead as we stand together in this crisis to serve those impacted by this great challenge."

15. Several state and local governments contracted with HONEYWELL to produce N95 particulate-filtering face masks during the pandemic. In April 2020, Los Angeles Mayor Eric Garcetti announced a deal with HONEYWELL to produce 24 million N95 masks to distribute to healthcare workers and first responders. United States President Donald Trump visited the HONEYWELL Aerospace facility in Phoenix on May 5, 2020, where he acknowledged the "incredibly patriotic and hard-working men and women of HONEYWELL" for making N95 masks and referred to HONEYWELL'S production as a "miraculous achievement." According to HONEYWELL, it converted its "aerospace inventory facility" in Rhode Island to an "N95 production facility" to make N95 masks during the pandemic. In a process that normally takes nine months to complete, Honeywell finished the job in five weeks. https://www.honeywell.com/us/en/news/2020/04/n95-masks-now-made-in-rhode-island

16. HONEYWELL publicly prides itself on its "Integrity and Compliance." HONEYWELL describes its Code of Business Conduct as follows:

> At Honeywell, we have a responsibility to conduct ourselves with the highest levels of integrity in everything we do. This helps us sustain the credibility of our brand, maintain our strong reputation, and build on our track record of growth and performance. From the shop floor to the boardroom, all Honeywell employees and representatives are held to the highest standard—and we cultivate a culture of not just meeting, but

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exceeding all laws and regulations in the countries where we do business.

17. HONEYWELL boasts that its employees are trained in its Code of Business Conduct that is "...designed to provide guidance on the Company's standards of Integrity and Compliance. Our Code is an integral element of the HONEYWELL Behaviors." HONEYWELL'S Code of Business Conduct promises the following:

- "Integrity & Compliance Councils at the corporate, business unit and regional levels."
- "Thorough reviews of transactions to ensure we meet every legal standard."
- "Resources to ensure we comply with every law—at every level of our business."
- "We will never tolerate retaliation against anyone asking questions or raising concerns in good faith. Our employees should always feel comfortable coming forward or immediately reporting anyone not observing the Code through one of the available reporting channels."

18. HONEYWELL'S Code of Business Conduct further mandates:

- Honeywell expects all employees to act with integrity and to comply fully with the Code of Business Conduct.
- To strive to provide products and services that meet or exceed customers' requirements for quality, reliability, and value.
- To comply with all quality control standards.
- To never seek to limit the competitive opportunities of rivals in a deceitful and fraudulent way.
- To never take advantage of anyone through unfair dealing practices. "This means that we are careful not to misrepresent the quality, features, or availability of our products or services."

19. One hypothetical found within the HONEYWELL Code of Business Conduct is as follows:

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Q: Min learns of a potential problem discovered during routine production line testing. The extent to which the problem could affect product safety is unknown at this time, and Min isn't sure what to do. Should Min speak up about this, even if she doesn't know all the details?

A: Yes. Producing and selling potentially unsafe products could result in customer and employee injury. Min should report the problem immediately, even if she isn't sure how production will be affected. Min should make her supervisor, quality assurance contact, or health and safety representative aware of the issue as soon as possible. If Min believes her concerns are not being adequately considered, she should consider raising them to the Law Department or via the Helpline, as discussed in "Asking for Advice and Voicing Concerns."

THE HONEYWELL AND MEDEA RELATIONSHIP AND THE PURCHASE OF N95 SURGICAL MASKS

20. MEDEA realleges paragraphs 1 through 19 of this Complaint as though fully set forth herein.

21. MEDEA, as a consumer-packaged goods and technology provider, was in a position to assist in the distribution of much-needed Personal Protective Equipment. Effective January 1, 2021, MEDEA entered into a Distribution Agreement with HONEYWELL. A true and correct copy of the Distribution Agreement is attached hereto as **Exhibit A** and is incorporated herein as though fully set forth.

22. MEDEA expended significant time and resources during HONEYWELL'S vetting process to become an authorized HONEYWELL distributor. At the time the Distribution Agreement was executed, HONEYWELL constituted Medea's most prominent and well-known U.S. supplier of safety products, and MEDEA considered its distribution partnership with HONEYWELL a monumental achievement in the Company's history.

23. The purpose of the Distribution Agreement was for MEDEA to become a distributor of HONEYWELL products, and specifically to become a distributor of Personal Protective Equipment, and specifically N95 masks.

24. Shortly after MEDEA entered into the Distribution Agreement, Brent Durham, HONEYWELL's Vice President of Sales, informed MEDEA that in order to remain a mask distributor, MEDEA was required to purchase 2.65 million masks immediately. Mr. Durham then increased HONEYWELL's demand to 4 million masks. MEDEA informed Durham that MEDEA

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was still attempting to finalize an agreement to sell that many masks in such a short time period. Despite this, Durham demanded that MEDEA agree to purchase the masks immediately or it would lose its status as a HONEYWELL mask distributor. Given the economic threats being made by HONEYWELL, MEDEA agreed to purchase 4 million DC365 Respirators with an $800,000 down payment. The total price for the masks was $3,960,000. A true and correct copy of the Purchase Order dated April 1, 2021 is attached hereto as **Exhibit B** and incorporated herein as though fully set forth.

25. When Mr. Durham made his foregoing threats to cancel MEDEA's right to distribute HONEYWELL masks, he knew or should have known that MEDEA's business would be harmed should the supply of masks be cut off. Durham also knew or should have known that the Distribution Agreement does not require MEDEA to purchase any minimum quantity of HONEYWELL products. Prior to the execution of the Distribution Agreement, HONEYWELL never informed MEDEA that it had to purchase any minimum quantity of products, let alone 4 million units on extremely short notice and with very little product information provided.

26. Prior to and after HONEYWELL sold the masks to MEDEA, it represented that the masks had an unlimited shelf-life and that this was a significant factor that differentiated the HONEYWELL masks from N95s made by other manufacturers such as 3M, which had a shorter shelf-life. However, shortly after the masks were delivered to MEDEA, HONEYWELL informed MEDEA that the masks only had a 6-year shelf-life. HONEYWELL also represented that the masks were one size fits all/universal.

27. MEDEA set out to sell the masks to various businesses and government entities, including, but not limited to, the State of California, the Mexican Government, Cal-VET, and Providence Queen of the Valley Medical Center. As is commercially reasonable and standard within the industry, MEDEA also sent various groups samples of the masks.

28. On or around April 27, 2021, the CDC released new guidance stating that people do not need to wear masks outdoors when they walk, bike or run alone or with members of their household regardless of vaccination status, and that fully vaccinated individuals do not need to wear masks outdoors at all unless they are in a big crowd of strangers, such as at sporting events or

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outdoor concerts. Also, the State of California announced on this date that it would align with the CDC's outdoor masking recommendations, stating that those who are fully vaccinated do not need to wear a mask outdoors unless they were in a large crowd.

29. Given HONEYWELL's contacts through lobbying and governmental affair personnel, MEDEA is informed and believes that HONEYWELL knew that the mask restrictions were being relaxed prior to the public issuance of the new guidance and intentionally failed to inform MEDEA of the upcoming guidance while still demanding that MEDEA purchase 4 million masks.

30. MEDEA was informed by entities that had purchased masks and entities who were provided samples, that the masks were defective and "junk." The Complaints were all similar in that the masks "tended to collapse at the midface and hit your mouth," "felt very tight on two of our reviewers faces but one didn't pass the fit test," "were too small for anyone to try on," "will not fit most of the staff around the nose to cover properly," was "not fitting right," "sits higher [than other masks]" and that the face was "exposed" allowing air to get in. Further, there were complaints that the masks did not meet fit requirements and were therefore not safe for medical professionals to use. MEDEA continues to receive complaints regarding personal respiratory protective devices manufactured by HONEYWELL.

31. In or around August 2021, MEDEA made HONEYWELL aware that the masks that were provided to MEDEA by HONEYWELL were defective and/or otherwise did not meet the standard of quality mandated by HONEYWELL. On or about September 15, 2021, HONEYWELL representative Braden Bicknell arrived at a MEDEA customer's office in Napa, California, to inspect the masks that were sent to a particular medical center. At that inspection, it was reported that the HONEYWELL employee agreed that the masks were deformed and not to the quality of HONEYWELL products. Specifically, Bicknell confirmed that the masks were crushed and that the masks "felt somewhat less robust than it should, which I suspect is why it may not have fit tested properly." According to Bicknell, "[t]hese two findings surprised me because we have not experienced this before and are selling millions of these masks at this point." Bicknell also reported to MEDEA over the phone shortly after the inspection that the masks were "thin" and "odd" and

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did not resemble the normal DC365, which he could not explain. Bicknell stated that he would be sending the masks to HONEYWELL's quality control team to determine the cause.

32. MEDEA informed HONEYWELL that because the masks were defective, MEDEA would not pay the remaining monies due under the purchase order and requested a refund on the $2.3 million paid to date.

33. HONEYWELL initially took the position that the fact that it sent defective products does not alleviate the obligation to pay for the products or any entitlement to a refund. HONEYWELL, by and through its General Manager for Sales and Marketing, Kirk Heyde, then admitted that the masks were deformed and HONEYWELL was looking into the cause. Specifically, Heyde stated "At present we've found no systemic process issues surrounding the date codes involved, nor have we found any out of spec conditions on the samples provided, although we'd agree, the nature of the deformity is indeed undesirable." Despite MEDEA'S numerous requests to obtain the results of HONEYWELL'S investigation, HONEYWELL concealed the results from MEDEA until January 21, 2022. It was on this date that HONEYWELL finally released its internal evaluation report dated September 27, 2021 to MEDEA. That report states that HONEYWELL inspected 10 masks and that 3 had "signs of deformation" and that "[a]ll of these 10 masks were produced on the same cell in the manufacturing process and it's difficult to say if this is an isolated case or more widespread." Despite numerous requests, HONEYWELL never sent any representative to inspect the personal respiratory protective devices delivered to MEDEA that were being stored in MEDEA'S warehouse. HONEYWELL also never provided the full results of its internal investigation nor would it provide an appropriate protocol to inspect the personal respiratory protective devices.

34. On October 21, 2021, MEDEA gave formal notice of a defect under the terms of the conditions of its contracts with HONEYWELL.

35. Not until after MEDEA notified HONEYWELL of defects in the masks purchased did HONEYWELL inform MEDEA that it had issues with its manufacturing process and that HONEYWELL already had knowledge of the defects and deformities found in the masks manufactured at that time. MEDEA is informed and believes that HONEYWELL knowingly and

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intentionally sold MEDEA personal respiratory protective devices it knew were defective and would not protect its intended downstream users, **frontline medical professionals**, including doctors, nurses and technicians and others who require protection from fluid resistance and/or airborne pathogens, including, but not limited to the virus that causes COVID-19.

36. HONEYWELL continues to refuse to refund MEDEA for the amounts paid to date, cure the defects, or provide any commercially reasonable relief whatsoever. HONEYWELL has failed to abide by and has repudiated the Distribution Agreement by failing to abide by the dispute resolution requirements of the Distribution Agreement. HONEYWELL, has, in effect, waived any enforcement provision of the Distribution Agreement.

37. MEDEA continues to incur damages, including substantial storage fees associated with the millions of defective masks that it cannot sell, as well as reputation and business goodwill damages with current and prospective buyers, as well as its reputation in the industry based upon misleading and improper reports made by HONEYWELL to business data organizations.

FIRST CAUSE OF ACTION

(Breach of Contract as against HONEYWELL and DOES 1-100)

38. MEDEA realleges paragraphs 1 through 37 of this Complaint as though fully set forth herein.

39. Effective January 1, 2021, MEDEA and HONEYWELL entered into a Distribution Agreement whereby MEDEA would be a recognized distributor of HONEYWELL products, including, but not limited to, personal respiratory protective devices. Pursuant to the Distribution Agreement, on April 1, 2021, MEDEA agreed to purchase and did purchase 4 million personal respiratory protective devices from HONEYWELL for the price of Three Million Nine Hundred Sixty Thousand Dollars ($3,960,000).

40. MEDEA had performed all obligations required of it under the contract, except for obligations excused by HONEYWELL'S breach as described herein.

41. HONEYWELL delivered the personal respiratory protective devices to MEDEA pursuant to the terms of the contracts with MEDEA. However, the delivered personal respiratory protective devices were defective and deformed as confirmed by HONEYWELL's representatives

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after an opportunity to inspect and investigate.

42. Due to HONEYWELL'S breach of contract by failing to deliver marketable and non-defective personal respiratory protective devices, and failure and/or refusal to replace the defective personal respiratory protective devices, MEDEA has been harmed in amount to be proven at trial, but in no event less than Two Million Three Hundred Thousand Dollars ($2,300,000), which represents the amount paid by MEDEA to date for the personal respiratory protective devices.

WHEREFORE, MEDEA prays for relief as set forth below.

SECOND CAUSE OF ACTION

(Breach of Warranty as Against HONEYWELL and DOES 1 through 100 inclusive.)

43. MEDEA realleges paragraphs 1 through 42 of this Complaint as though fully set forth herein.

44. As part of a Distribution Agreement with HONEYWELL, MEDEA purchased personal respiratory protective devices from HONEYWELL. Through a written warranty and direct statements made by HONEYWELL representatives, the personal respiratory protective devices to be delivered were to be of the highest quality and fit tested and would meet both HONEYWELL and industry standards for safety.

45. The personal respiratory protective devices delivered did not meet the quality standards represented by HONEYWELL nor did they meet the standards for safety within the industry. In fact, the personal respiratory protective devices were delivered were defective and deformed as acknowledged by HONEYWELL representatives.

46. MEDEA took all reasonable steps to notify HONEYWELL within a reasonable time that the personal respiratory protective devices were not as represented.

47. HONEYWELL has failed to repair and/or cure the defects or provide reasonable alternatives as required by the warranty.

48. Due to HONEYWELL'S breach of warranty by failing to provide marketable and non-defective personal respiratory protective devices and failing to replace or otherwise cure the defects as required under the written warranty, MEDEA has been harmed in amount to be proven

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at trial, but in no event less than Two Million Three Hundred Thousand Dollars ($2,300,000), which represents the amount paid by MEDEA to date for the personal respiratory protective devices.

WHEREFORE, MEDEA prays for relief as set forth below.

THIRD CAUSE OF ACTION

(Strict Products Liability – Manufacturing as against HONEYWELL and DOES 1 through 100 inclusive)

49. MEDEA realleges paragraphs 1 through 48 of this Complaint as though fully set forth herein.

50. HONEYWELL was the manufacturer of personal respiratory protective devices, specifically, DC365 respirators for use by medical professionals and other users to protect themselves from viruses and other pathogens, including, but not limited to, the virus that causes COVID-19.

51. On April 1, 2021, MEDEA purchased 4 million personal respiratory protective devices from HONEYWELL for the price of Three Million Nine Hundred Sixty Thousand Dollars ($3,960,000).

52. The personal respiratory protective devices contained a manufacturing defect when it left HONEYWELL'S possession. The defect renders the personal respiratory protective devices unsaleable and unusable to end users because they fail to provide proper protection from airborne viruses and other pathogens, including, but not limited to, the virus that causes COVID-19.

53. Due to the manufacturing defects, MEDEA has been harmed in an amount to be proven at trial, but in no event less than Two Million Three Hundred Thousand Dollars ($2,300,000), which represents the amount paid by MEDEA to date for the personal respiratory protective devices.

WHEREFORE, MEDEA prays for relief as set forth below.

FOURTH CAUSE OF ACTION

(Strict Products Liability – Design - as against HONEYWELL and DOES 1 through 100 inclusive)

54. MEDEA realleges paragraphs 1 through 53 of this Complaint as though fully set

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forth herein.

55. HONEYWELL was the manufacturer of personal respiratory protective devices, specifically, DC365 respirators for use by medical professionals and other users to protect themselves from viruses and other pathogens, including, but not limited to, the virus that causes COVID-19.

56. On April 1, 2021, MEDEA purchased 4 million personal respiratory protective devices from HONEYWELL for the price of Three Million Nine Hundred Sixty Thousand Dollars ($3,960,000).

57. The personal respiratory protective devices were defectively designed when it left HONEYWELL'S possession. The defect renders the personal respiratory protective devices unsaleable and unusable to end users because they fail to provide proper protection from airborne viruses and other pathogens, including, but not limited to, the virus that causes COVID-19.

58. Due the manufacturing defects, MEDEA has been harmed in amount to be proven at trial, but in no event less than Two Million Three Hundred Thousand Dollars ($2,300,000), which represents the amount paid by MEDEA to date for the personal respiratory protective devices.

WHEREFORE, MEDEA prays for relief as set forth below.

FIFTH CAUSE OF ACTION

(Fraud- Concealment -as Against HONEYWELL and DOES 1 through 100 inclusive)

59. MEDEA realleges paragraphs 1 through 58 of this Complaint as though fully set forth herein.

60. HONEYWELL and MEDEA were in a business relationship whereby MEDEA served as a distributor for HONEYWELL products, including, but not limited to, personal respiratory protective devices. By virtue of threats of losing its distributor status and based upon HONEYWELL'S representations regarding personal respiratory protective devices, MEDEA purchased 4 million personal respiratory protective devices from HONEYWELL for Three Million Nine Hundred Sixty Thousand Dollars ($3,960,000).

61. HONEYWELL represented to MEDEA, through direct communications and by and through public statements and disclosures, that HONEYWELL personal respiratory protective

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devices would be of the highest quality and provide the best protection from airborne viruses and other pathogens, including, the virus that causes COVID-19.

62. Based on these representations of the quality of product, and HONEYWELL'S public statements and public persona, much of which is created by HONEYWELL'S public statements and disclosures, including, but not limited to HONEYWELL'S Code of Business Ethics, it was reasonable for MEDEA to rely on HONEYWELL'S representations.

63. MEDEA is informed and believes, and on that basis alleges, that HONEYWELL knew that the personal respiratory protective devices it intended to sell to MEDEA, and did, in fact, sell to MEDEA were defective and/or deformed and failed to disclose that information to MEDEA.

64. MEDEA is informed and believes, and on that basis alleges, that HONEYWELL intentionally concealed and withheld its knowledge that the personal respiratory protective devices were defective until such time after MEDEA had already entered into a purchase agreement and paid the amounts due under the purchase agreement.

65. Had MEDEA been provided the information that the personal respiratory protective devices it was going to purchase from HONEYWELL were, in fact, defective and/or deformed, MEDEA would not have purchased the personal respiratory protective devices.

66. Due to HONEYWELL'S concealment and fraud, MEDEA has been harmed in amount to be proven at trial, but in no event less than Two Million Three Hundred Thousand Dollars ($2,300,000), which represents the amount paid by MEDEA to date for the personal respiratory protective devices.

WHEREFORE, MEDEA prays for relief as set forth below.

SIXTH CAUSE OF ACTION

(Violation of California Business & Professions Code §17200 as against HONEYWELL and DOES 1-100)

67. MEDEA realleges paragraphs 1 through 66 of this Complaint as though fully set forth herein.

68. California Business and Professions Code Section 17200 et seq. authorizes civil actions for equitable relief and civil penalties against any individual, corporation, firm, partnership,

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joint stock company, association, or other organization of persons that engages, is engaged, or proposes to engage in unfair competition. Unfair competition includes any unlawful, unfair, or fraudulent business act or practice.

69. HONEYWELL has engaged in unfair business practices by using its economic power and market share in the healthcare industry to use economic duress and fraud to coerce its distributors, including MEDEA, to purchase its products HONEYWELL knows are defective and below the quality standards HONEYWELL markets and promises its products meets.

70. Despite HONEYWELL'S public representations and its published Code of Ethics, HONEYWELL coerces its distributors, including, MEDEA to market and sell products that are not as represented. In fact, despite its public statements to the contrary, HONEYWELL knowingly and willfully concealed evidence of defects in its personal respiratory protective devices to induce MEDEA to purchase 4 Million personal respiratory protective devices that HONEYWELL knew would most likely be used to medical professionals in the midst of the COVID-19 health emergency as well as other medical professionals, .

71. Due to HONEYWELL'S fraudulent business practices, MEDEA did provide defective personal respiratory protective devices to healthcare professionals, government entities and other entities. Because the personal respiratory protective devices were, in fact, defective and/or deformed, MEDEA's business reputation and goodwill was damaged, which has caused and deprived MEDEA of patronage of known and unknown customers. MEDEA is informed and believes, and on that basis alleges, HONEYWELL now sells directly to the customers MEDEA brought in or uses other distributors to sell their products. MEDEA has been damaged in an amount to be determined at trial,

72. As a proximate result of the above-mentioned act(s) of defendant(s), plaintiff has been deprived of the patronage of a large number of his/her actual and potential customers, all to his/her damage in the sum to be proven at trial.

WHEREFORE, MEDEA prays for relief as set forth below.

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SEVENTH CAUSE OF ACTION

(Intentional Interference with Prospective Economic Relations as against HONEYWELL and DOES 1 through 100 inclusive)

73. MEDEA realleges paragraphs 1 through 72 of this Complaint as though fully set forth herein.

74. MEDEA and third parties, including, but not limited to CalVet were in an economic relationship that would have resulted in an economic benefit to MEDEA.

75. HONEYWELL knew of the relationship between MEDEA and these third parties, including CalVet.

76. HONEYWELL engaged in fraudulent business practices whereby it intentionally and willfully provided defective and/or deformed personal respiratory protective devices for the purpose of selling the personal respiratory protective devices to these third parties, including CalVet.

77. HONEYWELL knew that providing personal respiratory protective devices it knew to be defective and/or deformed to MEDEA for the purpose of selling the personal respiratory protective devices to third parties such as CalVet would disrupt the relationship and was certain or substantially certain such a disruption would occur.

78. The relationship between MEDEA and third parties, including CalVet was harmed by HONEYWELL'S conduct.

79. MEDEA has been harmed by the disruption of its economic relationships as a result of HONEYWELL'S conduct in an amount to be determined at trial but more than jurisdiction minimum of this Court.

WHEREFORE, MEDEA prays for relief as set forth below.

EIGHTH CAUSE OF ACTION

(Negligent Interference with Prospective Economic Relations as Against HONEYWELL and DOES 1 through 100 inclusive)

80. MEDEA realleges paragraphs 1 through 79 of this Complaint as though fully set forth herein.

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81. MEDEA and third parties, including, but not limited to CalVet were in an economic relationship that probably would have resulted in an economic benefit to MEDEA.

82. HONEYWELL knew of the relationship between MEDEA and these third parties, including CalVet. By virtue of the Distribution Agreement, HONEYWELL had a duty not to disturb the economic relationships MEDEA had garnered.

83. HONEYWELL engaged in business practices whereby it negligently provided defective and/or deformed personal respiratory protective devices for the purpose of selling the personal respiratory protective devices to these third parties, including CalVet.

84. HONEYWELL knew or should have known that providing personal respiratory protective devices it knew to be defective and/or deformed to MEDEA for the purpose of selling the personal respiratory protective devices to third parties such as CalVet would disrupt the relationship and was certain or substantially certain such a disruption would occur.

85. The relationship between MEDEA and third parties, including CalVet were harmed by HONEYWELL'S conduct.

86. MEDEA has been harmed by the disruption of its economic relationships as a result of HONEYWELL'S conduct in an amount to be determined at trial but more than jurisdiction minimum of this Court.

WHEREFORE, MEDEA prays for relief as set forth below.

NINTH CAUSE OF ACTION

(Trade Libel as Against HONEYWELL and DOES 1 through 100 inclusive)

87. MEDEA realleges paragraphs 1 through 86 of this Complaint as though fully set forth herein.

88. HONEYWELL made statements in regard to the transactions set forth herein to industry leading business data organizations that MEDEA was late and/or failed to pay under the terms of a credit relationship.

89. HONEYWELL knew these statements were false as MEDEA and HONEYWELL were discussing the fact that HONEYWELL had sent defective masks that were not sellable and, pursuant to the terms of the Distribution Agreement, supposed to be trying to find an amicable

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resolution.

90. Based upon HONEYWELL's false report to industry leading business data organizations, MEDEA has suffered harm to its reputation and financial harm in the form of a lowered credit worthiness rating, which financial institutions use to make credit decisions that have directly affected MEDEA's finances in an amount to be determined at trial but in an amount more than the jurisdictional minimum of this Court.

WHEREFORE, MEDEA prays for relief as set forth below.

PRAYER FOR RELIEF

WHEREFORE, MEDEA prays for relief as follows:

1. For compensatory damages in an amount to be proven at trial, but, in no event less than Two Million Three Hundred Thousand Dollars ($2,300,000), which represents the amount paid by MEDEA to date for the personal respiratory protective devices;

2. For consequential damages in an amount to be proven at trial, including, but not limited to storage fees;

3. For pre-judgment interest as allowed by law;

4. For special and general damages in an amount determined at trial, however in no event, less than $10,000,000.00.

5. For punitive damages in an amount to be proven at trial;

6. For restitution in an amount to be proven at trial;

7. For civil penalties in an amount to be proven at trial;

8. For attorneys' fees pursuant to contract, statute or applicable law;

9. For an injunction prohibiting HONEYWELL from further failing to cure and/or remedy the defective personal respiratory protective devices; and

10. For all other relief deemed just by the Court.

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JURY TRIAL DEMANDED

Dated: May 25, 2022

MATHENY SEARS LINKERT & JAIME LLP

By: _____
RICHARD S. LINKERT
MATTHEW C. JAIME
Attorneys for Plaintiff MEDEA INC.

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EXHIBIT A

Honeywell | DISTRIBUTION AGREEMENT

This agreement ("Agreement") dated January 1, 2021 ("Effective Date") is entered into between Honeywell Safety Products USA, Inc., having a place of business at 300 South Tryon Street Charlotte, NC 28202 ("Honeywell") and Medea Inc., having a place of business at 5653 Stoneridge Drive Suite 119 Pleasanton, CA 94588 ("Distributor"). Each party is sometimes also referred to as "Party", and collectively as "Parties".

OVERVIEW

Honeywell and its affiliates are engaged in the manufacture, sale and distribution of various products, including the Products (as defined in Exhibit A); Distributor desires to be appointed as an authorized distributor to sell the Products on the terms and conditions set forth herein; and Honeywell and Distributor recognize their mutual interest in setting up a productive economic relationship and further developing mutual business opportunities.

TERM OF AGREEMENT

This Agreement is effective as of the Effective Date and shall thereafter continue for a period of one (1) year (the "Initial Term"), unless sooner terminated as set forth in the Agreement. Upon expiration of the Initial Term, this Agreement shall automatically renew for additional periods of one (1) year each up to a maximum of two (2) automatic renewals, unless either Party provides written notice of non-renewal at least thirty 30 days prior to the end of the then-current term (each a "Renewal Term" and together with the Initial Term, the "Term"). Distributor agrees and acknowledges, that Exhibit A will be reviewed on a yearly basis within the first sixty (60) calendar days of each Renewal Term and the Parties will come to an agreement with respect to the revised Exhibit A, the terms of which shall be retroactive to the inception of the Renewal Term. In the event the Parties cannot reach an agreement on the commercial terms to be included in Exhibit A for that Renewal Term, within the first ninety (90) calendar days of the Renewal Term, the Agreement will terminate at the end of that ninety (90) day period unless extended by mutual agreement of the Parties.

AGREEMENT STRUCTURE AND PRECEDENCE

This Agreement is organized in two sections. Section I contains transaction specific terms, scope of Agreement, pricing, and associated attachments. And Section II contains core contracting terms and associated attachments. Attachments are in the form of either exhibits or schedules.

Except as expressly stated otherwise for a specific provision, any conflict or inconsistency in the provisions of this Agreement will be resolved by giving precedence in the following order:

1. This cover sheet,
2. SECTION I – **Transaction Specific Terms**, and then any Section I attachments including Exhibit A,
3. SECTION II – **Core Contracting Terms**, and then any Section II attachments.

ENTIRE AGREEMENT

This Agreement (including the Exhibits attached hereto and Honeywell's then-current Terms and Conditions of Sale) constitutes the entire agreement between Honeywell and Distributor and supersedes all prior negotiations, agreements, and commitments with respect to the subject matter

Honeywell | DISTRIBUTION AGREEMENT

hereof. This Agreement may not be changed, altered, supplemented or added to except by the mutual written consent of the Parties' authorized representatives or as expressly set out in the Agreement.

For good and valuable consideration, the nature and adequacy of which is hereby acknowledged, the Parties agree this Agreement is effective as of the Effective Date.

Medea Inc.

Signature: DocuSigned by: Michael R Laidlaw 51559011F5C3452...

Name: Michael R Laidlaw

Title: General Counsel/EVP

26-Feb-2021

Honeywell Safety Products USA, Inc.

Honeywell Personal Protective Equipment business unit

Signature: DocuSigned by: Tim Schneller C4155ED1A4AA4AE...

Name: Tim Schneller

Title: Director, Channel Marketing

26-Feb-2021

Honeywell | DISTRIBUTION AGREEMENT

SECTION I – TRANSACTION SPECIFIC TERMS

1. APPOINTMENT

A. APPOINTMENT FOR TERRITORY AND PRODUCTS. Honeywell hereby appoints and designates Distributor as an authorized distributor of Products and authorizes Distributor to market and sell Products in the Territory as defined in Exhibit A. Distributor acknowledges and agrees that the distributorship created by this Agreement is non-exclusive and that it obtains no exclusive right to market or sell Products. Honeywell reserves the right for itself and the right to appoint third parties to market and sell Products in the Territory. Honeywell assumes no responsibility to Distributor and Distributor hereby releases Honeywell from any responsibility to Distributor in the event any of the Products are marketed, sold, installed, or serviced by Honeywell or any third party.

B. AUTHORIZED DISTRIBUTOR PROGRAM. Where applicable to Distributor, Distributor shall have access to and shall comply with the programs, policies and supplemental terms (collectively "Honeywell Authorized Distributor Program"), which are available on https://safety.honeywell.com/partners or any successor website advised by Honeywell in writing and are hereby incorporated in Section I attachments by reference; including for instance, MDF policy or Deal Registration Discount policy. Honeywell Authorized Distributor Programs may be updated from time to time by Honeywell in its sole discretion. Honeywell will use reasonable efforts to give no less than thirty (30) day's written notice to Distributor of any material changes to the Honeywell Authorized Distributor Program.

2. TERRITORY, PRODUCTS

A. TERRITORY. "Territory" shall mean the territory specified on Exhibit A attached hereto.

B. PRODUCTS. "Products" shall mean those Honeywell products described or listed on Exhibit A attached hereto, as such Exhibit may be amended from time to time. Honeywell may, in its sole discretion amend the description or list of Honeywell products set out in Exhibit A upon notice to Distributor. Distributor shall have no right to distribute pursuant to this Agreement any Honeywell product, or where applicable, the subsequent model of any Product, unless and until such product or model are identified on Exhibit A.

3. RESPONSIBILITIES OF DISTRIBUTOR

A. SALES. For so long as this Agreement is in effect, Distributor shall use its best efforts to sell and promote the sale of the Products in the Territory. Distributor agrees to fully develop the market potential for Products by actively seeking prospects, promptly following up on prospect leads (including those furnished by Honeywell), advertising and demonstrating Products and following the merchandising plans (if any) suggested by Honeywell.

B. STAFF AND TRAINING. Distributor shall maintain a trained, competent, and fully equipped staff adequate to sell and market the Products. Distributor shall actively participate in Honeywell's training programs relating to sales and marketing of the Products.

C. FINANCIAL STATEMENTS. Distributor acknowledges that the financial requirements established by Honeywell for its distributors may change from time to time. Honeywell reserves the right to request from time to time an annual balance sheet and other pertinent financial information from the Distributor for Honeywell's confidential credit file.

D. **INVENTORY.** Distributor shall maintain at all times a stock of Products sufficient to fill orders promptly and shall maintain and store such stock in a proper manner, consistent with Honeywell's written recommendations for avoidance of any hazard, deterioration or damage.

E. **AGENTS AND SUB-DISTRIBUTORS.** Distributor shall not appoint agents or sub-distributors of the Products without the prior, written consent of Honeywell.

F. **CUSTOMER SERVICE.** Upon request, Distributor will render service in the Territory with respect to the Products. Distributor will investigate all customer complaints and advise Honeywell as to such complaints.

G. **ASSISTANCE.** Distributor shall keep accurate and complete records of customers, including customer identity, Product applications and configurations, and market segment information in accordance with good industry practice, and shall provide such information that is reasonably requested by Honeywell in respect of any product quality investigations. Further, Distributor shall assist Honeywell by furnishing all information necessary to deal with any complaint.

H. **PRODUCT RECALL.** Distributor shall take all actions reasonably requested by and otherwise assist Honeywell and other regulatory authorities with respect to any recall of Products, Product-related information and/or application requests and other communications with customers, including, without limitation, relaying requested information to customers and otherwise facilitating any and all such Product recall and customer communication efforts.

I. **RELATIONSHIP OF THE PARTIES.** Distributor expressly agrees that this Agreement does not constitute a commercial agency under the applicable laws in the Territory. Distributor must not seek to register this Agreement, or the arrangement evidenced by this Agreement, with any governmental or regulatory entity, authority or municipality. The provision of Products by Distributor to customer is under the terms and conditions of an agreement between Distributor and customer. Honeywell is not a party to that agreement.

J. **LABELING.** Distributor shall resell the Products under the labels, trade names or trademarks of Honeywell, and none of these nor the packaging, nor the contents thereof, shall be altered in any way without the prior written consent of Honeywell.

K. **HONEYWELL'S GOODWILL.** To maintain the goodwill, high quality, and reputation of Honeywell, Distributor will sell as Honeywell Products only genuine new Honeywell Products or Honeywell approved exchange units.

4. TERMS AND CONDITIONS OF SALE

A. Any sale of Products by Honeywell to Distributor shall be governed by Honeywell's Terms and Conditions of Sale applicable to the Territory as in effect at the time of acceptance of the purchase order, which may be found at https://www.honeywellsafety.com/legaldocuments-global/ or any successor website advised by Honeywell in writing (the "Terms and Conditions of Sale") and are incorporated in Section I attachments by reference. Distributor acknowledges that the Terms and Conditions of Sale, may be modified by Honeywell from time to time without notice. However, Honeywell will use reasonable efforts to give no less than thirty (30) day's written notice to Distributor of any material changes to the Terms and Conditions of Sale. The Terms and Conditions of Sale shall apply to all purchase orders placed by Distributor for the Products, whether or not the Agreement is referenced in the purchase order. Unless expressly agreed to in writing by Honeywell, any terms conflicting with the terms of this Agreement including the Terms and Conditions of Sale will not apply and any terms or conditions attached to or incorporated in the purchase order will have no force or effect.

5. PRICING CHANGES.

A. Honeywell may change the price list at any time upon reasonable notice to Distributor, which in most cases will be at least thirty (30) days in advance of the effective date of the change, unless the circumstances require a shorter (or no) notice period; provided further that, in the event Honeywell does provide advance notice of a pricing change, any orders placed within such notice period must be for immediate shipment.

6. SOFTWARE PRODUCT.

A. Should Honeywell, at its sole discretion, allow Distributor to sell access or subscriptions to software Products pursuant to this Agreement, applicable supplemental terms available in Authorized Distributor Program or mutually agreed in writing shall apply and modify the terms herein for the licensure, or subscription, of such software Products. For the avoidance of doubt, no revenue derived from such software Product shall apply to the rebate and incentive programs provided for in Exhibit A.

7. ASSISTANCE TO DISTRIBUTOR.

A. Honeywell shall assist Distributor in promoting the sales of Products, which may from time to time include (i) providing Distributor with technical and sales support, (ii) furnishing such technical data to Distributor as is necessary to enable Distributor to prepare adequate selling materials, and (iii) making available to Distributor training programs relating to the selling, marketing, and operation of Products. Distributor shall be responsible for any travel and living expenses incurred by its personnel in attending any training program.

8. TERMINATION.

A. This Agreement may be terminated for cause in accordance with Honeywell's Terms and Conditions of Sale. Additionally, this Agreement may be terminated by either Party at any time during the Term without regard to cause upon a minimum of thirty (30) days' prior notice to the other Party.

9. DATA PRIVACY

A. "Applicable Privacy Laws" means any applicable law, statute, directive, legislation, regulation, rule, order of any court having valid jurisdiction, decision or guidance in force from time to time that applies to data privacy, data security and the protection of individuals with regard to the processing of Personal Information under this Agreement, . For the purposes of this section 9 (DATA PRIVACY), "Personal Information" means any personally identifiable information as defined by Applicable Privacy Law, "Data Subject" means living individual to whom the Personal Information relates, "Personal Information Breach" means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to, personal data transmitted, stored or otherwise processed and **"Customer(s)"** means any potential or existing business or non-business customer of Honeywell, whether direct or indirect, including, without limitation any potential customer that has contacted Honeywell or the Distributor by phone or through a website operated by Honeywell or the Distributor (including by completing an information request form available on such website) requesting further information about the Honeywell Products and services

(if applicable) that are the subject matter of this Agreement. Capitalized terms in this clause shall have the meaning given to them in the Applicable Privacy Laws.

B. Each of Honeywell and the Distributor shall:

B.1. Each be responsible for its own processing of Personal Information (and not jointly and severally liable) in relation to all Personal Information it processes under and/or in connection with this Agreement and agrees that neither Party shall be liable for any Personal Information Breaches by the other Party under this Agreement;

B.2. comply with all Applicable Privacy Laws including implementing appropriate security measures to protect Personal Information provided by the other Party against accidental or unlawful destruction, loss, alteration, unauthorized disclosure, or (remote) access;

B.3. provide the other Party with such reasonable cooperation, assistance or information as may be necessary in relation to any request from any Data Subject and/or any complaint or investigation regarding its compliance with any Applicable Privacy Laws; and

B.4. notify the other Party in writing without any undue delay of any actual or suspected Personal Information Breach likely to have a material impact on the other party, the performance of this Agreement or any Data Subject to whom the performance of this Agreement relate.

C. If and to the extent that either Party receives any Personal Information relating to the other Party's employees, officers, contractors or agency workers in connection with the performance of this Agreement, it shall only use that Personal Information for the purposes of fulfilling its obligations and exercising its rights hereunder and in accordance with Applicable Privacy Laws.

D. Each party shall be responsible for informing the relevant Customers and Data Subjects of the nature and scope of its processing of their Personal Information and that their Personal Information will be shared with the other ("Recipient") to enable the Recipient to perform this Agreement and/or to send marketing communications in respect of the Honeywell Products and services (if applicable) specified under this Agreement as well as other Honeywell products and services. Each party is responsible for ensuring that, where applicable, all necessary consents have been obtained from the relevant Data Subject to enable the Recipient to market lawfully to that Data Subject and shall inform the Recipient of the identity of any Data Subject that has indicated that he or she does not wish to receive marketing from the Recipient. Distributor represents that it has all rights and authorizations necessary for Honeywell to process Personal Information pursuant to the Agreement

E. Each Party is authorized, in connection with this Agreement, to make worldwide transfers of Personal Information to other entities processing Personal Information on their behalf (including affiliates) provided that: (i) the transfer is strictly necessary for the provision of the Services; and (ii) the transfer complies with Applicable Privacy Laws. If either party transfers Personal Information from the EEA, Switzerland or the UK to the other in areas outside the EEA, Switzerland or the UK, or from any other jurisdiction that restricts the cross-border transfer of Personal Information to the other in locations outside that jurisdictions, each Party shall be bound by the Standard Controller to Controller Contractual Clauses (Set II) in respect of any transfer of Personal Information. Such Standard Controller to Controller Contractual Clauses (Set II) shall be deemed to have been signed by each Party, in the capacity of "data exporter", and "data importer", as applicable, (as those terms are defined in the Standard Controller to Controller Contractual Clauses (Set II)) and are hereby incorporated into the Agreement in their entirety as if set out in full as an annex to this Agreement. The parties acknowledge that the information required to be provided in the appendices to the Standard Controller to Controller Contractual Clauses (Set II) is set out in the Agreement. If there is a

conflict between the provisions of this section (DATA PRIVACY) or the Agreement and the Standard Controller to Controller Contractual Clauses (Set II), the Standard Controller to Controller Contractual Clauses (Set II) shall prevail.

Honeywell | DISTRIBUTION AGREEMENT

SECTION I – EXHIBIT A

THIS EXHIBIT A CONTAINS THE COMMERCIAL ELEMENTS OF THE AGREEMENT BETWEEN THE PARTIES.

BY SIGNING THIS EXHIBIT A, THE DISTRIBUTOR CONFIRMS THAT IT AGREES TO COMPLY WITH AND BE BOUND BY THE HONEYWELL TERMS AND CONDITIONS OF SALE AND TRADEMARK GUIDELINES IN EFFECT AT THE TIME OF PURCHASE, WHICH GOVERN THE SALE OF ALL HONEYWELL PRODUCTS AND MAY BE UPDATED FROM TIME TO TIME BY HONEYWELL WITHOUT NOTICE. THE TERMS AND CONDITIONS OF SALE AND TRADEMARK GUIDELINES CAN BE ACCESSED AT: http://www.honeywellsafety.com/legaldocuments-global/

COMMERCIAL CONDITIONS AGREED	
TERM	January 1, 2021 – December 31,2021
LIST OF ALL HONEYWELL ENTITIES SELLING PRODUCTS TO THE DISTRIBUTOR SUBJECT TO THE TERMS OF THE DISTRIBUTION AGREEMENT (REGISTERED ENTITY AND COUNTRY)	Honeywell Safety Products USA, Inc.
DISTRIBUTOR NAME	Medea Inc.

PRODUCTS / PRICE / DISCOUNT FOR THE PRODUCTS

Material Pricing Code	Description	Product Line	Discount Off Price List
FIRSTAID	First Aid	FIRST AID	50.00%
NORHEAR	North Hearing	HEARING	25.00%
HAND	Hand Protection	HAND	50.00%
NORHEAD	Head Protection	HEAD	50.00%
TRAFCLOLOTO	Lockout/Tag Out	LOCKOUT	50.00%
FALLREPAIR	Fall Repair Parts & Service	FALL	40.00%
RPGEN	General Respiratory	RESPIRATORY	40.00%
RPPDUNIT	PDAR/SCBA/EBA Units	RESPIRATORY	35.00%
RPSPARE	PDAR/SCBA/EBA Spares	RESPIRATORY	30.00%
UVEX	UVEX Eye and Face	EYE/FACE	51.00%
UVEXMIL	UVEX Military	EYE/FACE	52.00%

	HLI	HLI Hearing	HEARING	54.00%
	HLISYNC	HLI SYNC	HEARING	52.00%
	QPI	Intelligent Hearing	INTELLIGENT HEARING	15.00%
	MILLER	Miller Fall Protection	FALL	40.00%
	TITAN	Titan Fall Protection	FALL	40.00%
	FEN	Fendall Emergency Eyewash	FIRST AID	40.00%
	LASPLAS	Laser Plastics	EYE/FACE	41.00%
	LASGLASS	Laser	EYE/FACE	30.00%
	LASPAT	Laser Patient Care	EYE/FACE	35.00%
	LASSPEC	Laser Specialty	LASER	CONTRACT
	RETRPGEN	Retail General Respiratory	RESPIRATORY	40.00%
	HEALTHCARE	Healthcare Respiratory	RESPIRATORY	21.00%
	SAFETYSUITE	HON Safety Suite	ALL	20.00%
	Titmus	Titmus	EYE/FACE	51.00%

NOTE: The Electrical Safety product line is excluded from this Agreement. Products under Muck, Xtratuf, Neos, Servus, and Ranger footwear brands are excluded from this Agreement.

TERRITORY	United States
REBATE EXEMPTIONS	Sales driven by extraordinary circumstances, such as sales due to industrial, nuclear, or natural disasters or pandemic events (e.g., Avian Flu) which cause substantial increase in demand for a particular product family and the price of spare parts and fees for services provided by Distributor may be excluded for purposes of Rebate calculations. N95/FFP2 Sales in respect of which Honeywell has given Distributor a special pricing concession or deviation (PDA) may be excluded for purposes of Rebate calculations.
INCOTERMS	Exworks
PAYMENT TERMS	Net 30
MINIMUM PURCHASE ORDER VALUE	$200
CURRENCY	USD

Honeywell | DISTRIBUTION AGREEMENT

ADDITIONAL CONDITIONS / VARIATIONS	All sales made within the Territory during a calendar year by Distributor or its affiliates or members that belonged to the same corporate group as the Distributor for the entire calendar year will be considered, subject to the specific exclusions set forth herein. Sales made during a calendar year by entities or members different from the ones belonging to the Distributor corporate group as of January 1st of that year will not be considered.

Medea Inc.

Signature: DocuSigned by: Michael R Laidlaw 51559011F5C3452...

Name: Michael R Laidlaw

Title: General Counsel/EVP

26-Feb-2021

Honeywell Safety Products USA, Inc.

Honeywell Personal Protective Equipment business unit

Signature: DocuSigned by: Tim Schneller C4155ED1A4AA4AE...

Name: Tim Schneller

Title: Director, Channel Marketing

26-Feb-2021

SECTION II – CORE CONTRACTING TERMS

1. GOVERNING LAW & JURISDICTION

A. This Agreement and all matters related to this Agreement will be governed by, construed in accordance with, and enforced under the laws of New York without regard to conflicts of law principles. Application of the Uniform Computer Information Transactions Act and United Nations Convention on Contracts for the International Sale of Goods, 1980, and any successor law to either is specifically excluded.

B. The federal or state courts located within New York, New York, USA will have exclusive jurisdiction to adjudicate any dispute arising out of or related to this Agreement and the parties hereby submit to the jurisdiction of such courts. Distributor will not bring a legal or equitable action more than one year after the cause of action arose unless a shorter period is provided by applicable law. Each party expressly waives any right to a trial by jury in any proceed arising directly or in directly out of the Agreement.

2. DISPUTE RESOLUTION (EXECUTIVE ESCALATION)

A. Before the Parties initiate any dispute resolution process other than injunctive relief, the Parties must schedule a mandatory executive resolution conference to be held within 30 days of receipt of the other party's written request. The conference must be attended by at least one executive from each Party. At the conference, each party will present its view of the dispute in detail and the executives will enter into good faith negotiations in an attempt to resolve the dispute. If the dispute is not resolved within 15 days of the end of the conference, then either Party may pursue resolution of the dispute consistent with the other terms of the Agreement.

3. MISCELLANEOUS

A. **Relationship of Parties**. The Parties acknowledge that they are independent contractors and no other relationship, including without limitation partnership, joint venture, employment, franchise, master/servant or principal/agent is intended by this Agreement. Neither Party has the right to bind or obligate the other.

B. **Severability**. If any provision or portion of a provision of this Agreement is determined to be illegal, invalid, or unenforceable, the validity of the remaining provisions will not be affected. The Parties may agree to replace the stricken provision with a valid and enforceable provision.

C. **Waiver**. Failure of either Party to enforce at any time any of the provisions of this Agreement will not be construed to be a continuing waiver of any provisions hereunder.

D. **Survival.** Provisions of this Agreement that by their nature should continue in force beyond the completion or termination of the Agreement, or any associated orders, will remain in force.

E. **Counterparts.** This Agreement may be signed in counterparts (including faxed and any electronic or digital format), each of which will be deemed one and the same original. Reproductions of this executed original (with reproduced signatures) will be deemed to be original counterparts of this Agreement.

F. **Headings and Captions.** Headings and captions are for convenience of reference only and do not alter the meaning or interpretation of this Agreement.

G. **Notice.** Any notice, approval, consent, or other communication under this Agreement shall be in writing and shall be considered given by Honeywell when sent via email or any other electronic means. Alternatively, any notice, approval, consent, or other communication between the Parties under this Agreement shall be in writing and shall be considered given when mailed by registered or certified mail, return receipt requested, or sent by overnight mail or courier service, return receipt requested, to the Parties at the addresses indicated in this Agreement (or at such other address as a Party may otherwise specify by notice given in accordance herewith).

EXHIBIT B

Medea Inc

351 Saint Mary St
Pleasanton, CA 94566

Purchase Order

Date	P.O. No.
4/1/2021	784394

Vendor	Ship To
Honeywell danielle.carosello@honeywell.com	TBD - Delivery & Shipping Included

Item	Description	Qty	Rate	Amount
4802 Masks	DC365 Respirators $800,000 down payment Net 30	4,000,000	0.99	3,960,000.00

Delivery and Shipping Included

Total $3,960,000.00

Exhibit D

SUM-100

SUMMONS
(CITACION JUDICIAL)

ENDORSED
FILED
ALAMEDA COUNTY
JUL 07 2021
CLERK OF THE SUPERIOR COURT
By _____ Deputy

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):
TPT MedTech, LLC, a Colorado Limited Liability Company; and DOES 1 to 20

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):
Medea Inc., a Delaware Corporation

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (*www.courtinfo.ca.gov/selfhelp*), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (*www.lawhelpcalifornia.org*), the California Courts Online Self-Help Center (*www.courtinfo.ca.gov/selfhelp*), or by contacting your local court or county bar association. NOTE: The court has a statutory lien for waived fees and costs on any settlement or arbitration award of $10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. *¡AVISO! Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.*

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de $10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:
(El nombre y dirección de la corte es): Alameda County Superior Court
1225 Fallon St., Oakland, CA 94612

CASE NUMBER: *(Número del Caso):* RG21103940

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is: *(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):*
Michael Laidlaw & R. Jason Honey; 351 Saint Mary St., Pleasanton, CA 94566; (925) 425-9282

DATE: JUL 07 2021
(Fecha)

Clerk, by *(Secretario)* J Mc

(For proof of service of this summons, use Proof of Service of Summons *(form POS-010).)*
(Para prueba de entrega de esta citatión use el formulario Proof of Service of Summons, *(POS-010)).*

[SEAL]

NOTICE TO THE PERSON SERVED: You are served

1. ☐ as an individual defendant.
2. ☐ as the person sued under the fictitious name of *(specify)*:
3. ☐ on behalf of (specify):
   under: ☐ CCP 416.10 (corporation) ☐ CCP
   ☐ CCP 416.20 (defunct corporation) ☐ CCP
   ☐ CCP 416.40 (association or partnership) ☐ CCP
   ☐ other *(specify)*:
4. ☐ by personal delivery on *(date)*:

Exhibit E

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Michael Laidlaw, Esq (SBN 255647)
R. Jason Honey, Esq. (SBN 276303)
351 Saint Mary St., Pleasanton, CA 94566
Attorneys for Plaintiff Medea Inc.
TELEPHONE NO.: (925) 425-9282 FAX NO.: (866) 336-8969
ATTORNEY FOR (Name): Plaintiff Medea Inc.

FOR COURT USE ONLY

ENDORSED
FILED
ALAMEDA COUNT
JUL 07 2021
CLERK OF THE SUPERIOR C
By
Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda
STREET ADDRESS: 1225 Fallon St.
MAILING ADDRESS:
CITY AND ZIP CODE: Oakland, 94612
BRANCH NAME:

CASE NAME:
Medea Inc. v. TPT MedTech, LLC et al.

CASE NUMBER: RG21103940

JUDGE:

DEPT:

CIVIL CASE COVER SHEET

☐ **Unlimited** (Amount demanded exceeds $25,000)

☑ **Limited** (Amount demanded is $25,000 or less)

Complex Case Designation

☐ Counter ☐ Joinder

Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)

Items 1–6 below must be completed (see instructions on page 2).

1. Check **one** box below for the case type that best describes this case:

Auto Tort
- ☐ Auto (22)
- ☐ Uninsured motorist (46)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort
- ☐ Asbestos (04)
- ☐ Product liability (24)
- ☐ Medical malpractice (45)
- ☐ Other PI/PD/WD (23)

Non-PI/PD/WD (Other) Tort
- ☐ Business tort/unfair business practice (07)
- ☐ Civil rights (08)
- ☐ Defamation (13)
- ☐ Fraud (16)
- ☐ Intellectual property (19)
- ☐ Professional negligence (25)
- ☐ Other non-PI/PD/WD tort (35)

Employment
- ☐ Wrongful termination (36)
- ☐ Other employment (15)

Contract
- ☑ Breach of contract/warranty (06)
- ☐ Rule 3.740 collections (09)
- ☐ Other collections (09)
- ☐ Insurance coverage (18)
- ☐ Other contract (37)

Real Property
- ☐ Eminent domain/Inverse condemnation (14)
- ☐ Wrongful eviction (33)
- ☐ Other real property (26)

Unlawful Detainer
- ☐ Commercial (31)
- ☐ Residential (32)
- ☐ Drugs (38)

Judicial Review
- ☐ Asset forfeiture (05)
- ☐ Petition re: arbitration award (11)
- ☐ Writ of mandate (02)
- ☐ Other judicial review (39)

Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403)
- ☐ Antitrust/Trade regulation (03)
- ☐ Construction defect (10)
- ☐ Mass tort (40)
- ☐ Securities litigation (28)
- ☐ Environmental/Toxic tort (30)
- ☐ Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment
- ☐ Enforcement of judgment (20)

Miscellaneous Civil Complaint
- ☐ RICO (27)
- ☐ Other complaint *(not specified above)* (42)

Miscellaneous Civil Petition
- ☐ Partnership and corporate governance (21)
- ☐ Other petition *(not specified above)* (43)

2. This case ☐ is ☑ is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
   a. ☐ Large number of separately represented parties
   b. ☐ Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
   c. ☐ Substantial amount of documentary evidence
   d. ☐ Large number of witnesses
   e. ☐ Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
   f. ☐ Substantial postjudgment judicial supervision
3. Remedies sought *(check all that apply)*: a. ☑ monetary b. ☐ nonmonetary; declaratory or injunctive relief c. ☐ punitive
4. Number of causes of action *(specify)*: 4, Breach of contract, Quantum Meruit, Conversio
5. This case ☐ is ☑ is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. *(You may use form CM*

Date: 7/6/2021
R. Jason Honey
(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY

NOTICE
- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small c under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a co other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used f

Michael R. Laidlaw (SBN 255647)
R. Jason Honey (SBN 276303)
351 Saint Mary St.
Pleasanton, CA 94566
Telephone: (925) 495-9282
Facsimile: (866) 336-8969
Email: michael@medeamp.com
ATTORNEY FOR PLAINTIFF
Medea Inc.

RT

ENDORSED
FILED
ALAMEDA COUNTY
JUL 07 2021
CLERK OF THE SUPERIOR COURT
By Smoles
Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA

LIMITED CIVIL JURISDICTION

Medea Inc., a Delaware Corporation,

Plaintiff,

v.

TPT MedTech, LLC, a Colorado Limited Liability Company; and DOES 1 to 20,

Defendants.

Case No. RG21103940

COMPLAINT FOR DAMAGES FOR BREACH OF CONTRACT, GOODS AND SERVICES RENDERED/ QUANTUM MERUIT, CONVERSION, AND RESTITUTION/UNJUST ENRICHMENT [LIMITED CIVIL CASE]
[Amount Exceeds $10,000]

Plaintiff Medea Inc. alleges:

1. Plaintiff Medea Inc. ("Medea") is, and at all times herein mentioned was, a corporation organized and existing under the laws of Delaware, with its principal place of business in Pleasanton, California in Alameda County.

2. Defendant TPT MedTech, LLC ("TPT") is, and at all times herein mentioned was, a limited liability company organized and existing under the laws of Colorado, with its principal place of business in the City and County of San Diego, California.

3. On information and belief, on or about April 17, 2021, TPT opened a mobile laboratory under the name "QuikLAB" at Harbor Light Community Church at 4760 Thornton Ave., Fremont, in Alameda County, California.

4. Plaintiff is ignorant of the true names and capacities of Defendants sued herein as DOES 1 through 20, inclusive, and therefore sues these Defendants by these fictitious names. Plaintiff will amend this complaint to allege their true names and capacities when ascertained. Plaintiff is informed and believes and thereon alleges that each of the fictitiously named defendants is responsible in some manner for the occurrences herein alleged, and that Plaintiff's damages as herein alleged were proximately caused by those defendants.

5. Plaintiff is informed and believes and thereon alleges that at all times material to this complaint, all named Defendants and fictitiously named defendants in this complaint, in addition to acting for themselves were acting as the agent, servant, employee and representative of, and alter ego, and with the knowledge, consent and permission of, and in conspiracy with, each and all of the Defendants and within the course, scope and authority of that agency, service, employment, representation, and conspiracy. Plaintiff further alleges on information and belief that the acts of each of the Defendants were fully ratified by each and all of the Defendants. Specifically, and without limitation, Plaintiff alleges on information and belief that the actions, failures to act, breaches, conspiracy, and misrepresentations alleged herein and attributed to one or more of the specific Defendants were approved, ratified, and done with the cooperation and knowledge of each and all of the Defendants.

FIRST CAUSE OF ACTION

(Breach of Contract – Against TPT and DOES 1-20)

6. Plaintiff realleges and incorporates by reference Paragraphs 1 through 5 as though fully set forth herein.

7. Plaintiff is a distributor of Access Bio Antigen Tests.

8. On information belief, Defendants TPT and DOES 1-20 are engaged in the business of administering Access Bio Antigen Tests.

9. On January 27, 2021, Defendants sent Plaintiff a Purchase Order (PO #TPT1068), a copy of which is attached hereto as **Exhibit A** and incorporated by reference. **Exhibit A** provides that Defendants agreed to purchase 640 Access Bio Antigen tests (the "Tests") from Plaintiff, and obligated Defendants to pay Plaintiff the sum of $16,000 on delivery.

10. On January 27, 2021, in consideration for Defendants' promise to pay the purchase price of $16,000, Plaintiff shipped Defendants 640 Tests and prepared and sent Defendants Invoice #768522 which confirmed the terms of the parties' agreement (the "Agreement"). A copy of Invoice #768522 is attached hereto as **Exhibit B** and incorporated by reference.

11. Plaintiff fully performed its part of the Agreement, in that, on January 29, 2021, Plaintiff delivered the goods to Defendants at the Ketamine Health Clinic ("KHC") in the time, manner and place requested by Defendants' Purchase Order (**Exhibit A**). Plaintiff's FedEx shipping invoice confirms that delivery of the goods to Defendants at KHC was completed.

12. Defendants, in violation of their promises and obligations under the Agreement, breached said Agreement by failing and refusing to make the promised payment due for the Tests in the amount of $16,000.

13. Plaintiff demanded payment from Defendants for the Tests on multiple occasions.

14. On Friday, May 21, 2021, TPT acknowledged the legitimacy of the outstanding $16,000 debt to Plaintiff by making a partial payment of $900 to Plaintiff towards the outstanding balance.

15. As a direct and proximate result of Defendants' breach of contract, Plaintiff has suffered damages in the sum of $15,100.

SECOND CAUSE OF ACTION

(Goods and Services Rendered/Quantum Meruit – Against TPT and DOES 1-20)

16. Plaintiff realleges and incorporates by reference Paragraphs 1 through 15 as though fully set forth herein.

17. As set out above, Plaintiff delivered 640 Tests to Defendants. Plaintiff and Defendants understood that Plaintiff would be compensated by Defendants for delivering the requested Tests. Defendants knew that the Tests were being delivered by Plaintiff and never told Plaintiff to stop delivery. Defendants accepted, utilized and profited from the Tests delivered by Plaintiff.

18. The fair and reasonable value of the Tests at the time they were purchased is at least $16,000.

19. Defendants acknowledged the legitimacy of the outstanding debt at issue by making a partial payment of $900 on May 21, 2021, as set out above.

20. Defendants have failed and refused, and still refuse, to pay Plaintiff the remaining balance owed for the Tests. As a result of Defendants' failure to pay, Defendants are now indebted to Plaintiff in the sum of at least $15,100, representing the remaining fair and reasonable value of the Tests.

THIRD CAUSE OF ACTION
(Conversion – Against TPT and DOES 1-20)

21. Plaintiff realleges and incorporates by reference Paragraphs 1 through 20 as though fully set forth herein.

22. Plaintiff owned and had a right to possess the Tests.

23. Defendants substantially interfered with Plaintiff's property by knowingly or intentionally taking possession of the Tests on January 29, 2021 and refusing to pay for the Tests.

24. Plaintiff did not consent to Defendants taking possession of the Tests absent payment.

25. Plaintiff was harmed monetarily, and Defendants' conduct in failing to pay was a substantial factor in causing Plaintiff's harm.

FOURTH CAUSE OF ACTION
(Restitution/Unjust Enrichment – Against TPT and DOES 1-20)

26. Plaintiff realleges and incorporates by reference Paragraphs 1 through 25 as though fully set forth herein.

27. On January 29, 2021, Defendants were unjustly enriched by receiving and misappropriating the Tests, which Defendants have refused to fully pay for.

28. The value of the Tests misappropriated by Defendants was $16,000.

29. Defendants partial payment of $900 on May 21, 2021 reduced Defendants outstanding balance to $15,100, plus interest.

30. Defendants thereby conferred a benefit that would be unjust and inequitable for

Defendants to retain.

31. Plaintiff is entitled to restitution from each Defendant for all costs of the benefit conferred.

WHEREFORE, Plaintiff prays judgment against Defendants as follows:

1. For damages in the sum of $15,100;

2. For interest on the sum of $16,000 from January 28, 2021 to May 21, 2021;

3. For interest on the sum of $15,100 from and after May 21, 2021;

4. For costs of suit herein incurred; and

5. For such other further relief as the court may deem proper.

DATED: July 6, 2021

Michael R. Lanaw, Esq.
R. Jason Honey, Esq.
Attorneys for Plaintiff
Medea Inc.

Exhibit A



TPT MEDTECH

501 W Broadway Suite 800
San Diego, CA 92101 US

PO

Date	PO #
1/27/2021	TPT1068

PO to:

Madea Medical

Attn. Robert Laird

SHIP TO

Ketamine Health Clinic
1430 South Dixie Highway,
Suite 320,
Coral Gables FL 33146
Attn: Mike Tomas

Quantity	Item Number	Description	Unit Price	Amount
640	TPTANTAB	Access Bio Antigen Tests	$25.00	$16,000.00
		Subtotal		$ 16,000.00
		Total Amount Due		**$ 16,000.00**

Exhibit B

Invoice

Medea Inc

5653 Stoneridge Drive
Suite 119
Pleasanton, CA 94588

Date	Invoice #
1/27/2021	768522

Bill To	Ship To
TPT Med Tech 501 W Broadway, Suite 800 San Diego, CA 92101	Ketamine Health Clinic 1430 South Dixie Highway Suite 320 Coral Gables, FL 33146 Attn: Mike Tomas

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
TPT1068	Due on receipt		1/27/2021	Freight		

Quantity	Item Code	Description	Price Each	Amount
640	Antigen Boxes/9100	Access Bio Antigen Tests Item Number TPTANTAB	25.00	16,000.00

Thank you for your business.

Total $16,000.00

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 255647 NAME: Michael Laidlaw FIRM NAME: Medea Inc. STREET ADDRESS: 351 Saint Mary St. CITY: Pleasanton STATE: CA ZIP CODE: 94566 TELEPHONE NO.: 925-425-9282 FAX NO.: 866-336-8969 E-MAIL ADDRESS: michael@medeamp.com ATTORNEY FOR (Name): Medea Inc.	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1225 Fallon St. MAILING ADDRESS: CITY AND ZIP CODE: Oakland, 94612 BRANCH NAME:	
Plaintiff/Petitioner: Medea Inc. Defendant/Respondent: TPT MedTech, LLC et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: RG21103940

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:
   a. (1) [X] With prejudice (2) [ ] Without prejudice
   b. (1) [X] Complaint (2) [ ] Petition
   (3) [ ] Cross-complaint filed by *(name)*: on *(date)*:
   (4) [ ] Cross-complaint filed by *(name)*: on *(date)*:
   (5) [X] Entire action of all parties and all causes of action
   (6) [X] Other *(specify)*:* Per Settlement. Each party to bear their own fees and costs.
2. *(Complete in all cases except family law cases.)*
   The court [ ] did [x] did not waive court fees and costs for a party in this case. *(This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed.)*

Date: 12/6/2021
Michael Laidlaw
(TYPE OR PRINT NAME OF [X] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

▶ _____
(SIGNATURE)

*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

Attorney or party without attorney for:
[X] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross Complainant

3. **TO THE CLERK:** Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF [ ] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

▶ _____
(SIGNATURE)

** If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

Attorney or party without attorney for:
[ ] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross Complainant

(To be completed by clerk)

4. [X] Dismissal entered as requested on *(date)*: DEC 09 2021
5. [ ] Dismissal entered on *(date)*: as to only *(name)*:
6. [ ] Dismissal **not entered** as requested for the following reasons *(specify)*:

7. a. [ ] Attorney or party without attorney notified on *(date)*:
   b. [ ] Attorney or party without attorney not notified. Filing party failed to provide
   [ ] a copy to be conformed [ ] means to return conformed copy

Date: DEC 09 2021 Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
CIV-110 [Rev. Jan. 1, 2013]

REQUEST FOR DISMISSAL

Code of Civil Procedure, § 581 et seq.; Gov. Code, § 68637(c); Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

CIV-110

Plaintiff/Petitioner: Medea Inc. Defendant/Respondent: TPT MedTech, LLC et al.	CASE NUMBER: RG21103940

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover $10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name)*:

2. The person named in item 1 is *(check one below)*:
   a. ☐ not recovering anything of value by this action.
   b. ☐ recovering less than $10,000 in value by this action.
   c. ☐ recovering $10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. ☐ All court fees and court costs that were waived in this action have been paid to the court *(check one)*: Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

(SIGNATURE)

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 255647	FOR COURT USE ONLY
NAME: Michael Laidlaw FIRM NAME: Medea Inc. STREET ADDRESS: 351 Saint Mary St. CITY: Pleasanton STATE: CA ZIP CODE: 94566 TELEPHONE NO.: 925-425-9282 FAX NO.: 866-336-8969 E-MAIL ADDRESS: michael@medeamp.com ATTORNEY FOR (Name): Medea Inc.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1225 Fallon St. MAILING ADDRESS: CITY AND ZIP CODE: Oakland, 94612 BRANCH NAME:	
Plaintiff/Petitioner: Medea Inc. Defendant/Respondent: TPT MedTech, LLC et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: RG21103940

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This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:
   a. (1) [X] With prejudice (2) [ ] Without prejudice
   b. (1) [X] Complaint (2) [ ] Petition
   (3) [ ] Cross-complaint filed by *(name)*: on *(date)*:
   (4) [ ] Cross-complaint filed by *(name)*: on *(date)*:
   (5) [X] Entire action of all parties and all causes of action
   (6) [X] Other *(specify)*:* Per Settlement. Each party to bear their own fees and costs.
2. *(Complete in all cases except family law cases.)*
   The court [ ] did [x] did not waive court fees and costs for a party in this case. *(This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed.)*

Date: 12/6/2021
Michael Laidlaw
(TYPE OR PRINT NAME OF [X] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

▶ _____
(SIGNATURE)

Attorney or party without attorney for:
[X] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross Complainant

*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

3. **TO THE CLERK:** Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF [ ] ATTORNEY [ ] PARTY WITHOUT ATTORNEY)

▶ _____
(SIGNATURE)

Attorney or party without attorney for:
[ ] Plaintiff/Petitioner [ ] Defendant/Respondent
[ ] Cross Complainant

** If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

(To be completed by clerk)

4. [X] Dismissal entered as requested on *(date)*: DEC 09 2021
5. [ ] Dismissal entered on *(date)*: as to only *(name)*:
6. [ ] Dismissal **not entered** as requested for the following reasons *(specify)*:

7. a. [ ] Attorney or party without attorney notified on *(date)*:
   b. [ ] Attorney or party without attorney not notified. Filing party failed to provide
   [ ] a copy to be conformed [ ] means to return conformed copy

Date: DEC 09 2021 Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
CIV-110 [Rev. Jan. 1, 2013]

REQUEST FOR DISMISSAL

Code of Civil Procedure, § 581 et seq.; Gov. Code, § 68637(c); Cal. Rules of Court, rule 3.1390
www.courts.ca.gov

CIV-110

Plaintiff/Petitioner: Medea Inc. Defendant/Respondent: TPT MedTech, LLC et al.	CASE NUMBER: RG21103940

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover $10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name)*:

2. The person named in item 1 is *(check one below)*:
   a. ☐ not recovering anything of value by this action.
   b. ☐ recovering less than $10,000 in value by this action.
   c. ☐ recovering $10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. ☐ All court fees and court costs that were waived in this action heve been paid to the court *(check one)*: Yes No

I declare under penalty of perjury under the laws of the State of Callfornia that the information above is true and correct.

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

(SIGNATURE)

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Med Stop Pharmaceuticals Inc.

Physical Address: 7322 Southwest Fwy, Suite #1950

City: Houston State: TX Zip: 77074

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 281-547-7662 Website: www.medstoppharma.com

Name of Designated Representative (DR): Tudi Stojic

Licensing Company Email: compliance.medstoppharma@gmail.com DR Email: compliance.medstoppharma@gmail.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	■ Others: Over-the-Counter Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Full-Service

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

01/17/2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Genesis Pharmacy
Address: 6558 Fresh Meadow Lane City: Fresh Meadow State: NY Zip: 11365
Name: Pharhouse Wholesale
Address: 13857 Hwy 87 Ste 106 City: LaVernia State: TX Zip: 78121
Name: Physician Supply
Address: 5041 Spencer Hwy #904 City: Pasadena State: TX Zip: 77505
Name: Wasatch
Address: 9132 S 700E City: Sandy State: UT Zip: 84070

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas
Parent Company (if any): N/A
Corporation/Organization Name: Med Stop Pharmaceuticals Inc.
Mailing Address: 7322 Southwest Fwy, Suite #1950
City: Houston State: TX Zip: 77074
Telephone: 281-547-7662 Email: info@medstopharma.com
Contact Person Name: Tudi Stojic

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✔
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Med Stop Pharmaceuticals Inc.
Facility Name

Tudi Stojic
Print Name of Authorized Person Submitting Application

Tudi Stojic
Original signature of Authorized Person (copies or stamps not accepted)

01/24/2023
Date

Board Use Only	Date Received: 2-6-23	Amount: 1000.00 CK - 1035 V 2/10/23

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

MED STOP PHARMACEUTICALS INC

7322 SOUTHWEST FWY STE 1950
HOUSTON, TX 77074

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS

License # 1003411
Expires: February 27, 2024

NON-TRANSFERABLE

Commissioner

515484

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Med Stop Pharmaceuticals Inc. (file number 804372546), a Domestic For-Profit Corporation, was filed in this office on January 04, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 17, 2023.

Jane Nelson
Secretary of State

MED STOP PHARMACEUTCIALS INC. OFFICER LIST

Tudi Stojic, President

Home Address: [redacted] Parkwater Circle Katy, TX 77450

Business Address: 7322 Southwest Fwy, Ste#1950 Houston, TX

Home Phone: [redacted]

Business Phone: 945-422-3376

Social Security Number: [redacted]

Date of Birth: [redacted]

Form 201

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: $300

Certificate of Formation
For-Profit Corporation

Filed in the Office of the Secretary of State of Texas
Filing #: 804372546 01/04/2022
Document #: 1107987440002
Image Generated Electronically for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a for-profit corporation. The name of the entity is:

Med Stop Pharmaceuticals Inc.

The name must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these terms. The name must not be the same as, deceptively similar to or similar to that of an existing corporate, limited liability company, or limited partnership name on file with the secretary of state. A preliminary check for "name availability" is recommended.

Article 2 – Registered Agent and Registered Office

☑ A. The initial registered agent is an organization (cannot be corporation named above) by the name of:

Registered Agents Inc.

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

C. The business address of the registered agent and the registered office address is:

Street Address:
5900 Balcones Drive Suite 100 Austin TX 78731

Consent of Registered Agent

☐ A. A copy of the consent of registered agent is attached.

OR

☑ B. The consent of the registered agent is maintained by the entity.

Article 3 - Directors

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are set forth below:

Director 1: **Tudi Stojic**

Address: **6320 NW 71st Terrace Parkland FL, USA 33067**

Article 4 - Authorized Shares

The total number of shares the corporation is authorized to issue and the par value of each of such shares, or a statement that such shares are without par value, is set forth below.

Number of Shares	Par Value (must choose and complete either A or B)	Class	Series
100	☑ A. has a par value of **$0.01** ☐ B. without par value.	**Common**	

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, and the par value (or statement of no par value), of each class. If shares of a class are to be issued in series, you must provide the designation of each series. The preferences, limitations, and relative rights of each class or series must be stated in space provided for supplemental information.

Article 5 - Purpose

The purpose for which the corporation is organized is for the transaction of any and all lawful business for which corporations may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Effectiveness of Filing

☑ A. This document becomes effective when the document is filed by the secretary of state.

OR

☐ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Initial Mailing Address

Address to be used by the Comptroller of Public Accounts for purposes of sending tax information.

The initial mailing address of the filing entity is:

1707 Cormorant Cres
Missouri City, TX 77489
USA

Organizer

The name and address of the organizer is set forth below.

Amanda J. Beren **31416 Agoura Rd., Suite 118, Westlake Village, CA 91361**

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Amanda J. Beren

Signature of organizer

FILING OFFICE COPY

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

January 07, 2022

Attn: CorpNet.com

CorpNet.com
31416 Agoura Rd. Ste. 118
Westlake Village, CA 91361 USA

RE: Med Stop Pharmaceuticals Inc.
File Number: 804372546

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic for-profit corporation.

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at https://window.state.tx.us/taxinfo/franchise/index.html.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Organizational Chart

MED STOP PHARMACEUTICALS INC
7322 SOUTHWEST FWY. STE 1950
HOUSTON. TX 77074 USA

EIN# 87-4341301

Name	DOB	Title	Address	% ownership
Tudi Stojic	[redacted]	President	[redacted] Parkwater Circle Katy, Tx 77450	100 %

2703

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Consumer Protection Division
PO Box 149347, Austin, TX 78714
(512) 834-6660

Name	MED STOP PHARMACEUTICALS INC MED STOP PHARMACEUTICALS INC	License Type	Prescription Drugs
Address	7322 SOUTHWEST FWY STE 1950 HOUSTON TX 77074		
Inspection Type	Pre-Licensure	Inspection Number	246114
Inspector	WILSON, TEDRICK D	Inspection Date	04/29/2022

NOTICE OF INSPECTIONAL OBSERVATIONS

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of your business on the date listed above. The information that has been gathered is subject to further department review and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector:

WILSON, TEDRICK D

Date: 04/29/2022

Firm Representative:

Scott Nguyen

Date: 04/29/2022

Med StopPharmaceutical Inc.
7322 Southwest Fwy Ste 1950
Houston, Tx 77074

Employee:
Tudi Stojic
Scott Nguyen

Independent Contractor
Lily Dao Nguyen
Linda Sanchez
Pam Nguyen

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Med Stop Pharmaceuticals Inc

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 7322 Southwest Fwy, Suite #1950

City: Houston State: TX Zip: 77074

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 281-547-7662 Website: www.medstoppharma.com

Licensing Company Email: compliance.medstoppharma@gmail.com

Section 2: Personal Information

First: Tudi Middle: Thi Last: Stojic

Alias(es, nicknames, name changes, etc.): Tudi Nguyen , Tudi Piechura

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Parkwater Circle

City: Katy State: TX Zip: 77450

Telephone: [redacted] Email: compliance.medstoppharma@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South Broward High School		08/1990 - 05/1994	
Address	**City**	**State**	**Zip**
1901 N Federal Hwy	Hollywood	FL	33020
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Sheridan Vocational School		08/1994	05/1994
Address	**City**	**State**	**Zip**
5400 Sheridan St.	Hollywood	FL	33021
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06-22 present	[redacted] Parkwater Circle	Katy	TX	77450
12/2013 - 06/2022	[redacted] NW 71st Terrace	Parkland	FL	33067
11/2006 - 06/2008	[redacted] Mariana Court	Boca Raton	FL	33433
10/2004 - 05/2006	[redacted] Castello Court	Delray Beach	FL	33484
10/2012 - 05/2014	[redacted] SW 6 Court	Pompano Beach	FL	33060
09/2011 - 04/2012	[redacted] Wilton Park Dr.	Wilton Manors	FL	33305
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Med Stop Pharmaceuticals Inc			01/22-Present	
Business Address	**City**		**State**	**Zip**
7322 Southwest Fwy. Suite #1950	Houston		TX	77074
Phone	**Title**		**Number of Employed Hours**	
281-547-7662	President/Owner		40hrs / wk	

Description of Duties

Overseeing daily activities such as sales, accounts, orders, and invoices, ordering pharmacy supplies and controlling the inventory on a daily basis, serving customers by selling pharmaceutical products and meeting customer needs, managing sales and procurement by developing a business plan that covers sales, revenue, and expense controls, gaining a deep understanding of customer experience, identifing and filling product gaps and generating new ideas that grow market share, improve customer experience and drive growth, focusing sales efforts by studying existing and potential volume of dealers, training employees and sales team to ensure competency, and hiring talented employees that can serve company with great passion and care.

Business Name			From - To (MM/YY – MM/YY)	
TDS Med Inc			07/12-08/21	
Business Address	**City**		**State**	**Zip**
1000 E Hillsboro Blvd. Suite 200	Deerfield Beach		FL	33441
Phone	**Title**		**Number of Employed Hours**	
954-422-3376	Vice President		40hrs / wk	

Description of Duties

Overseeing and supervising employees and all activities of the purchasing department preparing plans for the purchase of equipment, services, and supplies, following and enforcing the company's procurement policies and procedures, reviewing, comparing, analyzing, and approving products and services to be purchased, and managing inventories and maintaining accurate purchase and pricing records.

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/17/2023
Date

I, Tudi Stojic, **certify that as the designated representative for**

Med Stop Pharmaceuticals Inc,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TS I am at least 21 years of age;
3. TS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tudi Stojic

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/17/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tudi Stojic

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/17/2023

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of HARRIS

I, Tudi Stojic, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/17/2023

Date

Subscribed and Sworn to before me this 17th day of JANUARY 2023

Notary Public Signature

J BHAKTA NOTARY PUBLIC STATE OF TEXAS ID 130368591 EXP. 11-22-2025

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Med Stop Pharmaceuticals Inc

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 7322 Southwest Fwy, Suite #1950

City: Houston State: TX Zip: 77074

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 281-547-7662 Website: www.medstoppharma.com

Licensing Company Email: compliance.medstoppharma@gmail.com

Section 2: Personal Information

First: Tudi Middle: Thi Last: Stojic

Alias(es, nicknames, name changes, etc.): Tudi Nguyen , Tudi Piechura

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Parkwater Circle

City: Katy State: TX Zip: 77450

Telephone: [redacted] Email: compliance.medstoppharma@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
South Broward High School		08/1990 - 05/1994	
Address	**City**	**State**	**Zip**
1901 N Federal Hwy	Hollywood	FL	33020
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Sheridan Vocational School		08/1994 / 05/1994	
Address	**City**	**State**	**Zip**
5400 Sheridan St. ~~Hollywood~~ D	Hollywood	FL	33021
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2022 present	[redacted] Parkwater Circle	Katy	TX	77450
12/2018 - 06/2022	[redacted] NW 71st Terrace	Parkland	FL	77067
11/2016 - 06/2018	[redacted] Mariana Court	Boca Raton	FL	33433
10/2014 - 05/2016	[redacted] Castello Court	Delray Beach	FL	33484
10/2012 - 05/2014	[redacted] SW 6 court	Pompano Beach	FL	33060
04/2011 - 04/2012	[redacted] Wilton Park Dr.	Wilton Manors	FL	33305
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Med Stop Pharmaceuticals Inc			01/22-Present
Business Address	**City**	**State**	**Zip**
7322 Southwest Fwy. Suite #1950	Houston	TX	77074
Phone	**Title**		
281-547-7662	President/Owner		

Description of Duties

Overseeing daily activities such as sales, accounts, orders, and invoices, ordering pharmacy supplies and controlling the inventory on a daily basis, serving customers by selling pharmaceutical products and meeting customer needs, managing sales and procurement by developing a business plan that covers sales, revenue, and expense controls, gaining a deep understanding of customer experience, identifing and filling product gaps and generating new ideas that grow market share, improve customer experience and drive growth, focusing sales efforts by studying existing and potential volume of dealers, training employees and sales team to ensure competency, and hiring talented employees that can serve company with great passion and care.

Business Name			From - To (MM/YY – MM/YY)
TDS Med Inc			07/12-08/21
Business Address	**City**	**State**	**Zip**
1000 E Hillsboro Blvd. Suite 200	Deerfield Beach	FL	33441
Phone	**Title**		
954-422-3376	Vice President		

Description of Duties

Overseeing and supervising employees and all activities of the purchasing department preparing plans for the purchase of equipment, services, and supplies, following and enforcing the company's procurement policies and procedures, reviewing, comparing, analyzing, and approving products and services to be purchased, and managing inventories and maintaining accurate purchase and pricing records.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/17/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tudi Stojic

Print Name (First, Last)

Tudi Stojic

Original Signature (electronic, copies or stamps not accepted)

01/17/2023

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of HARRIS

I, Tudi Stojic, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tudi Stojic

Original Signature

01/17/2023

Date

Subscribed and Sworn to before me this 17th day of JANUARY, 2023

Notary Public Signature

J BHAKTA
NOTARY PUBLIC
STATE OF TEXAS
ID 13036859-1
EXP. 11-22-2026

(Seal)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100712553

Application/License No. _____

MED STOP PHARMACEUTICALS INC., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
7322 SOUTHWEST FWY STE 1950 HOUSTON, TX 77074 as
Address of Applicant/Principal
PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY a
Surety Company
corporation organized under the laws of the state of California
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 1/4/2023
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639 515 and said bond shall be subject to all of the terms and provisions thereof

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639 515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of January, 2023.

APPLICANT/PRINCIPAL

MED STOP PHARMACEUTICALS INC.

Authorized Representative

SIGNED and SEALED in the presence of

Witness

Witness

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

JOSHUA R. KAYSER, Attorney-in-fact
print name

SIGNED and SEALED in the presence of

Witness

Witness

Countersigned by

N/A Retaliatory
Nevada Resident Agent

Updated February 24, 2020

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS
That American Contractors Indemnity Company of the State of California a California corporation (hereinafter

JOSHUA R. KAYSER

its true and lawful Attorney-in-Fact with full authority to execute on its behalf bond number [redacted]
issued in the course of its business and to bind the Company thereby in an amount not to exceed
One hundred thousand and 00/100 $100,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolution adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September 2011

Be it Resolved that the President any Vice President any Assistant Vice-President any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company to execute acknowledge and deliver any and all bonds recognizances contracts agreements or indemnity and other conditional or obligatory undertakings including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts and any and all notices and documents canceling or terminating the Company's liability thereunder and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary

Be it Resolved that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached

The Attorney-in-Fact named above may be an agent or a broker of the Company The granting of this Power of Attorney is solely for this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company

IN WITNESS WHEREOF American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 18th day of April 2022

State of California
County of Los Angeles

AMERICAN CONTRACTORS INDEMNITY COMPANY

By _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

On this 18th day of April 2022 before me Sonia O Carrejo a notary public personally appeared Adam S. Pessin President of American Contractors Indemnity Company who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity and that by his signature on the instrument the person or the entity upon behalf of which the person acted executed the instrument

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct

WITNESS my hand and official seal

Signature _____ (seal)

I Kio Lo Assistant Secretary of American Contractors Indemnity Company do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect

IN WITNESS WHEREOF I have hereunto set my hand this 11th day of January 2023

Bond No 100712553

Agency No 13266

visit tmhcc.com/surety for surety information

SuretyBonds.com

January 11, 2023

Tudi Stojic
19818 PARKWATER CIR
KATY, TX 77450

RE: $100,000.00 NV Pharmaceutical Wholesaler Bond

Tudi

I appreciate your trust in myself and SuretyBonds.com for all of your bonding needs!

Bond Number	Expiration Date	Renew?
100712553	1-4-24	YES

The surety bond referenced above is signed, sealed, and enclosed with this letter.

Your Bond Instructions

- Review entire document to ensure all fields are filled out fully and accurately.
- Principal(s) must sign and date where indicated.
- Principal signature(s) must be witnessed by third party individual(s) where indicated.
- Properly signed and sealed document must be physically filed with obligee requiring the bond.

Our Commitment to You

SuretyBonds.com works with more than 25 of the nation's largest surety companies to ensure you receive the best pricing available for your bond. I will begin quoting the renewal for this account 90 days before your bond's expiration date.

To ensure fast and accurate service, please notify us of any changes in

- ownership
- mailing/business address
- email address
- phone number

With this information I can notify you of any changes in your bonding requirements and ensure you receive any future renewal notices without delay.

As always, feel free to call me at 1 (800) 308-4358 *any* time you have a question or need help with your current or future bonding needs.

Sincerely,

Blake Oliver
Surety Bond Account Manager

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 · Reno, NV 89521 · (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH Pending	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Nippon Express U.S.A., Inc.

Physical Address: 1901 W. Pacific Coast Highway

City: Long Beach State: CA Zip: 90810

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 562-850-9700 Website: https://nipponexpressusa.com/

Name of Designated Representative (DR): Kenneth D. Hughes

Licensing Company Email: kenny.hughes@nipponexpress.com DR Email: kenny.hughes@nipponexpress.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☑ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☑ Others: Manufacturers		☑ Others: Third Party Logistics Provider

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Canon Inc.
Address: 9-1, Imaikamicho, Nakahara-Ku City: Kawasaki, Kanagawa State: Country: Japan Zip: 211-8501
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York
Parent Company (if any): Nippon Express Holdings, Inc.
Corporation/Organization Name: Nippon Express U.S.A., Inc.
Mailing Address: 1901 W. Pacific Coast Highway
City: Long Beach State: CA Zip: 90810
Telephone: 562-850-9700 Email: kenny.hughes@nipponexpress.com
Contact Person Name: Kenneth D. Hughes

N/A

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
N/A 1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment A 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment F		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment B	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment B		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. See Attachment C	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment D		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - See Attachment B		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment B	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment E ✓	✓	✓	✓	✓
N/A - See Attachment A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.**				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Dale Hughes
Print Name of Authorized Person Submitting Application

Kenneth D Hughes
Original signature of Authorized Person (copies or stamps not accepted)

4/1/2022
Date

Board Use Only	Date Received: _____	Amount: 500 check # 6001/3391

Attachment B

Personnel Information

Nippon Express U.S.A., Inc.

Nippon Express U.S.A., Inc. is wholly-owned by its parent company, Nippon Express Holdings, Inc. No individuals hold any ownership interest in the company.

Corporate Officers:

Toshiya Abe

President and Chief Executive Officer

Jun Matsumoto

Treasurer, Vice President and G.M. (FAD)

Yukihiro Murata

Vice President West Region

Roland Rock

Vice President (Midwest Region & CBO)

Bradley Hanna

Vice President, Secretary and General Counsel

Directors:

Toshiya Abe

Bradley Hanna

Designated Representative:

Kenneth D. Hughes

Medical Business Manager, Designated Representative

Attachment C

New York Certificate of Good Standing / Under Seal

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Third-Party Logistics Provider

LICENSE NO. TPL 1342

ISSUE DATE SEPTEMBER 06, 2022

NIPPON EXPRESS U.S.A., INC.
1901 W PACIFIC COAST HIGHWAY
LONG BEACH CA 90810

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 01, 2023

RECEIPT NUMBER 00717261

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4160 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer(s), shareholder (more than 10 percent share change), responsible manager. If you are planning to change location or responsible manager, the approval must be in advance of the change.

19/06/22
19/06/22

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	NIPPON EXPRESS U.S.A., INC.
DOS ID Number:	149604
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/31/1962
Effective Date:	09/29/2022
Statement Status:	CURRENT
Statement Due Date:	07/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 19, 2022 at 08:22 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002361594 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
New York NY Office
One Liberty Plaza
165 Broadway, Suite 3201
New York NY 10006 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** 800-363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Sompo America Insurance Company	11126
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Nippon Express USA, Inc.
800 North IL Route 83
Wood Dale IL 60191 USA

COVERAGES **CERTIFICATE NUMBER:** 570098963612 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			AGL30029550400	01/01/2023	01/01/2024	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY			AAL30029537500	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	Warehouse Legal Liability			HPR57000A0	01/01/2023	01/01/2024	Limit	$1,000,000
							Deductible	$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Evidence of Insurance;

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno NV 89521 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast, Inc.

Holder Identifier :

Certificate No : 570098963612

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The ACORD name and logo are registered marks of ACORD

NIPPON EXPRESS NXアメリカ株式会社

Personnel/Employee List:

Medical Business Team

Kenneth Hughes

Andrea Rodriguez

Vanessa Soto

Nayeli Urbina

Ulberto Martinez

Alejandro Castro

Marcos Castro

Fatima Castro

Tatsuya Yokoyama

Toshiyuki Fujimoto

Hiroshi Nakajima

Kyosuke Kataoka

Bryan Balasabas

Attachment D

Designated Representative Form

KENNETH D HUGHES

[redacted]

OBJECTIVE

To provide support to MDL as we grow, providing exceptional leadership to staff and customers by utilizing my experience and in warehousing, distribution, and team building. I am a motivated people leader, inspired to build strong, successful teams through positive experiences, training, mentoring, and accountability.



Kenny.hughes@nipponexpress.com



812-371-0466

EXPERIENCE

Medical Device Manager | Designated Representative December 2021- Present

- Acquire DR licensing for site located in California
- Implement cGMP practices to fulfill FDA and California Board of Pharmacy requirements
- Process applications to acquire ship-to state licenses
- Create training material and training plans specific to medical devices
- Implement QMS theory and methodology
- Create documented processes, Standard Operating Procedures
- Implement efficient processes that transition current retail goods to medications and devices
- Track production and time study effectiveness
- Improve Quality and Compliance execution

Pharma Operations Supervisor | MD Logistics | November 2020 – December 2021

- Coordinating and scheduling of incoming deliveries
- Maintain 100% customer KPI

VOLUNTEER EXPERIENCE OR LEADERSHIP

Boys and Girls Club of America
Volunteer- 1998-2005

Youth Athletics Coach and Athletics Camp Officer

First Christian Church Basketball Camp Counselor- 1996-1999

- Track and communicate product volume, damages, and departmental statistics for each employee.
- Maintain QCBD action items
- Onboard, train, and mentor new employees
- Test and train employees on powered equipment

Pharma Operations Manager | MD Logistics | August 2014 – November 2020

- Managed a staff of 90 employees
- Oversight of Domestic and International Shipping, all Receiving functions, inventory Control, and the handling and disposal of Hazardous and Non-Haz material
- Monitor and ensure compliance of company policies and procedures
- Apply regulatory requirements to daily operational tasks
- Create, amend, and approve company procedures and deviations
- Ensure customer KPIs are being met or exceeded
- Implement new ideas and process improvements.
- Conflict resolution

Pharma Operations Supervisor | MD Logistics | October 2009-August 2014

- Key role in implementing operational functions at our Reno facility
- Onboard and train new employees
- Oversight of Shipping and Receiving duties
- New customer implementations including CSL Behring and Novo Nordisk.

EDUCATION

Indiana University Purdue University of Columbus | Degree not obtained

1999-2001

Primary focus in Elementary Education

Columbus East High School | Core 40 Diploma August 1999

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Nippon Express U.S.A., Inc.

Physical Address 1901 W. Pacific Coast Highway

City Long Beach State CA Zip 90810

Mailing Address (if different from physical address) Same as physical address.

City _____ State _____ Zip _____

Telephone 562-850-9700 Website https://nipponexpressusa.com/

Licensing Company Email kenny.hughes@nipponexpress.com

Section 2: Personal Information

First Kenneth Middle Dale Last Hughes

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 1901 W. Pacific Coast Highway

City Long Beach State CA Zip 90810

Telephone [redacted] Email kenny.hughes@nipponexpress.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

N/A

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials KH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana University Purdue University of Columbus			
Address	**City**	**State**	**Zip**
4601 Central Ave.	Columbus	IN	47203
Diploma/Degree obtained, if any			
Degree not obtained - DNF			
School Name		**From - To (MM/YY – MM/YY)**	
Columbus East High School			
Address	**City**	**State**	**Zip**
230 S Marr Road	Columbus	IN	47201
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - present	[redacted] Opal St.	Redono Beach	CA	90277
09/17 - 12/21	[redacted] Coppock Dr.	Indianapolis	IN	46221
09/12 - 09/17	Pinewood Dr.	Plainfield	IN	46168

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.S93S) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Nippon Express U.S.A., Inc.			01/22 - present	
Business Address		**City**	**State**	**Zip**
1901 W. Pacific Coast Highway		Long Beach	CA	90810
Phone	**Title**		**Number of Employed Hours**	
562-850-9700	Medical Business Manager, Designated Representative		2,000	

Description of Duties

Manage and oversee medical device customer implementation, including written procedures specific to medical device processes, conduct training on such procedures, and provide direction on day to day fulfillment processes.

Business Name			From - To (MM/YY – MM/YY)	
MD Logistics LLC			11/21 - 01/22	
Business Address		**City**	**State**	**Zip**
2370 Perry Road		Plainfield	IN	46168
Phone	**Title**		**Number of Employed Hours**	
317-839-8900			13,000	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
MD Logistics LLC			10/13 - 11/21	
Business Address		**City**	**State**	**Zip**
1301 Perry Road		Plainfield	IN	46168
Phone	**Title**		**Number of Employed Hours**	
317-839-8900			100,000	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

N/A

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) See enclosed statement	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
3/30/2010	5/21/2010	IN	Indianapolis	Bartholomew

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
03C01-1004-CM-00722 & 03D02-1003-CM-360	Bartholomew Circuit Court

Reason/Charge
DUI Class A Misdemeanor

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State V. Kenneth D. Hughes	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

In March 2010, I was arrested and charged with operating a motor vehicle while intoxicated and endangering a person in the county of Bartholomew in the State of Indiana.

The case was held in the Bartholomew Circuit court located in Indianapolis, IN. I plead guilty to the charges and was convicted. This was a Class A Misdemeanor offense. The sentence involved restrictions to my driver's license lasting a period of 30 days and 1 year of probation.

This was my first and only offense. Enclosed please find the court documents.

Kenneth D Hughes

Original Signature (electronic, copies or stamps not accepted)

2/28/2022

Date

Applicant's initials KH

I, Kenneth Dale Hughes, **certify that as the designated representative for** Nippon Express U.S.A., Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kenneth Hughes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/28/2022

Date

Applicant's initials KH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Hughes

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/28/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, KENNETH D HUGHES, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/28/2022

Date

Subscribed and Sworn to before me this 28th day of February 2022.

Notary Public Signature

TRINA PETTUS
Notary Public - California
Los Angeles County
Commission # 2366002
My Comm. Expires Jul 16, 2025

(Seal)

Applicant's initials KH

Fri May 28 2010 10:42:59 Page 1

CHRONOLOGICAL CASE SUMMARY
CRIMINAL, BARTHOLOMEW CIRCUIT COURT

FOR CAUSE NO: 03C01-1004-CM-00722
STATE V KENNETH D HUGHES
THE HONORABLE STEPHEN R HEIMANN

ACTION:

DATE FILED: 4/2/2010
ORIG FILE DATE: 3/30/2010

CT I: OPERATING A VEHICLE WHILE INTOXICATED ENDANGERING A PERSON
9-30-5-2(b) Class A Misdemeanor
CT II: OMVUI WITH A BAC OF .15% OR MORE
9-30-5-1(b) Class A Misdemeanor

ENTRY/FEE BOOK: **PAGE:** OMVUI ENDANGE PERSON
BOOK: 0 **PAGE:** 0
BOOK: 0 **PAGE:** 0

ATTORNEYS		PARTIES
		PLAINTIFF
21196 53P	WILLIAM NASH BARTHOLOMEW COUNTY PROSECUTOR 234 WASHINGTON ST COLUMBUS IN 47201	STATE OF INDIANA
		DEFENDANT
22259 03	SCOTT C ANDREWS CORIDEN LAW OFFICE 415 WASHINGTON STREET COLUMBUS IN 47201 812-375-9800	KENNETH D HUGHES 2499 SHAKERTOWN WAY NORTH VERNON IN 47265

FINANCIAL INFO

PAYOR: KENNETH HUGHES

COURT COSTS - STATE	$84.00
COURT COSTS - COUNTY	$36.00
LAW ENFORCEMENT CONT ED	$4.00
JURY FEE FUND $2.00	$2.00
COUNTERMEASURE ST 25%	$50.00
COUNTERMEASUSE CO 75%	$150.00
ALCOHOL AND DRUG FEE	$150.00
ADULT PROBATION	$270.00
PERPETUATION FUND	$2.00
RECORD KEEPING FEE	$7.00
PROB. ADMINISTRATION FEE	$50.00
JUD. INSURANCE ADJ. FEE	$1.00
JUDICIAL SALARY FEE	$18.00
COURT ADMIN. FEE	$5.00
DNA SAMPLE PROCESSING FEE	$2.00
PUBLIC DEFENSE ADMIN. FEE	$3.00

CHRONOLOGICAL SUMMARY OF FILINGS AND PROCEEDINGS

CHRONOLOGICAL CASE SUMMARY
CRIMINAL, BARTHOLOMEW CIRCUIT COURT

FOR CAUSE NO: 03C01-1004-CM-00722
STATE V KENNETH D HUGHES
THE HONORABLE STEPHEN R HEIMANN

ACTION:

DATE FILED: 4/2/2010
ORIG FILE DATE: 3/30/2010

03/30/2010 Notice: N RJO: N

Probable Cause Affidavit and Information filed.

03/30/2010 Notice: A RJO: N

Scott Andrews enters his appearance for the defendant.

04/01/2010 Notice: RJO

Comes now the Court, on it's own motion, and advises that the Judge in this matter has a conflict of interest in this case in that an associate of her former law firm represents one of the parties. Pursuant to Local Rule 03-AR17-1 this case is ordered transferred to Bartholomew Circuit Court.

04/01/2010 Notice: A RJO: N

Appearance and Written Report of Initial Hearing filed by defendant

04/02/2010 Notice: N RJO: N

CAUSE TRANSFERRED FROM 03D02-1003-CM-00360.
CAUSE TRANSFERRED TO 03C01-1004-CM-00722.

04/08/2010 Notice: A RJO: N

Order setting bench trial for July 20, 2010 at 8:30 a.m.; change of plea hearing for July 2, 2010 at 10:00 a.m. and a pretrial conference for June 21, 2010 at 1:30 p.m.

04/15/2010 Notice: A RJO: N

Discovery filed by State of Indiana

05/06/2010 Notice: A RJO: N

Motion to Advance Change of Plea Hearing filed by Scott Andrews
Order advancing change of plea hearing to May 21, 2010 at 8:45 a.m.

05/21/2010 Notice: A RJO: N

Change of plea hearing held. The defendant pleads guilty to Count 1, Operating a Vehicle While Intoxicated Endangering a Person, a Class A misdemeanor. The Court accepts the plea of guilty and enters a judgment of conviction. The Court sentences the defendant to the Bartholomew County Jail for a period of one year, suspended. The defendant receives

CHRONOLOGICAL CASE SUMMARY
CRIMINAL, BARTHOLOMEW CIRCUIT COURT

FOR CAUSE NO: 03C01-1004-CM-00722
STATE V KENNETH D HUGHES
THE HONORABLE STEPHEN R HEIMANN

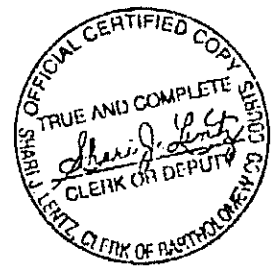
ACTION:

DATE FILED: 4/2/2010
ORIG FILE DATE: 3/30/2010

one day credit. The defendant is on probation for a period of one year. Probation shall be reporting until substance abuse treatment is completed and all monies paid, so long as no violations of probation have been committed up to that point. Special terms of probation are as follows: the defendant shall complete 24 hours of community service per week during any week in which he is not employed full time or a full time student. The defendant shall not have any contact with bars, taverns, or liquor stores. The defendant shall cooperate with the Court Services Alcohol/Drug Program and pay alcohol/drug fee of $150.00 and countermeasures fee of $200.00. The defendant shall obtain a substance abuse evaluation and follow the recommendations. The defendant shall pay court costs of $164.00; initial probation fee of $50.00; administrative probation fee of $50.00, and monthly probation fees totaling $220.00, all of which shall come from the cash bond posted. The balance of the bond shall be applied toward Court Services alcohol/drug program fees. The defendant's driver's license shall be suspended for a period of 30 days. The defendant receives credit for time previously suspended by the Bureau of Motor Vehicles. Following the 30 day license suspension, the defendant shall have a 180 day probationary license. The State of Indiana dismisses the remaining count in this cause, per entry

05/21/2010 Notice: N DISPOSED: GP RJO: N

Disposition: Guilty Plea/Admissions.

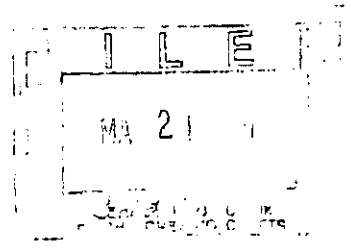


STATE OF INDIANA) IN THE BARTHOLOMEW CIRCUIT COURT
) SS:
COUNTY OF BARTHOLOMEW) CAUSE NO.: 03C01-1004-CM-782

STATE OF INDIANA,
Plaintiff

vs

KENNETH HUGHES,
Defendant



ORDER

The State of Indiana appears by Michael DeArmitt, Deputy Prosecuting Attorney. The defendant, Kenneth Hughes, appears in person and by counsel, Scott Andrews, for hearing on change of plea, the 21st day of May, 2010.

Defendant asks leave to withdraw his plea of not guilty heretofore entered as to Count 1, Operating a Vehicle While Intoxicated Endangering a Person, a Class A Misdemeanor. The Deputy Prosecuting Attorney advises the Court that a plea agreement has been reached between the State of Indiana and the defendant herein.

Defendant's rights explained to him.

Defendant for plea now says that he is guilty of Count 1, Operating a Vehicle While Intoxicated Endangering a Person, a Class A Misdemeanor.

The Court now finds that the defendant understands the nature of the charge against him to which he has pled guilty, that he understands the possible sentence thereunder, that the plea was made freely and voluntarily, that the plea is accurate and that there is a basis in fact for the defendant's plea of guilty. The Court grants the motion to withdraw the previous plea of not guilty.

Defendant's Waiver of Rights, Withdrawal of Plea of Not Guilty and Plea of Guilty is filed with the Court.

The Court accepts the plea agreement and enters a judgment of conviction for Operating a Vehicle While Intoxicated Endangering a Person, a Class A Misdemeanor.

The Court sentences the defendant to the Bartholomew County Jail for a period of one (1) year, suspended. The defendant receives credit for one (1) day.

The defendant is on probation for a period of one (1) year. Probation shall be reporting until substance abuse treatment is completed and all monies paid, so long as no violations of probation have been committed up to that point. Special terms of probation are as follows:

A. The defendant shall complete 24 hours of community service per week during any week in which he is not employed full time or a full time student.

B. The defendant shall not have any contact with bars, taverns, or liquor stores.

C. The defendant shall cooperate with the Court Services Alcohol/Drug Program and pay alcohol/drug fee of One Hundred Fifty Dollars ($150.00) and countermeasures fee of Two Hundred Dollars ($200.00).

D. The defendant shall obtain a substance abuse evaluation and follow the recommendations.

The defendant shall pay court costs of One Hundred Sixty Four Dollars ($164.00); initial probation fee of Fifty Dollars ($50.00); administrative probation fee of Fifty Dollars ($50.00), and monthly probation fees totaling Two Hundred Twenty Dollars ($220.00), all of which shall come from the cash bond posted. The balance of the bond shall be applied toward Court Services alcohol/drug program fees.

The defendant's driver's license shall be suspended for a period of 30 days. The defendant receives credit for time previously suspended by the Bureau of Motor Vehicles. Following the 30 day license suspension, the defendant shall have a 180 day probationary license.

The Court reviews with the defendant the terms of probation. The defendant acknowledges that he has read and understands the terms of his probation as set forth in the Order of Probation and that he has affixed his signature thereto.

The State of Indiana dismisses the remaining count in this cause.

SO ORDERED THIS 21ST DAY OF MAY, 2010.

Stephen R. Heimann, Judge
Bartholomew Circuit Court

OFFICIAL CERTIFIED COPY
SHARI J. LENT BARTHOLOMEW COUNTY CLERK
TRUE AND COMPLETE
CLERK OR DEPUTY

Copies:
Michael DeArmitt
Scott Andrews
Probation
Kenneth Hughes
Bureau of Motor Vehicles, 100 N. Senate Avenue, Room 402,
State Office Building, Indianapolis, IN 46204

STATE OF INDIANA) IN THE ~~BARTHOLOMEW~~ Circuit COURT
) SS:
COUNTY OF BARTHOLOMEW)
CAUSE NUMBER ~~03C01-1003-CM-360~~ 03C01-1004-CM-7322
STATE OF INDIANA)
)
vs.)
Kenneth Hughes)

PLEA OFFER

Comes now the State of Indiana, by its Deputy Prosecuting Attorney and makes the following plea offer to the Defendant:

The Defendant will plead guilty to the following offense(s): Count 1, OWI, Class A Misd.

The State will dismiss the following charges: Count 2

TERMS AND CONDITIONS (note: all fines/costs/fees are to be determined by the Court unless otherwise noted)

[✓] As below [ ] Open

[✓] 1 yr Total Sentence time served Executed balance Suspended

[ ] Defendant may complete _____ hours of community service in lieu of executed time in BCJ or DOC.

[ ] Placement for executed time shall be: [ ] BCJ/DOC [ ] Home Detention

[✓] Driver's License Suspension of [✓] ~~90~~ days (or 180 day probationary license after 30-day suspension)

[ ] Other _____

[✓] Defendant will be on probation for a period of 1 year. Probationary terms consist of the Court's standard terms and conditions of probation. Probation shall be: [ ] reporting [ ] non-reporting [✓] reporting until substance abuse treatment completed and all monies paid, so long as no violations of probation have been committed up to that point

[✓] Special conditions of probation:

[✓] Substance Abuse Evaluation and Treatment / Alcohol Evaluation and Treatment

[ ] _____ Hours of Community Service Work

[ ] Defendant shall pay restitution. The payee and the exact amount of restitution shall be determined by probation. In the event the Defendant disputes probation's determination, Defendant may petition the court for a hearing to determine restitution. Such hearing must be requested within 30 days after the Defendant receives notice of probation's determination of the restitution amount.

[ ] Defendant shall have no contact / stay away from _____

[ ] Other _____

[ ] Defendant is notified that the State believes Defendant may be HSO eligible. The State will dismiss and/or withdraw file the HSO if this plea agreement is accepted.

[ ] Fine of _____ plus court costs of _____ for a total of _____ due at time of plea.

[ ] The State agrees the Defendant can petition the Court and request the conviction be modified to a Class A Misdemeanor if the Defendant successfully completes probation with no violations either filed or unfiled.

[ ] Other _____

CERTIFIED COPY
U.S. OFFICIAL
TRUE AND COMPLETE
CLERK OR DEPUTY
CHRISTINE E. CHRITZ, CLERK OF BARTHOLOMEW CO.

Tendered by: Michael P. Deluth Date: 4-22-10
Deputy Prosecuting Attorney

ACCEPTED: Keith D Hughes Date: 5-21-10

EXHIBIT
A

STATE OF INDIANA) IN THE CIRCUIT COURT
) SS.
COUNTY OF BARTHOLOMEW) CAUSE NO: 03C01-1004-CM-00722

STATE OF INDIANA,)
Plaintiff)
)
vs.)
)
KENNETH HUGHES,)
Defendant)

WAIVER OF RIGHTS, WITHDRAWAL OF PLEA OF NOT GUILTY AND PLEA OF GUILTY

I, Kenneth Hughes, the above-named Defendant, request that the Court allow me to withdraw the plea of not guilty to the charge(s) filed against me in this cause and to allow me to plead guilty to:

Count I – Operating a Motor Vehicle While Intoxicated Endangering a Person as a Class A Misdemeanor.

Count II – Dismissed per plea

AFFIDAVIT

I swear upon my oath to the Court as follows:

1. I am represented by Scott C. Andrews, Attorney at Law, and I am satisfied with his services in representing me.

2. I understand and realize that by withdrawing my plea of not guilty and entering the plea of guilty that I am waiving or giving up these Constitutional Rights:

A. The right to a speedy and public trial by jury.

B. The right to see, hear and confront all witnesses against me at my trial.

C. The right to be presumed innocent and to force the State to prove the charge(s) against me beyond a reasonable doubt.

D. The right to testify, or not to testify, at my trial; to require witnesses to be present with any evidence in my favor; if I request, the Court will issue subpoenas requiring witnesses to be present for me.

E. The right to have an attorney at each stage of the proceeding, including upon an appeal, if I am convicted; and that if I do not have the money for an attorney, the Court will appoint one for me at no cost to me.

EXHIBIT

3. I understand that by entering my plea of guilty to the charge(s) against me, I am admitting the truth of all facts alleged or stated in the indictment(s) or information(s), or to any lesser included offenses, and that upon the acceptance of my plea of guilty, the Court will proceed with judgment of conviction and sentence me without a trial.

4. I understand the minimum possible sentence(s) and the maximum possible sentence(s) are listed below. I have read the possible penalties and have discussed them with my attorney.

SENTENCES

TABLE OF PENALTIES (Indiana Penal Code)

Offense	Potential Range	Maximum Fine
Murder	45-65 yrs	$10,000
Class A Felony	20-50 yrs	$10,000
Class B Felony	6-20 yrs	$10,000
Class C Felony	2-8 yrs	$10,000
Class D Felony	1/2-3 yrs	$10,000
(Court may amend to a Class A Misdemeanor and sentence accordingly)		
Class A Misd.	0-1 yr	$ 5,000
Class B Misd.	0-180 days	$ 1,000
Class C Misd.	0-60 days	$ 500

5. I understand that by pleading guilty, I am waiving my right to appeal a conviction. I further understand that I am not waiving my right to appeal the sentence unless the Court sentences me under the terms of a plea agreement with a determinate sentence.

6. I understand that any prior conviction(s) or juvenile delinquency adjudication(s) may cause the imposition of consecutive sentences and/or an increased sentence. My guilty plea could mean that I would receive a harsher sentence if I commit a future crime. I understand the possibility of having my sentence suspended.

7. I understand that by pleading guilty I may be deported if I am not a U.S. Citizen.

8. I understand that the Court is neither bound by nor a party to any recommended sentence and that the Court does not have to accept any recommendation. I understand that the Court has not yet accepted the plea agreement between the Prosecutor and myself.

9. I understand my rights under I.C. 12-23-6, 12-23-7, or 12-23-8, to treatment as a drug or alcohol abuser. My attorney has explained my rights under this statute.

10. I am freely and voluntarily pleading guilty. No one has threatened me or forced me to plead guilty, or has promised any leniency or anything of value in exchange for my plea.

11. I understand there is a 30-day sentencing requirement in which I am to be sentenced. I hereby waive that requirement.

12. I understand that if I am sentenced pursuant to a plea agreement that shock probation may only be granted with the approval of the Court and the Prosecutor. I understand that if I am sentenced without a plea agreement that shock probation may be granted with the Court's approval within one (1) year, but thereafter the approval of the Prosecutor would also become necessary.

13. **I understand this document and my attorney has advised me of each provision.**

I affirm, under the penalties for perjury, that the foregoing statements are true.

5-21, 2010
Date

Kenneth Hughes, Defendant

As counsel on behalf of Defendant, I have explained each of the matters herein and answered all of his questions.

Scott C. Andrews, Defendant's Attorney

OFFICIAL CERTIFIED COPY
TRUE AND COMPLETE
CLERK OR DEPUTY
SHARI J. LENTZ, CLERK OF BARTHOLOMEW CO. INDIANA

In Bartholomew County
Circuit, Superior I, and Superior II Courts

Order of Probation

Name: Kenneth Hughes DOB: [redacted] Offense: DUI-A Misd. Case Number: 03C01-1004-C 09722

The period of imprisonment is now ~~partially~~/completely suspended, and the defendant is placed on supervised probation for a period of 12 months/~~years~~, effective immediately. During probation, the defendant is subject to the following:

Standard Conditions of Probation

1. Shall report to the Probation Department immediately upon leaving the Courtroom or upon your release from jail.
2. Shall obey all laws of the State of Indiana or any other State. Shall immediately report to the probation officer any contact with police. Comply with any Civil Protective Order.
3. Shall notify the Probation Department of any changes in address within twenty-four (24) hours of such change.
4. Shall not leave the State of Indiana without first obtaining permission from the Court. If granted permission to leave the State of Indiana, you shall agree to waive extradition and agree to voluntarily return to Indiana, at your own expense.
5. Shall take all reasonable and proper steps to seek and maintain suitable employment. Shall notify the Probation Department of any change of employment within twenty-four (24) hours of such change.
6. Shall report to the probation officer at reasonable times as directed, and allow the probation officer to visit you at reasonable times at your home or elsewhere. You shall open the door for the probation officer and persons who accompany them.
7. Shall not possess or use alcohol or drugs/paraphernalia, controlled substances (unless prescribed by a physician), hemp products or poppy seed products. Shall permit any type of test or sample to be taken for the purpose of discovering alcohol and drug use and pay for this test. A dilute sample may be considered a violation of Probation. Alcohol use or possession while on probation is prohibited unless authorized by Judge.
8. Shall waive your rights to search and seizure under the laws and constitution of both the United States and the State of Indiana. Searches and seizures may be conducted by probation officers or any person acting on the behalf of the Probation Department.
9. Shall not possess or use any firearm, destructive device, or dangerous weapon unless authorized by the Court. May use Yes
10. Shall participate in and pay for any and all programs and counseling deemed appropriate by the probation officer.
11. Shall not possess or use police scanner or any device capable of intercepting police communications. Shall not possess or use any video surveillance equipment, audio surveillance equipment, or a combination of audio/video surveillance equipment. Any and all equipment found by Court Services Staff will be confiscated.
12. Shall not associate with individuals that are on Probation, Parole or involved in any illegal activities.
13. Shall pay Court Costs in the amount of $ 164.50 initial probation fee of $ 50.00 administrative fee of $ 50.00, and a monthly fee of $ 20.00 All fees due by Bond as ordered by the Court or Probation Office.

Special Terms and Conditions

X Shall make restitution to the victim of this offense, through the Bartholomew County Clerk, in the amount of $_____. Said restitution is to be paid at the rate of $_____ per month/week, until paid in full. Your first payment is due _____.

2. Shall complete _____ hours of Community Service and pay a fee of $_____.

3. Shall complete 24 hours of Community Service per week during any week in which you are not employed at least 30 hours per week or a full-time student (12 hours per semester).

4. Shall not have any contact with Bars, taverns, liquor stores, either in person, in writing, or by a third party.

5. Shall cooperate with the Court Services Alcohol Drug Program and pay $ 350.00 as ordered.

6. Shall obtain a Substance Abuse Evaluation and follow the recommendation of the evaluation.

X Shall be placed with Community Corrections for a period of _____ months/years/entire term of probation for purpose of assessment and determination of appropriate programming. The defendant is required to comply with the specific programs recommended by Community Corrections, which may include WORK RELEASE/RESIDENTIAL PLACEMENT, DAY REPORTING, HOME DETENTION, ELECTRONIC MONITORING, COUNSELING or EDUCATION PROGRAMS. The defendant is notified that violation of Work Release, Day Reporting, or Home Detention may subject him/her to prosecution for a crime of escape.

8. _____

If you violate any one of the conditions of your probation, a Petition to Revoke Probation may be filed during the probationary period or after the probationary period but before the earlier of the following: one (1) year after the termination of probation or forty-five (45) days after the State receives notice of the violation, the Court may modify or enlarge the conditions of your probation or revoke your probation and order execution of any suspended sentence.

I have read the above (and attached) rules of probation. I agree to obey all these rules and acknowledge that I have received a copy of them.

Dated this 21st day of May, 2010.

Kenneth D Hughes
Adult Probationer

Stephen R. Heimann
Probation Officer

STATE'S OFFICIAL CERTIFIED COPY
I CERTIFY THIS TO BE A TRUE AND COMPLETE COPY
CLERK OR DEPUTY

BMV

ABSTRACT OF COURT RECORD SR16
State Form 42397 (R 11-03)

☐ Failure to Appear (FTA) ☐ Reopened
☐ Failure to Pay (FTP) ☐ Payment
☐ Court Hearing Pending
☐ Amendment to an existing Abstract of Judgment

Uniform Traffic Ticket Number
n/a

Drivers License Number	License State	License Type	Individual cited
[redacted]	Indiana	Operator	☒ Driver ☐ Passenger

Name (First, Middle, Last)	Date of Birth	Race	Gender
Kenneth D. Hughes	[redacted]	wh	☒ Male ☐ Female

Address (Number and Street)	City	State	Zip Code
[redacted] Shakertown Way	North Vernon	IN	47265

Plate Number	Vehicle Year	Vehicle Make	Vehicle Color	Vehicle Type	Hazardous Material	Accident	Fatality
[redacted]	2001	Volkswagon	Blue	☐ Commercial ☒ Passenger	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No

Offense Date	Offense Time	Court Disposition Date	Probable Cause Control No.	Chemical Test Results
3/3/10	☒ a.m. 1:00 ☐ p.m.	5/21/2010	N/A.	☐ Refused ☐ Drugs

Original Offense (Description)	Original Indiana Code Cite
Operating a VEhicle While Intoxicated Endangering a Person, Class A Misdemeanor	I.C. 9-30-5-2(b)
Amended Offense (Description)	**Amended Indiana Code Cite**

Court Name	Court Code and Assigned Case Number
Bartholomew Circuit Court	03C01-1004-CM-722

Court Finding	G = Guilty D = Dismissed N = Not Guilty P = Nolle Prosecui A = Vacated T = Deferred:(Statutory Authority IC:) ____	Based on: ☐ Trial ☒ Admission ☐ Nolo Contendere	Payment Date
guilty			

Suspension of Driving Privileges: 30 Days ___ Years	Effective Date of OWI Suspension: credit for previously suspended
OWI Stay Time: ___ Days ___ Years	☒ Probationary License for 180 days is authorized. Order of Conditional Probation (SR17) attached.
☐ Delete Probable Cause Failure ☐ Terminate Probable Cause Failure	☐ Delete Probable Cause Refusal ☐ Terminate Probable Cause Refusal

Signature of Court Representative	Title	Date
Stephen R. Heimann	Judge	5/21/2010

This abstract is a certification of record to the Commissioner of the Indiana Bureau of Motor Vehicles as prescribed by Indiana Law

STATE OF INDIANA CERTIFIED COPY
TRUE AND COMPLETE
CLERK OR DEPUTY
BARTHOLOMEW CO

TO: THE COMMISSIONER OF THE INDIANA BUREAU OF MOTOR VEHICLES

This court hereby requests that the following individual be granted conditional driving privileges as described below.

Name of driver	Date of birth	Driver's license number
Kenneth Hughes	[redacted]	[redacted]

Address of driver: [redacted] Shakertown Way, North Vernon, IN. 47265

Court name: Bartholomew County Circuit Court

Cause number: 03C01-1004-CM-00722

This Order is hereby requested pursuant to the following authority: *(complete one section only)*

☒ 1. OWI Probationary Driving Privileges for 180 days.
- ☒ Conviction IC 9-30-5-12
- ☐ Deferral IC 16-13-6.1-15.1

If this order is being issued pursuant to Section 1, the court verifies that after reviewing the individual's driving record it found that the individual:
1. does not have a previous conviction for operating while intoxicated;
2. has not refused to submit to a chemical test.

☐ 2. Habitual Traffic Violator Probation for _____ years. *(Pursuant to IC 9-30-10-9)*

☐ 3. Court Ordered Hardship License granted *(pursuant to IC 9-24-15-1) from* _____ to _____.

This order is hereby issued upon the following terms:
1. the driver shall not commit a violation of any traffic law;
2. the driver shall be restricted to driving to and from and during the course of employment as follows: _____
3. the driver shall notify the court of any change in employment; and
4. other restrictions and privileges _____

Name of employer: Lowes

Address of employer: 3500 10th St, Columbus, IN 47201

Any violation of these terms could result in a suspension of your driving privileges.

I, the undersigned, have read and do understand the above and do hereby agree to abide by these terms.

Signature of driver: Kenneth Dill — Date signed *(month, day, year)*: 5-21-10

Requested this 21st day of May, 2010.

Signature of Judge: Stephen R Heimann

OFFICIAL CERTIFIED COPY
TRUE AND COMPLETE COPY
CLERK, CIRCUIT COURT

FOR BUREAU OF MOTOR VEHICLES USE ONLY

This Order of Conditional Probation is from _____ to _____

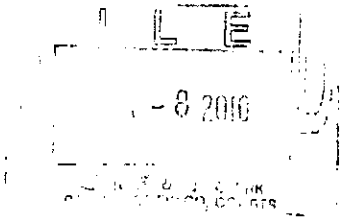
so ordered by the court. Validation of conditional license by BMV _____

STATE OF INDIANA) IN THE BARTHOLOMEW CIRCUIT COURT
) SS:
COUNTY OF BARTHOLOMEW) CAUSE NO.: 03C01-1004-CM-722

STATE OF INDIANA,
Plaintiff

vs

KENNETH HUGHES,
Defendant



ORDER

This cause having been transferred from Bartholomew Superior Court No. 2, and the defendant having filed an Appearance and Written Report of Initial Hearing, the Court now orders the following:

1. A bench trial in this cause is set for July 20, 2010 at 8:30 a.m.

2. All pre-trial motions including motions in limine must be filed no later than June 18, 2010.

3. All motions for continuance must be filed no later than July 6, 2010.

4. All discovery matters must be concluded by June 29, 2010.

5. Final Witness and Exhibit Lists, with specific names and addresses of witnesses (including expert or rebuttal witnesses, which can be reasonably anticipated), to be exchanged and filed by June 8, 2010.

6. A change of plea hearing is set for July 2, 2010 at 10:00 a.m. **The defendant is ordered to appear in person at the change of plea hearing or a warrant will be issued for his arrest.**

7. A pre-trial conference is set for June 21, 2010 at 1:30 p.m. If defense counsel knows prior to the pretrial conference that the defendant intends to plead guilty, counsel may file a written notice with the Court and the pretrial conference will be vacated.

8. If the State wishes to tender a plea offer to the defendant, it must be tendered in writing on or before the pre-trial conference.

SO ORDERED THIS 8TH DAY OF APRIL, 2010

Stephen R. Heimann

Stephen R. Heimann, Judge
Bartholomew Circuit Court

Copies:
Michael DeArmitt
Scott Andrews



STATE OF INDIANA, COUNTY OF BARTHOLOMEW, SS:

IN THE BARTHOLOMEW SUPERIOR COURT 2

CAUSE NO. 03D02-1003-CM-360

STATE OF INDIANA

VS.

Kenneth D. Hughes
[redacted] Shakertown Way
North Vernon, Indiana 47265
SSN: REDACTED
DOB: [redacted]
OLN: 0290-22-1127

INFORMATION

OPERATING A VEHICLE WITH AN ACE OF .15 OR MORE

I.C. 9-30-5 1(b)

A CLASS A MISDEMEANOR

Count 2

The undersigned affiant does hereby swear or affirm under the penalties of perjury:

That on or about March 3, 2010 in Bartholomew County, State of Indiana, the defendant, Kenneth D. Hughes did operate a vehicle with an alcohol concentration equivalent to at least fifteen-hundredths (0.15) gram of alcohol per 100 milliliters of said defendant's blood or 210 liters of said defendant's breath.

All of which is contrary to the laws of the State of Indiana.

William M. Nash

Subscribed and sworn to before me this 26 day of March, 2010.

Gregory E. Long
Deputy Prosecuting Attorney
Ninth Judicial Circuit
State of Indiana

WITNESSES:

Matt Simmons
Morgan Horner

STATE'S OFFICIAL CERTIFIED COPY
TRUE AND COMPLETE
CLERK OR DEPUTY
KRISTI L. LEETZ, CLERK OF BARTHOLOMEW COUNTY

STATE OF INDIANA, COUNTY OF BARTHOLOMEW, SS.

IN THE BARTHOLOMEW SUPERIOR COURT 2

CAUSE NO. 03D02-1003-CM-360

STATE OF INDIANA

VS.

Kenneth D. Hughes
[redacted] Shakertown Way
North Vernon, Indiana 47265
SSN: REDACTED
DOB: [redacted]
OLN: 0290-22-1127

INFORMATION

OPERATING A VEHICLE WHILE INTOXICATED ENDANGERING A PERSON

I.C. 9-30-5-2(b)

A CLASS A MISDEMEANOR

Count 1

The undersigned affiant does hereby swear or affirm under the penalties of perjury:

That on or about March 3, 2010 in Bartholomew County, State of Indiana, the defendant, Kenneth D. Hughes did operate a vehicle while intoxicated in such a manner that a person was endangered.

All of which is contrary to the laws of the State of Indiana.

William M. Nash

Subscribed and sworn to before me this 26 day of March, 2010.

Gregory E. Long
Deputy Prosecuting Attorney
Ninth Judicial Circuit
State of Indiana

WITNESSES:

Matt Simmons
Morgan Horner

OFFICIAL CERTIFIED COPY
TRUE AND COMPLETE
CLERK OR DEPUTY
CLERK OF BARTHOLOMEW CO.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Nippon Express U.S.A., Inc. MDEG License # (if applicable): N/A

Physical Address: 1901 W. Pacific Coast Highway

City: Long Beach State: CA Zip: 90810

Mailing Address (if different from physical address): Same as physical address.

City: State: Zip:

Telephone: 562-850-9700 Website: https://nipponexpressusa.com/

Licensing Company Email: kenny.hughes@nipponexpress.com

Section 2: Personal Information

First: Kenneth Middle: Dale Last: Hughes

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 1901 W. Pacific Coast Highway

City: Long Beach State: CA Zip: 90810

Telephone: [redacted] Email: kenny.hughes@nipponexpress.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Indiana University Purdue University of Columbus
From - To (MM/YY – MM/YY): 08/99 - 08/01
Address: 4601 Central Ave
City: Columbus
State: IN
Zip: 47203
Diploma/Degree obtained, if any: Degree not obtained - DNF

School Name: Columbus East High School
From - To (MM/YY – MM/YY): 08/96 - 08/99
Address: 230 S Marr Road
City: Columbus
State: IN
Zip: 47201
Diploma/Degree obtained, if any: N/A

School Name
From - To (MM/YY – MM/YY)
Address
City
State
Zip
Diploma/Degree obtained, if any

School Name
From - To (MM/YY – MM/YY)
Address
City
State
Zip
Diploma/Degree obtained, if any

School Name
From - To (MM/YY – MM/YY)
Address
City
State
Zip
Diploma/Degree obtained, if any

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - present	[redacted]Opal St.	Redono Beach	CA	90277
09/17 - 12/21	[redacted]Coppock Dr.	Indianapolis	IN	46221
09/12 - 09/17	Pinewood Dr.	Plainfield	IN	46168
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Nippon Express U.S.A., Inc			From - To (MM/YY – MM/YY): 01/22 - present
Business Address: 1901 W. Pacific Coast Highway	City: Long Beach	State: CA	Zip: 90810
Phone: 562-850-9700	Title: Medical Business Manager, Designated Representative	Number of Employed Hours: 1,800	

Description of Duties: Manage and oversee medical device customer implementation, including written procedures specific to medical device processes, conduct training on such procedures, and provide direction on day to day fulfillment processes.

Business Name: MD Logistics LLC			From - To (MM/YY – MM/YY): ~~11/21 - 01/22~~ 10/10 - 01/22
Business Address: 2370 Perry Road	City: Plainfield	State: IN	Zip: 46168
Phone: 317-839-8900	Title: Pharma Operations Supervisor	Number of Employed Hours: 14,700	

Description of Duties: Coordinating and scheduling of incoming deliveries

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	

Description of Duties

Continue on next page if additional space is needed.

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title | Number of Employed Hours

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title | Number of Employed Hours

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title | Number of Employed Hours

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title | Number of Employed Hours

Description of Duties

Business Name | From - To (MM/YY – MM/YY)

Business Address | City | State | Zip

Phone | Title | Number of Employed Hours

Description of Duties

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? See below.	X	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline		X

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 2 . Provide all the following ***where applicable***:

Date of Event/Arrest	Disposition Date	State	City	County
3/30/2010	5/21/2010	IN	Indianapolis	Bartholomew

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
03C01-1004-CM-00722 & 03D02-1003-CM-360	Bartholomew Circuit Court

Reason/Charge: DUI Class A Misdemeanor

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State V. Kenneth D. Hughes	N/A

Name of Business/Industry/Entity: N/A

Provide explanation below:

In March 2010, I was arrested and charged with operating a motor vehicle while intoxicated and endangering a person in the county of Bartholomew in the State of Indiana.

The case was held in the Bartholomew Circuit court located in Indianapolis, IN. I plead guilty to the charges and was convicted. This was a Class A Misdemeanor offense. The sentence involved restrictions to my driver's license lasting a period of 30 days and 1 year of probation.

This was my first and only offense. Enclosed please find the court documents.

Original Signature (electronic, copies or stamps not accepted)

10/31/22
Date

I, Kenneth D. Hughes certify that as the MDEG Administrator for

Nippon Express U.S.A., Inc

that I (initial that you have read and meet the following requirements):

1. KH Have a high school diploma or its equivalent;
2. KH Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KH Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KH Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kenneth Hughes
Print Name (First, Last)

KH D H
Original Signature (electronic, copies or stamps not accepted)

10/31/22
Date

Board Use Only	Date Received:

Attachment F

Surety Bond / Equivalent Means of Security

MUFG

MUFG Bank, Ltd.

New York Branch
1251 Avenue of the Americas
New York, NY 10020
Tel. 201-413-8044
Fax. 201-521-2312
SWIFT. BOTKUS33XXX

Irrevocable
Standby Letter of Credit
No. S533638N

Amendment no. 1
Dated January 04, 2023

Beneficiary:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY
SUITE 206
RENO, NV 89521 United States
ATTN: EXECUTIVE SECRETARY
. United States

Applicant:
NIPPON EXPRESS USA, INC.
ATTN: KENNY HUGHES
1901 W. PACIFIC COAST HIGHWAY
LONG BEACH, CA 90810 United States

We amend our Standby Letter of Credit subject to the following terms and conditions. This amendment forms an integral part of the original instrument. All other terms and conditions remain unchanged.

Amended Terms:

The amount of the Standby Letter of Credit is increased by: USD 75,000.00 to USD 100,000.00

Unless otherwise instructed herein, all correspondence and inquiries regarding this transaction should be directed to our International Operations Department at Harborside 3, 210 Hudson Street, Suite 500, Jersey City, NJ 07311, United States, telephone: 1-201-413-8160 or 1-201-413-8823. Please indicate our reference number in all your correspondence or telephone inquiries.

Regards,

Authorized Signature(s)

MUFG Bank, Ltd.
New York Branch
1251 Avenue of the Americas
New York, NY 10020
Tel 201-413-8044
Fax 201-521-2312
SWIFT BOTKUS33XXX

March 16, 2023

STEFAN CAZAN
NIPPON EXPRESS U.S.A., INC.

230-19 Int'l Airport Center Blvd
Suite 250, Jamaica, NY 11413

Re: Standby Letter of Credit
The following represents calculations of our Standby Letter of Credit fee due for:
Charge Currency: USD
Fee Collection Date: 30Mar23

Current Fee Detail

Instrument No	Charge Type	From	Thru	Principal Amount	Fee Rate	Days	Basis	Fee Amount
S533638N	STBC	30Mar23	29Mar24	USD 100,000.00	0.70000	366	360	711.67

Total Amount Due:	711.67

The "Total Amount Due" on this pre-notification advice is a forecast of the amount being invoiced/debited to your account as per your settlement instructions for Standby Letter of Credit Fees on March 30, 2023.

Instructions if remitting funds by wire:
If Fedwire, utilize the following account: Account 0097770094 (IOD) ABA No. 026009632.
If CHIPS, utilize the following account: ABA No. 0963 UID No. 053351

Unless otherwise instructed herein, all correspondence and inquiries regarding this transaction should be directed to our International Operations Department at Harborside 3, 210 Hudson Street, Suite 500, Jersey City, NJ 07311, United States, telephone: 1-201-413-8160 or 1-201-413-8823. Please indicate our reference number in all your correspondence or telephone inquiries.

Please always quote our Standby Letter of Credit Instrument No on all your payments.

This is an automated advice and requires no signatures.

KV
SM

4DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ■ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Outdate Rx, LLC

Physical Address: 1125 Research Dr., Ste. A

City: Redlands State: CA Zip: 92374

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 909-335-7071 Website: outdaterx.com

Name of Designated Representative (DR): Jacob Record

Licensing Company Email: jrecord@outdaterx.com DR Email: jrecord@outdaterx.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
■ Pharmacies	■ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	■ Controlled Substances	☐ Repacker
■ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	■ Reverse Distributor
☐ Wholesalers	■ Others: Prescription & OTC Drugs	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: California

Parent Company (if any): NA

Corporation/Organization Name: Outdate Rx, LLC

Mailing Address: 1125 Research Dr., Ste. A

City: Redlands State: CA Zip: 92374

Telephone: 909-335-7071 Email: jrecord@outdaterx.com

Contact Person Name: Jacob Record

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/Fingerprint%20Submission%20Instructions%20-%20Effective%207-1-19.pdf		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Outdate Rx, LLC

Facility Name

Jacob Record

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/23/2022

Date

Board Use Only	Date Received: 9-29-22	Amount: 1000.00 CK - 8153 10/13/22

Outdate Rx, LLC
1125 Research Dr. Suite A
Redlands, CA 92374
909-328-4001 / 855-OUTDATE

Outdate Rx, LLC

EIN- 47-3414178

Limited Liabilty Corporation

Officer's / Shareholder & Percentage Ownership

President Operations/Owner - 40%
Jacob Record
DOB- [redacted]
[redacted] Halsey St
Redlands, CA 92373
[redacted]

President Sales/ Owner - 40%
Michael Granados
DOB- [redacted]
[redacted] Oakcliff Dr
Laguna Niguel, CA 92677
[redacted]

Finance Director/ Owner - 20%
Richard Ingram
DOB- [redacted]
[redacted] Mills Lane
Redlands CA 92373
[redacted]

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	OUTDATE RX, LLC
Entity No.:	201507010042
Registration Date:	03/09/2015
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 11, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 028695227

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

47-3414178

20150700100 42

LLC-1	Articles of Organization of a Limited Liability Company (LLC)

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A $70 filing fee.
- A separate, non-refundable $15 service fee also must be included, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum $800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: *Before submitting the completed form*, you should consult with a private attorney for advice about your specific business needs.

FILED
Secretary of State
State of California
MAR 09 2015

This Space For Office Use Only

For questions about this form, go to *www.sos.ca.gov/business/be/filing-tips.htm.*

LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

① outdate rx, LLC

Proposed LLC Name

The name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company. For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

Purpose

② The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

LLC Addresses

③ a. 1361 Monterey St. | Redlands | CA | 92373
Initial Street Address of Designated Office in CA - Do not list a P.O. Box | *City (no abbreviations)* | *State* | *Zip*

b. _____
Initial Mailing Address of LLC, if different from 3a | *City (no abbreviations)* | *State* | *Zip*

Service of Process (List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process in case your LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

④ a. Jacob Record
Agent's Name

b. 1361 Monterey St., Redlands | CA | 92373
Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box | *City (no abbreviations)* | *State* | *Zip*

Management (Check only one.)

⑤ The LLC will be managed by:

☐ One Manager ☐ More Than One Manager ☑ All Limited Liability Company Member(s)

This form must be signed by each organizer. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of organization.

▶ _____
Organizer - Sign here

By: Cheyenne Moseley, Assistant Secretary, LegalZoom.com, Inc.
Print your name here

Make check/money order payable to: Secretary of State Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.	*By Mail* Secretary of State Business Entities, P.O. Box 944228 Sacramento, CA 94244-2280	*Drop-Off* Secretary of State 1500 11th Street, 3rd Floor Sacramento, CA 95814

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0594401	12-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	11-04-2022

OUTDATE RX, LLC
1125 RESEARCH DR STE A
REDLANDS, CA 923744562

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0594401	12-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	11-04-2022

OUTDATE RX, LLC
1125 RESEARCH DR STE A
REDLANDS, CA 923744562

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0594401	12-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	REVERSE DISTRIB	11-04-2022

OUTDATE RX, LLC
1125 RESEARCH DR STE A
REDLANDS, CA 923744562

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Outdate Rx, LLC
1125 Research Dr. Suite A
Redlands, CA 92374
909-328-4001 / 855-OUTDATE

August 24, 2022

Nevada State Board of pharmacy
985 Damonte Ranch Parkway, Ste. 206
Reno, NV 89521

RE: Wholesaler Application, Sec. 9

To Whom It May Concern,

Outdate Rx, LLC is not indebted to any financial institutions, lien holders, equity investors nor individuals.

Regards,

Jacob Record
President / Owner
Outdate Rx, LLC





Renewal License

Wholesale Drug Permit

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

LICENSE NO. WLS 7769
RECEIPT NO. 21530725

VALID UNTIL AUGUST 01, 2023

OUTDATE RX LLC
1125 RESEARCH DR STE A
REDLANDS CA 92374

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

06/06/22

06/06/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7769

NAME: OUTDATE RX LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

1125 RESEARCH DR STE A
REDLANDS CA 92374
SAN BERNARDINO COUNTY

ISSUANCE DATE

AUGUST 24, 2020

EXPIRATION DATE

AUGUST 1, 2023

CURRENT DATE / TIME

JULY 12, 2022
1:02:00 PM

LICENSE RELATIONSHIPS

NAME: RECORD, JACOB MATTHEW

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 23175 **PRIMARY STATUS:** CLEAR

Outdate Rx Employees

Employee Name	Employee State	Employee Status
Record, Jacob M	California	Active
Granados, Michael	California	Active
Ingram, Richard I	California	Active
Lyons, Allison M	California	Active
Quigley, Brent S	California	Active
Ridoloso, Alyssa M	California	Active
Andrade Mata, Brisa H	California	Active
Rowley, Rachel A	California	Active
Feldman, Kaitlin P	California	Active
Montano, Erin K	California	Active
Candor, Kevin S	California	Active
Ruiz Vazquez, Alina M	California	Active
Jaurequi, Isaac	California	Active
Garrick, Kevin R	California	Active
Wendell Lemmons, Cynthia K	California	Active
Garcia, Camila	California	Active
Trujillo, Samantha N	California	Active
Paxman, Merrill	California	Active
Rowley, Rebecca	California	Active
Rangel, Eliana	California	Active
Sanchez, Berenice	California	Active
Davis, Kevin	California	Active
Corber, Mark	California	Active
Branum, Jason	California	Active
Mau, Makasini	California	Active
Elkins, Maya	California	Active
Coons, Jasmine	California	Active
Tyler, Melissa	California	Active
Johnson, Kyle W	California	Active
Arriaga, Xavier	California	Active
Kuaea, Daniel S	California	Active
Valdez, Isaiah S	California	Active

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Outdate Rx, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1125 Research Dr., Ste. A

City: Redlands State: CA Zip: 92374

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 909-335-7071 Website: outdaterx.com

Licensing Company Email: jrecord@outdaterx.com

Section 2: Personal Information

First: Jacob Middle: Matthew Last: Record

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITI[redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Halsey St.

City: Redlands State: CA Zip: 92373

Telephone: [redacted] Email: jrecord@outdaterx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State Fullerton		2007 - 2009	
Address	**City**	**State**	**Zip**
800 N. State College Blvd.	Fullerton	CA	92831
Diploma/Degree obtained, if any			
MA - History			

School Name		From - To (MM/YY – MM/YY)	
University of California, Riverside		2000 - 2005	
Address	**City**	**State**	**Zip**
900 University Ave.	Riverside	CA	92521
Diploma/Degree obtained, if any			
BA - History			

School Name		From - To (MM/YY – MM/YY)	
La Sierra High School		1996-2000	
Address	**City**	**State**	**Zip**
4145 La Sierra Ave	Riverside	CA	92505
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - 2022	[redacted] Halsey St.	Redlands	CA	92373
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2006 - 2018	[redacted] Monterey St.	Redlands	CA	92373
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Outdate Rx			2014 - 2022	
Business Address		**City**	**State**	**Zip**
1125 Research Dr., Ste. A		Redlands	CA	92373
Phone	**Title**		**Number of Employed Hours**	
909-335-7071	President / Co-Owner		14,560	
Description of Duties				
Managing operations side of our pharmaceutical wholesale/ reverse distribution business. Supervised processing, record keeping, employment complying with local, state and federal regulations. CA licensed DR.				

Business Name			From - To (MM/YY – MM/YY)	
Guaranteed Returns			2008 - 2014	
Business Address		**City**	**State**	**Zip**
100 Colin Drive		Holbrook	NY	11741
Phone	**Title**		**Number of Employed Hours**	
800-473-2138	Processing Agent / Sales		12,480	
Description of Duties				
Inventoried, accurately recorded, processed customers regular and controlled substances medications in preparations for mfg. returns. Worked with customers to ensure accuracy and compliance with local, state and federal regulations.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/23/2022
Date

I, Jacob Record, **certify that as the designated representative for**

Outdate Rx, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JR I am at least 21 years of age;
3. JR I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JR I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JR I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JR I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JR I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jacob Record

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/23/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jacob Record

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, Jacob Record, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/23/2022

Date

Subscribed and Sworn to before me this 23 day of September

Notary Public Signature

NANCY BISHAY
COMM. #2306959
NOTARY PUBLIC-CALIFORNIA
SAN BERNARDINO COUNTY
My Comm. Expires Sept. 26, 2023

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Outdate Rx, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): NA

Physical Address: 1125 Research Dr., Ste. A

City: Redlands State: CA Zip: 92374

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 909-335-7071 Website: outdaterx.com

Licensing Company Email: jrecord@outdaterx.com

Section 2: Personal Information

First: Jacob Middle: Matthew Last: Record

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Halsey St.

City: Redlands State: CA Zip: 92373

Telephone: [redacted] Email: jrecord@outdaterx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State Fullerton		2007 - 2009	
Address	**City**	**State**	**Zip**
800 N. State College	Fullerton	CA	92831
Diploma/Degree obtained, if any			
MA - History			
School Name		**From - To (MM/YY – MM/YY)**	
University of California, Riverside		2000 - 2005	
Address	**City**	**State**	**Zip**
900 University Ave.	Riverside	CA	92521
Diploma/Degree obtained, if any			
BA History			
School Name		**From - To (MM/YY – MM/YY)**	
La Sierra High School		1996-2000	
Address	**City**	**State**	**Zip**
4145 La Sierra Ave.	Riverside	CA	92505
Diploma/Degree obtained, if any			
H.S. Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2018 - 2022	[redacted] Halsey St.	Redlands	CA	92373
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2006 - 2018	[redacted] Monterey St.	Redlands	CA	92373
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Outdate Rx, LLC			2014 - 2022
Business Address	**City**	**State**	**Zip**
1125 Research Dr., Ste. A	Redlands	CA	92374
Phone	**Title**		
909-335-7071	President - Operations / Co-Owner		

Description of Duties

Founder/ managing partner of Outdate Rx a reverse distributor. President of business operations and the processing of customers returned/expired pharmaceutical products within all local, state and federal regulations. CA licensed DR.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jacob Record

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, JACOB RECORD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/23/2022

Date

Subscribed and Sworn to before me this 23 day of September.

Nancy Bishay

Notary Public Signature

NANCY BISHAY
COMM. #2306959
NOTARY PUBLIC-CALIFORNIA
SAN BERNARDINO COUNTY
My Comm. Expires Sept. 26, 2023

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Outdate Rx. LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): NA

Physical Address: 1125 Research Dr. Ste. A

City: Redlands State: CA Zip: 92374

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 909-335-7071 Website: outdaterx.com

Licensing Company Email: jrecord@outdaterx.com

Section 2: Personal Information

First: Michael Middle: John Last: Granados

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Oakcliff Dr.

City: Laguna Niguel State: CA Zip: 92677

Telephone: [redacted] Email: mgranados@outdaterx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cerritos College		09/93 - 05/95	
Address	**City**	**State**	**Zip**
11110 Alondra Blvd.	Norwalk	CA	90650
Diploma/Degree obtained, if any			
Associates			

School Name		From - To (MM/YY – MM/YY)	
Cypress High School		09/89 - 06/93	
Address	**City**	**State**	**Zip**
9801 Valley View St, Cypress, CA 90630	Cypress	CA	90630
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/18 - Present	[redacted] Oakcliff Dr.	Laguna Niguel	CA	92677
11/11 - 6/18	[redacted] Mildred Lane	Cypress	CA	90630
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Outdate Rx, LLC			03/15 - Present
Business Address	**City**	**State**	**Zip**
1125 Research Dr., Ste. A	Redlands	CA	92374
Phone	**Title**		
714-713-2377	President		
Description of Duties			
Sales			

Business Name			From - To (MM/YY – MM/YY)
M. Granados Inc.			01/06 - 01/15
Business Address	**City**	**State**	**Zip**
5521 Cerritos Ave	Cypress	CA	90630
Phone	**Title**		
714-713-2377	President		
Description of Duties			
Sales			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		CA	Cypress	Orange
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court: Cypress Police Department		
Reason/Charge: Vandalism				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

I do not recall the date of the event. I was a minor at the time of the incident. I forgot about this incident it was so long ago. I also thought that it was any incidents as a adult and not a minor. I was arrested for vandalism. I am very embarrassed of this incident and apologize for not documenting this at the beginning. I had to do community service for this incident and I completed all the hours needed for the community service.



Original Signature (electronic, copies or stamps not accepted)

11 May 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Granados

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-23-2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, Michael Granados, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-23-2022

Date

Subscribed and Sworn to before me this 23 day of September.

Nancy Bishay

Notary Public Signature

NANCY BISHAY
COMM. #2306959
NOTARY PUBLIC-CALIFORNIA
SAN BERNARDINO COUNTY
My Comm. Expires Sept. 26, 2023

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Outdate Rx, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 1125 Research Dr., Ste. A

City: Redlands State: CA Zip: 92374

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 909-335-7071 Website: outdaterx.com

Licensing Company Email: jrecord@outdaterx.com

Section 2: Personal Information

First: Richard Middle: Israel Last: Ingram

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Mills Ave

City: Redlands State: CA Zip: 92373

Telephone: [redacted] Email: ringram@outdaterx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
California State Fullerton		08/2007 - 5/2015	
Address	**City**	**State**	**Zip**
800 N State College Blvd.	Fullerton	CA	92831
Diploma/Degree obtained, if any			
BA - Business Finance			

School Name		From - To (MM/YY – MM/YY)	
Glendora High School		08/1992 - 06/1996	
Address	**City**	**State**	**Zip**
1600 E Foothill Blvd.	Glendora	CA	91741
Diploma/Degree obtained, if any			
H.S. Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2018 - Present	[redacted] Mills Ave	Redlands	CA	92373
08/2014 - 08/2018	[redacted] Lane St.	Loma Linda	CA	92354

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Outdate Rx, LLC			From - To (MM/YY – MM/YY): 07/2015 - Current
Business Address: 1125 Research Dr., Ste. A	City: Redlands	State: CA	Zip: 92374
Phone: 909-328-4006	Title: Finance Director		
Description of Duties: Accounting Finance Oversight			

Business Name: Custom Concepts			From - To (MM/YY – MM/YY): 06/2006 - 07/2015
Business Address:	City: Glendora	State: CA	Zip: 91740
Phone: 626-226-7905	Title: Owner		
Description of Duties: Contracting			

Business Name: Forrest Lawn			From - To (MM/YY – MM/YY): 11/2012 - 05/2013
Business Address: 21300 Via Verde St.	City: Covina	State: CA	Zip: 91724
Phone: 888-204-3131	Title: Pre-Planner		
Description of Duties: Funeral Planning			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Richard Ingram

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Bernardino

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/23/2022

Date

Subscribed and Sworn to before me this 23 day of Sept. 2022

Notary Public Signature

NANCY BISHAY
COMM. #2306959
NOTARY PUBLIC-CALIFORNIA
SAN BERNARDINO COUNTY
My Comm. Expires Sept. 26, 2023

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100670619

Application/License No. _____

OUTDATE RX, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1125 RESEARCH DR SUITE A REDLANDS, CA, 92374 (Address of Applicant/Principal), as PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY (Surety Company), a corporation organized under the laws of the state of California (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 7/14/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of July, 2022.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

APPLICANT/PRINCIPAL

OUTDATE RX, LLC

Authorized Representative

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

JOSHUA R. KAYSER, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A Retaliatory
Nevada Resident Agent

Posted February 20, 2020

TOKIO MARINE HCC

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:
That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

JOSHUA R. KAYSER

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100670619, issued in the course of its business and to bind the Company thereby, in an amount not to exceed One hundred thousand and 00/100 ($100,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 18th day of April, 2022.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

State of California
County of Los Angeles

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2398710
My Comm. Expires Apr 23, 2026

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of July, 2022.

Bond No. 100670619

Agency No. 13266

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

_____
Kio Lo, Assistant Secretary

visit tmhcc.com/surety for more information

Outdate Rx – wtf

8028

Nevada State Board of Pharmacy

9/14/2022

2817

40.25

Bank of America Chec Finger Print application fee - Michael Granados

40.25

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9-23-2022
Date

4EEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (05/12/2022)

Where is the facility located?		☐ Nevada ☑ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Reassurance Logistics LLC

Physical Address: 520 NW 77th Street

City: Boca Raton State: FL Zip: 33487

Mailing Address (if different from physical address): 225 NE Mizner Blvd Suite 770

City: Boca Raton State: FL Zip: 33432

Telephone: 561-462-0085 Website: _____

Name of Designated Representative (DR): Joseph Jamil Vera

Licensing Company Email: reassurancelogistics@pharma.solutions DR Email: Joseph@reassurance.io

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☑ Controlled Substances	☐ Repacker
☐ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☑ Others: Prescription (Rx) Drugs, Over-the Counter (OTC)	☐ Warehouse
☑ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☑ Others: Third Party Logistics Provider

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:** See attached documents

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached documents

Joseph Anzalone

Original Signature (electronic, copies or stamps not accepted)

11/17/2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: E5 Pharma
Address: 225 NE Mizner Blvd Suite 770 City: Boca Raton State: FL Zip: 33432

Name: Mizner Bioscience, LLC
Address: 225 NE Mizner Blvd Suite 760 City: Boca Raton State: FL Zip: 33432

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida
Parent Company (if any): N/A
Corporation/Organization Name: Reassurance Logistics LLC
Mailing Address: 225 NE Mizner Blvd, Suite 770
City: Boca Raton State: FL Zip: 33432
Telephone: 561-462-0085 Email: reassurancelogistics@pharma.solutions
Contact Person Name: Joseph Anzalone

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Reassurance Logistics LLC
Facility Name

Joseph Anzalone
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

11/17/2022
Date

Board Use Only	Date Received: _____	Amount: 1000.00 CK - 2013

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

REASSURANCE LOGISTICS LLC
225 NE MIZNER BLVD, SUITE 770
BOCA RATON FL 33432

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

02391 ISSUED: 05/10/2022

THIRD PARTY LOGISTICS PROVIDER
REASSURANCE LOGISTICS LLC

HAS REGISTERED under the provisions of Ch 499 FS.
Expiration date : MAY 31, 2024 L2205100000115

DETACH HERE

RON DESANTIS, GOVERNOR

MELANIE S. GRIFFIN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
02391

The THIRD PARTY LOGISTICS PROVIDER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: MAY 31, 2024

REASSURANCE LOGISTICS LLC
520 NW 77TH STREET
BOCA RATON FL 33487

ISSUED: 05/10/2022 DISPLAY AS REQUIRED BY LAW SEQ # L2205100000115

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0637364	04-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	11-02-2022

REASSURANCE LOGISTICS LLC
520 NW 77TH ST
BOCA RATON, FL 334871336

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RR0637364	04-30-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	DISTRIBUTOR	11-02-2022

REASSURANCE LOGISTICS LLC
520 NW 77TH ST
BOCA RATON, FL 334871336

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

REASSURANCE
LOGISTICS RE-INVENTED

Reassurance Logistics, LLC Officers/Owners

Florida Limited Liability Company

Robert James Edwards Jr, CEO
70% Ownership
Date of Birth: [redacted]
Social Security Number: [redacted]
Email Address: bob@e5pharma.com
Home Address: [redacted] E Key Palm Road, Boca Raton, FL 33432
Home/Cell Phone: [redacted]
Business Address: 225 NE Mizner Blvd, Suite 770, Boca Raton, FL 33432
Business Phone: 561-288-4885

Joseph Thomas Anzalone, COO
30% Ownership
Date of Birth: [redacted]
Social Security Number: [redacted]
Email Address: joseph@e5pharma.com
Home Address: [redacted] Marbel Way, Boca Raton, FL 33432
Home/Cell: [redacted]
Business Address: 225 NE Mizner Blvd, Suite 770, Boca Raton, FL 33432
Business Phone: 561-288-4885

State of Florida
Department of State

I certify from the records of this office that REASSURANCE LOGISTICS LLC is a limited liability company organized under the laws of the State of Florida, filed on November 9, 2021, effective November 9, 2021.

The document number of this limited liability company is L21000484121.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on May 3, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-third day of May, 2022

Secretary of State

Tracking Number: 2327035351CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SU1188076

Application/License No. _____

Reassurance Logistics LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 520 NW 77th Street, Boca Raton, FL 33487 (Address of Applicant/Principal), as PRINCIPAL, and Arch Insurance Company (Surety Company), a corporation organized under the laws of the state of Missouri (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is Harborside 3, 210 Hudson Street, #300, Jersey City, NJ 07311 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 18, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of November, 20 22.

APPLICANT/PRINCIPAL

COMPANY
Reassurance Logistics LLC

Authorized Representative

SURETY
Arch Insurance Company

Surety Company's Representative

Jennifer Bernard, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Jennifer Bernard,
NV Licensed Non-resident Agent

XXXX

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for Note, Loan, Letter of Credit, Currency Rate, Interest Rate or Residential Value Guarantees.

POWER OF ATTORNEY

Know All Persons By These Presents:
That the Arch Insurance Company, a corporation organized and existing under the laws of the State of Missouri, having its principal administrative office in Jersey City, New Jersey (hereinafter referred to as the "Company") does hereby appoint:

Alexa Diaz, Anett Cardinale, Jennifer Bernard and Radha Jones of Tampa, FL (EACH)

its true and lawful Attorney(s)in-Fact, to make, execute, seal, and deliver from the date of issuance of this power for and on its behalf as surety, and as its act and deed: Any and all bonds, undertakings, recognizances and other surety obligations, in the penal sum not exceeding Ninety Million Dollars ($90,000,000.00).
This authority does not permit the same obligation to be split into two or more bonds In order to bring each such bond within the dollar limit of authority as set forth herein.

The execution of such bonds, undertakings, recognizances and other surety obligations in pursuance of these presents shall be as binding upon the said Company as fully and amply to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal administrative office in Jersey City, New Jersey.

This Power of Attorney is executed by authority of resolutions adopted by unanimous consent of the Board of Directors of the Company on December 10, 2020, true and accurate copies of which are hereinafter set forth and are hereby certified to by the undersigned Secretary as being in full force and effect:
"VOTED, That the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, or the Secretary shall have the power and authority to appoint agents and attorneys-in-fact, and to authorize them subject to the limitations set forth in their respective powers of attorney, to execute on behalf of the Company, and attach the seal of the Company thereto, bonds, undertakings, recognizances and other surety obligations obligatory in the nature thereof, and any such officers of the Company may appoint agents for acceptance of process."

This Power of Attorney is signed, sealed and certified by facsimile under and by authority of the following resolution adopted by the unanimous consent of the Board of Directors of the Company on December 10, 2020:

VOTED, That the signature of the Chairman of the Board, the President, or the Executive Vice President, or any Senior Vice President, of the Surety Business Division, or their appointees designated in writing and filed with the Secretary, and the signature of the Secretary, the seal of the Company, and certifications by the Secretary, may be affixed by facsimile on any power of attorney or bond executed pursuant to the resolution adopted by the Board of Directors on December 10, 2020, and any such power so executed, sealed and certified with respect to any bond or undertaking to which it is attached, shall continue to be valid and binding upon the Company. **In Testimony Whereof,** the Company has caused this instrument to be signed and its corporate seal to be affixed by their authorized officers, this **14th day of January, 2022.**

Attested and Certified

Regan A. Shulman, Secretary

Arch Insurance Company
CORPORATE SEAL 1971 Missouri

Arch Insurance Company

Stephen C. Ruschak, Executive Vice President

STATE OF PENNSYLVANIA SS
COUNTY OF PHILADELPHIA SS

I, **Michele Tripodi,** a Notary Public, do hereby certify that Regan A. Shulman and Stephen C. Ruschak personally known to me to be the same persons whose names are respectively as Secretary and Executive Vice President of the Arch Insurance Company, a Corporation organized and existing under the laws of the State of Missouri, subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that they being thereunto duly authorized signed, sealed with the corporate seal and delivered the said instrument as the free and voluntary act of said corporation and as their own free and voluntary acts for the uses and purposes therein set forth.

Commonwealth of Pennsylvania - Notary Seal
MICHELE TRIPODI, Notary Public
Philadelphia County
My Commission Expires July 31, 2025
Commission Number 1168622

Michele Tripodi, Notary Public
My commission expires 07/31/2025

CERTIFICATION

I, **Regan A. Shulman,** Secretary of the Arch Insurance Company, do hereby certify that the attached **Power of Attorney dated January 14, 2022** on behalf of the person(s) as listed above is a true and correct copy and that the same has been in full force and effect since the date thereof and is in full force and effect on the date of this certificate; and I do further certify that the said Stephen C. Ruschak, who executed the Power of Attorney as Executive Vice President, was on the date of execution of the attached Power of Attorney the duly elected Executive Vice President of the Arch Insurance Company.
IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the Arch Insurance Company on this 10 day of January 20 22.

Regan A. Shulman, Secretary

This Power of Attorney limits the acts of those named therein to the bonds and undertakings specifically named therein and they have no authority to bind the Company except in the manner and to the extent herein stated.

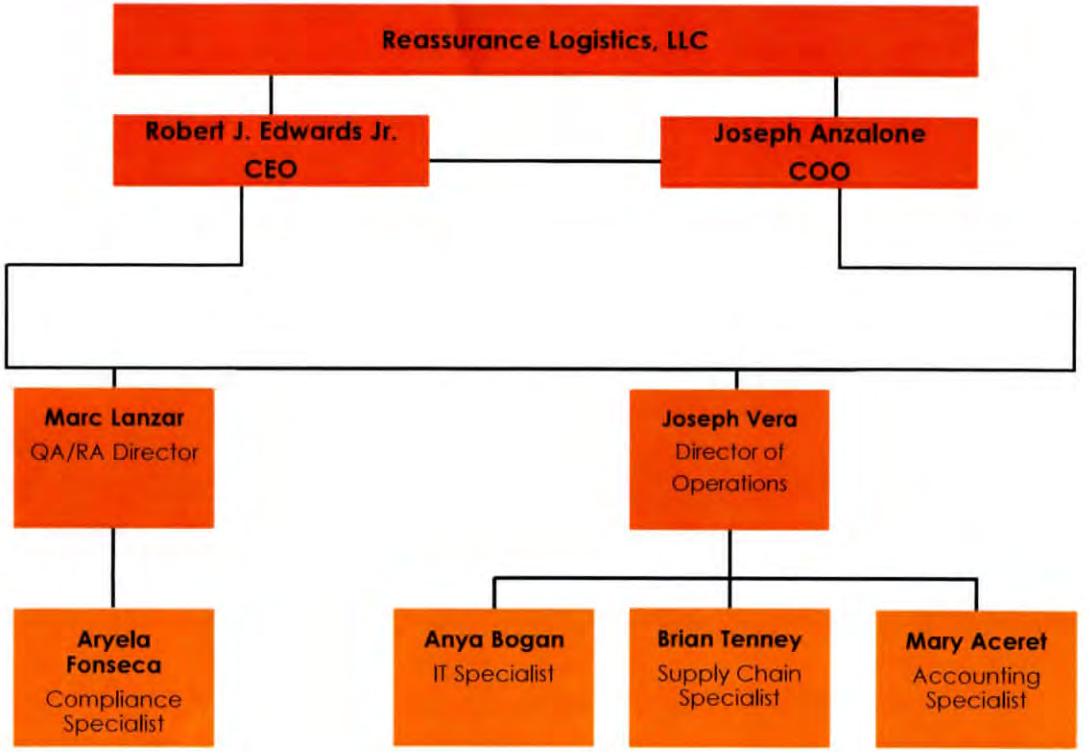
PLEASE SEND ALL CLAIM INQUIRIES RELATING TO THIS BOND TO THE FOLLOWING ADDRESS:
Arch Insurance – Surety Division
3 Parkway, Suite 1500
Philadelphia, PA 19102

Arch Insurance Company
CORPORATE SEAL 1971 Missouri

To verify the authenticity of this Power of Attorney, please contact Arch Insurance Company at SuretyAuthentic@archinsurance.com
Please refer to the above named Attorney-In-Fact and the details of the bond to which the power is attached.

REASSURANCE
LOGISTICS RE-INVENTED

Organization Chart



1/9/2023

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Reassurance Logistics LLC

Physical Address 520 NW 77th Street

City Boca Raton State FL Zip 33487

Mailing Address (if different from physical address) 225 NE Mizner Blvd Suite 770

City Boca Raton State FL Zip 33432

Telephone 561-462-0085 Website

Licensing Company Email reassurancelogistics@pharma.solutions

Section 2: Personal Information

First Joseph Middle Jamil Last Vera

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Holmberg Rd, Apt [redacted]

City Parkland State FL Zip 33067

Telephone [redacted] Email joseph@reassurance.io

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Broward College		10/18 to 02/21	
Address	City	State	Zip
111 East Last Olas Blvd	Ft Lauderdale	FL	33301
Diploma/Degree obtained, if any			
No degree completed			

School Name		From - To (MM/YY – MM/YY)	
Florida Preparatory Acedemy		08/97 to 05/99	
Address	City	State	Zip
1950 Academy Drive	Melbourne	FL	32901
Diploma/Degree obtained, if any			
High school diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21 to present	[redacted]Holmberg Rd, Apt [redacted]	Parkland	FL	33067
From - To (MM/YY – MM/YY)	[redacted]W Hillsboro Apt [redacted]	City	State	Zip
07/16 to 07/21		Coconut Creek	FL	33073
From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/13 to 07/16	[redacted]Boca Place Drive, Apt[redacted]	Boca Raton	FL	33433
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Reassurance Logistics LLC			11/21 to Present
Business Address	**City**	**State**	**Zip**
520 NW 77th Street	Boca Raton	FL	33432
Phone	**Title**	**Number of Employed Hours**	
561-462-0085	Director of Operations	2080	

Description of Duties • Lead and manage all facility Supply Chain operations activities.
• Manage the profit and loss of the facility Supply Chain operations.
• Execute the infrastructure project plans for the facility. This includes the implementation of the standardization programs for all supply chain functions.
• Interfaces directly with key customers, in concert with Sales & Marketing Management and Account Managers to resolve problems related to delivery, quality and other issues.
• Manage disaster supplies and processes, ensuring facility/facilities are prepared for disasters.
• Maintains full compliance with Company policies and procedures

Business Name			From - To (MM/YY – MM/YY)
E5pharma/Mizner Bioscience, LLC			03/21 to 11/21
Business Address	**City**	**State**	**Zip**
225 NE Mizner Blvd Suite 770	Boca Raton	FL	33434
Phone	**Title**	**Number of Employed Hours**	
561-288-4885	Director of Business Development	1280	

Description of Duties • Identifies and develops new business opportunities. • Builds relationships with customers, suppliers, distributors, partners, and vendors.
• Evaluates existing partnerships and sales efforts with an eye toward building on what works and changing what doesn't.
• Expands the profile and reach of the company and its brands. • Proposes and develops strategic partnerships.
• Tracks emerging markets and trends.• Fulfills requests for proposals (RFPs) from potential partners and customers.

Business Name			From - To (MM/YY – MM/YY)
Anda Inc			08/15 to 03/21
Business Address	**City**	**State**	**Zip**
2915 Weston Rd	Weston	FL	33331
Phone	**Title**	**Number of Employed Hours**	
(800) 331-2632	Supply Chain Group Leader	9440	

Description of Duties • Manage inventory levels while meeting inventory and turn goals. • Worked and managed positives relations with vendors.
Create and manage product demand plan for existing products, new products set to launch, and several non-trade components.
• Communicate with vendors to ensure that purchase orders are deliver in a timely matter.• Generate analysis reports to ensure KPI and service goals are meet.
• Provide reporting for virtual warehouse customers with inventory updates and new products additions.• Meet and evaluate prospectus vendors and product lines.
• Work with sales team to procure new items for the increase of sales.• Member of the strategic development sales team.

Business Name			From - To (MM/YY – MM/YY)
Advantix Systems			07/14 to 02/15
Business Address	**City**	**State**	**Zip**
13800 NW 2nd S	Sunrise	FL	33325
Phone	**Title**	**Number of Employed Hours**	
(305) 503-0446	Logistics & Purchasing Coordinator	1120	

Description of Duties • Manage timetables for international and domestic shipments as well as third party.
• Maintain inventory levels for the manufacturing process as well as the parts need it to provide support to customers.
• Procurement of component around the world for the companies R&D department. • Review and approve monthly invoices for components purchases, and freight companies
• Perform inventory audit twice per year.• Managed high volume of purchase orders.

Business Name			From - To (MM/YY – MM/YY)
Boca Pharmacal, LLC			07/06 to 03/14
Business Address	**City**	**State**	**Zip**
3550 NW 126th Ave	Coral Springs	FL	33065
Phone	**Title**	**Number of Employed Hours**	
(954) 346-8810	Procurement Manager	15840	

Description of Duties
• Consistently meeting inventory turn goals, customer service level requirements, and inventory dollar targets while experiencing 300% growth in company revenue.
• Create and manage product demand plan for existing generic products, new products set to launch, and several non-trade components.
• Primary negotiator for company freight agreements and other logistic vendors. Generated a savings of 31% since starting this position.
• Operations lead for developing SOPs for material handling for highly regulated pharmaceutical supply chain.
• Managed inventories from the manufacturing facility to the distribution center to balance inventory and prevent backorders

Continue on next page if additional space is needed.

Applicant's initials BN

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?	✔	
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
7/18/2005		FL		Palm Beach County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2005035955		Palm Beach County Sheriff's Office		
Reason/Charge				
Failure to Appear				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Joseph Vera				
Name of Business/Industry/Entity				

Provide explanation below:

Failure to appear in court so charged with a misdemeanor

Joseph Vera

Original Signature (electronic, copies or stamps not accepted)

3/24/2023

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/03/2010		FL		Martin County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
103734		Martin County Sheriff's Office		
Reason/Charge				
Prob Violation - Willful Wanton Reckless Drive				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Joseph Vera				
Name of Business/Industry/Entity				

Provide explanation below:

I was arrested for a charge of reckless driving after an accident. This case was taken to court, where we ended up settling with the prosecutor' s office in a misdemeanor charge with probation. Unfortunately, I broke probation and surrendered to the local Sheriff office to be later released by the judge

Joseph Vera

Original Signature (electronic, copies or stamps not accepted)

3/29/2023

Date

I, Joseph Vera, **certify that as the designated representative for**

Reassurance Logistics LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JV I am at least 21 years of age;
3. JV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph Jamil Vera

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/29/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Jamil Vera
Print Name (First, Last)

Joseph Vera
Original Signature (electronic, copies or stamps not accepted)

11/17/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Joseph Vera, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Joseph Vera
Original Signature

11/17/2022
Date

Subscribed and Sworn to before me this 17th day of Nov.

Notary Public Signature

Notary Public State of Florida
Aryela Fonseca
My Commission
HH 280864
Exp. 6/26/2026

(Seal)

Applicant's initials AV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Reassurance Logistics LLC

Physical Address 520 NW 77th Street

City Boca Raton State FL Zip 33487

Mailing Address (if different from physical address) 225 NE Mizner Blvd Suite 770

City Boca Raton State FL Zip 33432

Telephone 561-462-0085 Website

Licensing Company Email reassurancelogistics@pharma.solutions

Section 2: Personal Information

First Robert Middle James Last Edwards Jr

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] E Key Palm Road

City Boca Raton State FL Zip 33432

Telephone [redacted] Email bob@e5pharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lynn University		2014 to 2016	
Address	**City**	**State**	**Zip**
3601 N Military Drive	Boca Raton	FL	33431
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2014 to present	[redacted]E Key Palm Road	Boca Raton	FL	33432
2002 to 2014	[redacted]W Cypress Head Road	Parkland	FL	33075

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Mizner Bioscience, LLC			2018 to present
Business Address	**City**	**State**	**Zip**
225 NE Mizner Blvd, Suite 770	Boca Raton	FL	33432
Phone	**Title**		
561-288-4885	President, Treasurer		

Description of Duties

- ☒ Start-Up Leadership
- ☒ Strategy, Vision & Mission Planning
- ☒ Product Selection
- ☒ Financial Support

Business Name			From - To (MM/YY – MM/YY)
e5 Pharma, LLC			2007 to present
Business Address	**City**	**State**	**Zip**
225 NE Mizner Blvd, Suite 770	Boca Raton	FL	33432
Phone	**Title**		
561-288-4885	CEO/Founder		

Description of Duties

- ☒ Face of the Company
- ☒ Day to Day Leadership
- ☒ Conduct Management Meetings
- ☒ Strategy, Vision & Mission Planning
- ☒ Contract Negotiations
- ☒ Vendor Qualifications
- ☒ Sales & Marketing Leadership
- ☒ Marketing Oversight

Business Name			From - To (MM/YY – MM/YY)
Boca Pharmacal, LLC			1999 to 2014
Business Address	**City**	**State**	**Zip**
6601 Lyons Road	Deerfield	FL	33073
Phone	**Title**		
	CEO/Co-Founder		

Description of Duties

- ☒ Strategy, Vision & Mission Planning
- ☒ Sales & Marketing Leadership
- ☒ Programs, Services & Products

Business Name			From - To (MM/YY – MM/YY)
Aiko Med, Inc			1995 to 1999
Business Address	**City**	**State**	**Zip**
6601 Lyons Road	Deerfield Beach	FL	33073
Phone	**Title**		
	President		

Description of Duties

- ☒ Strategy, Vision & Mission Planning
- ☒ Sales & Marketing Leadership
- ☒ Programs, Services & Products

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
See attached documents				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See attached documents

Robert J Edwards Jr

Original Signature (electronic, copies or stamps not accepted)

11-17-22

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert J Edwards Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Robert J Edwards Jr, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Robert J Edwards Jr

Original Signature

11/17/22

Date

Subscribed and Sworn to before me this 17 day of Nov.

Notary Public Signature

(Seal)

Applicant's initials B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Reassurance Logistics LLC

Physical Address 520 NW 77th Street

City Boca Raton State FL Zip 33487

Mailing Address (if different from physical address) 225 NE Mizner Blvd, Suite 770

City Boca Raton State FL Zip 33432

Telephone 561-462-0085 Website

Licensing Company Email reassurancelogistics@pharma.solutions

Section 2: Personal Information

First Joseph Middle Thomas Last Anzalone

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] NE Marine Drive

City Boca Raton State FL Zip 33431

Telephone [redacted] Email joseph@e5pharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Suny Farmingdale		1977 to 1980	
Address	**City**	**State**	**Zip**
2350 NY-110	Farmingdale	NY	11735
Diploma/Degree obtained, if any			
Associates in Civil Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22 to present	[redacted] Marine Drive	Boca Raton	FL	33431
2018 to 2022	[redacted] Marbel Way	Boca Raton	FL	33432
2014 to 2018	[redacted] S Maya Palm	Boca Raton	FL	33432
2004 to 2014	[redacted] E Upper Ridge Drive	Parkland	FL	33076
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Mizner Bioscience, LLC			11/18 to present	
Business Address		**City**	**State**	**Zip**
225 NE Mizner Blvd Suite 770		Boca Raton	FL	33434
Phone	**Title**			
561-288-4885	Vice President, Secretary			
Description of Duties				
• Oversee all operations, Sales, Accounting, Regulatory, Warehousing • Supervise Distribution of Pharmaceutical Products • Purchasing of all Drug Products				

Business Name			From - To (MM/YY – MM/YY)	
e5 Pharma, LLC			02/14 to present	
Business Address		**City**	**State**	**Zip**
225 NE Mizner Blvd, Suite 770		Boca Raton	FL	33434
Phone	**Title**			
561-288-4885	COO			
Description of Duties				
• Oversee all operations, Sales, Accounting, Regulatory, Warehousing • Supervise Distribution of Controlled Pharmaceuticals CII-CV • Purchasing of all Generic Drug Products				

Business Name			From - To (MM/YY – MM/YY)	
Boca Pharmacal, Inc.			01/04 to 01/14	
Business Address		**City**	**State**	**Zip**
3550 NW 126th Ave		Coral Springs	FL	33065
Phone	**Title**			
954-346-8815	President			
Description of Duties				
• Oversee all operations, Sales, Accounting, Regulatory, Warehousing • Supervise Distribution of Controlled Pharmaceuticals CII-CV • Purchasing of all Generic Drug Products				

Business Name			From - To (MM/YY – MM/YY)	
Harvard Drug Group			03/91 to 12/03	
Business Address		**City**	**State**	**Zip**
17187 N Laurel Park Dr		Livonia	MI	48152
Phone	**Title**			
(734) 525-8700	Vice President of Generic Drug Procurement			
Description of Duties				
Warehouse Manager Operations Manager Vice President of Generic Drugs Procurement				

Business Name			From - To (MM/YY – MM/YY)	
Genetco Inc.			01/86 to 02/91	
Business Address		**City**	**State**	**Zip**
711 Union Pkwy		Ronkonkoma	NY	11779
Phone	**Title**			
(800) 969-8007	Operations Manager			
Description of Duties				
Warehouse Manager Operations Manager Generic Drug Procurement				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge See attached documents				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached documents

Joseph Anzalone

Original Signature (electronic, copies or stamps not accepted)

11/17/2022

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Anzalone
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Joseph Anzalone, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Joseph Anzalone
Original Signature

11/17/2022
Date

Subscribed and Sworn to before me this 17 day of Nov.

Notary Public Signature

Notary Public State of Florida
Aryela Fonseca
My Commission
HH 280864
Exp. 6/26/2026

(Seal)

Applicant's initials

E5 Corporate Info:

- E5 Pharma, LLC was formed 08/09/2007 in the State of Florida
- Florida Prescription Drug Manufacturer (Virtual) License # 4511 issued 10/30/2019

MBS Corporate Info:

- Mizner Bioscience, LLC was formed 11/07/2018 in the State of Florida
- Florida Prescription Drug Manufacturer (Virtual) License # 4516 issued 10/30/2019.

History of License Fines:

Boca Pharmacal: (Company sold 1/2014)

Illinois 2002:

- *"Department alleges that Respondent, prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution.*
- *"Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent posses a Florida prescription Drug Wholesale license; and, Respondent regrets the incident, which was an oversight."*
- License was issued and a fine in the amount of $2,930 was paid to the State of Illinois.

Florida 2008:

- Inspection was conducted 12/13/2007
- BP received prescription drugs from Legacy Packaging who was unlicensed in the state of Florida
- BP failed to obtain a pedigree paper from its re-packager (Legacy)
- Settled for $1,000 and case was closed.

E5 Pharma, LLC:

Alabama 2018

- e5 Pharma re-started operations and applied for an Alabama license in 2018. Upon application to Alabama BOP, we were made aware of the license from 2008 had not been properly closed out. We believed that no action was needed after the license expired.
- E5 Pharma had NO products in distribution since at least 2009 and believed since license expired, no further action was needed.
- E5 Pharma inadvertently failed to disclose the Boca Pharmacal Illinois fine from 2002 on initial application to Alabama in 2007

- A fine of $5,000 was paid to the state of Alabama

Florida 2020

- E5 Pharma was fined from the state of Florida on 03/2020 and paid a settlement in the amount of $6,500
- State of Florida agreed that settlement agreement will not be deemed to constitute a discipline against e5 Pharma.

Michigan 2021 – DISMISSED (2/16/2022)

- Administrative complaint dated 11/23/2021 was issued to e5 Pharma claiming that Bob Edwards and Joseph Anzalone remained owners and officers at Respondent before and after the Florida Final Order was executed.
- Compliance Conference was held 12/09/2021
- 2/16/2022 Board approved an Order of Dismissal

Florida 2021

- E5 Pharma withdrew Broker only license number 2967. License expired on 12/31/2021

Mizner Bioscience:

Alabama 2020

- Mizner Bioscience issued a Flash notice to all states notifying of the Florida fine.
- Alabama issued a notice to appear and Mizner settled with a $1,000 fine based on Florida inspection.

Florida 2020

- Mizner was inspected by the State of Florida to grant our initial application for a Virtual Manufacturer license.
- NOW was issued 1/15/2020 and final order was issued March 10,2020 – After our NV Application was submitted to the board.
- E5 Pharma, Mizner Bioscience and Univar all believed that API purchases were exempt from licensing requirements – particularly when product is under R&D
- Additionally, Univar provided e5 Pharma and Mizner Bioscience with a statement that claimed they were exempt from the FL License requirement.
- Mizner worked with the CMO and supplier to have the CMO purchase the API and bill Mizner for the material. The inspector believed that the revised documentation was "creating business records after the fact"
- None of the API entered the State of Florida – only the invoice was issued to Mizner in the state of Florida.

- The State of Florida Inspector requested numerous documents from our team for BOTH e5 Pharma and Mizner during the inspection. To provide the information as soon as possible – a team member inadvertently generated a single document with BOTH Mizer and e5 Pharma inventory. This was an internal oversight and system improvements have been implemented to prevent this from happening again. The inspector believed that the clerical error was "Commingling business records"
- Administrative fine of $10,000 was paid, and license was issued.

Michigan 2021 – DISMISSED (2/16/2022)

- Administrative complaint dated 09/14/2021 was issued to Mizner Bioscience claiming that Bob Edwards and Joseph Anzalone remained owners and officers at Respondent before and after the Florida Final Order was executed.
- 2/16/2022 Board approved an Order of Dismissal

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Bruce Rauner
Governor

Bryan A. Schneider
Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

E5 Pharma LLC
Jennifer Moura
225 NE Mizner Blvd Ste 770
Boca Raton FL 33432

Licensee:	BOCA PHARMACAL INC
License Number:	004.001507
Profession:	LICENSED WHOLESALE DRUG DISTRIBUTOR
	SPECIALTY: WHOLESALER
Date of Issuance:	01/28/2002
Expiration Date:	12/31/2014
License Status:	NOT RENEWED
License Method:	NON-EXAM
Disciplinary History:	**Has been disciplined-see enclosed documents**

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

ILL. DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIV. OF PROFESSIONAL REGULATION

#7

Jay Stewart
Director
Division of Professional Regulation

May 5, 2016
Date

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Bruce Rauner
Governor

Bryan A. Schneider
Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION

I, Jay Stewart, Director of the Division of Professional Regulation, do hereby certify that I have been designated by the Secretary of the Department of Financial and Professional Regulation of the State of Illinois, as the keeper of its records and Seal. Such document(s) attached hereto are certified copies of the records maintained and kept by this Department in the regular course of business as of today's date.

IN WITNESS WHEREOF, I have set my hand and Seal of the Department of Financial and Professional Regulation at Springfield, Sangamon County, Illinois, this 5th day of April 2016.

#7

Jay Stewart
Director
Division of Professional Regulation

ILL. DEPT. OF FINANCIAL & PROFESSIONAL REGULATION
DIV. OF PROFESSIONAL REGULATION

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 1-800-560-6420 if you have any questions.

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant	)	
v.		)	No. 2001-02638-1
BOCA PHARMACAL, INC. License No. 004/Unlicensed,	Respondent	)	

CONSENT ORDER

The Department of Professional Regulation by Michael C. Yount, one of its attorneys, and Boca Pharmacal, Inc., (hereinafter "Boca Pharmacal"), Respondent, hereby agree to the following:

STIPULATIONS

Boca Pharmacal, is a non-resident wholesale drug distributor located in the State of Florida. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the parties and subject matter herein.

The Department alleges that Respondent, prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution.

The allegations as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a wholesale drug distributor on the authority of 225 ILCS (2001), Act 120, sections 25(a), 26, and 55 (a)(1).

As a result of the foregoing allegations, Respondent, by and through its attorney, Fred Elefant, expressed its desire to enter into a Consent Order with the Department. Michael C. Yount, staff attorney, represented the Department. Gary Reynolds, R.Ph., Chairperson of the Board of Pharmacy of the State of Illinois, was consulted regarding this matter.

Respondent admits the Department's allegation, however, Respondent presented the following information in mitigation: Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent possesses a Florida Prescription Drug Wholesale license; and, Respondent regrets the incident, which was an oversight. Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Michael C. Yount, its attorney, and Boca Pharmacal, Inc., Respondent, agree:

A. Respondent's Illinois wholesale drug distributor license shall be issued provided Respondent completes and submits to the Department all necessary forms and pays all necessary fees.

B. Immediately upon issuance of Respondent's license, said license shall be issued a reprimand.

C. Upon issuance of Respondent's license, said license shall be fined in the amount of $2,930.00. Within thirty (30) days of the effective date of this Consent Order, Respondent Boca Pharmacal, shall pay said fine by certified check or money order, made payable to the Illinois Department of Professional Regulation (IDPR). Respondent shall send the fine payment to the IDPR, Attn: Fiscal, 320 W. Washington, 3rd Floor, Springfield, Illinois 62786.

D. If Respondent Boca Pharmacal, fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent Boca Pharmacal, shall be responsible for all costs and fees incurred by the Department in said collection effort.

E. Any violation of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a

Complaint to revoke or otherwise discipline Respondent's license to operate in the State of Illinois as a wholesale drug distributor..

F. This Consent Order shall become effective immediately after it is approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

12-03-01
DATE

Michael C. Yount
Attorney for the Department

11-25-01
DATE

Boca Pharmacal, Inc., by its designated representative, Respondent

11-21-01
DATE

Fred Elefant
Attorney for Respondent

11-30-2001
DATE

Gary Reynolds, R.Ph.
Member, Board of Pharmacy

The foregoing Consent Order is approved in full.

DATED THIS 11th day of January, 20 02.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

LEONARD A. SHERMAN
DIRECTOR

License No. 004 / Unlicensed
Case No. 2001-02638-1

State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation
320 W. Washington St., 3rd Floor, Springfield, IL 62786

ATTENTION

The attached document is an official
State of Illinois
Licensure certification/verification, prepared by the
Illinois Department of Financial and Professional Regulation.

This certifies that the named individual has met all of the education/examination requirements by law in order to receive the credential that is being verified.

The Department has eliminated specific examination status from certifications/verifications of licensure, as passage of an examination is a requirement for licensure.

This information is the **ONLY** certification information provided by this Department. If other information is needed, it **MUST** be obtained from the applicant.

THANK YOU

Final Order No. DOH-08-3136-S-MQA
FILED DATE - 12-3-08
Department of Health
By: Rachel Rd
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2008-01080

vs.

BOCA PHARMACAL, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on November 21, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about December 1, 2008, and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 23 day of December 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: _____
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Boca Pharmacal, Inc., 3550 NW 126th Ave, Coral Springs, Fl 33065,** this 24 day of December, 2008.

Deputy Clerk

cc: Jennifer Condon, DOH 4052 Bald Cypress Way, Bin #A-02 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

SETTLEMENT AGREEMENT
Boca Pharmacal, Inc
Case No: 2008-01080

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Boca Pharmacal, Inc, neither admits nor denies the alleged violations in the Notice of Violation.

2) During the time the alleged violations occurred, Boca Pharmacal, Inc was permitted as a Prescription Drug Wholesaler within the state of Florida.

3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

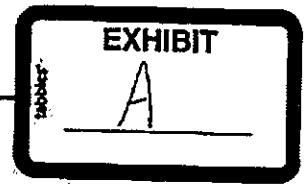
4) Boca Pharmacal, Inc, by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.

5) Boca Pharmacal, Inc, admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

SETTLEMENT

6) Boca Pharmacal, Inc, agrees to pay a fine of ONE THOUSAND DOLLARS ($1,000.00), and acknowledges that the total payment is enclosed with this agreement.

7) Boca Pharmacal, Inc, affirms the violations cited in the Notice of Violation letter issued under this case number have been corrected.



8) Boca Pharmacal, Inc, affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

9) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

10) Boca Pharmacal, Inc, expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

11) Boca Pharmacal, Inc, waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

Corporate Seal:

By: _____ 12/1/07
President (or authorized agent) Date

Attested by: _____ 12-1-08
Corporate Secretary Date

[Note this line only applies if the respondent is a corporation.]

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
E5 PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor	)	**CASE NO: 17-L-0092**
Virtual Permit No. 195367	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against E5 Pharma, LLC (hereinafter referred to as "E5") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Pursuant to Code of Alabama (1975) Section 41-22-12(f) the parties through counsel have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that E5 violated the applicable provisions based upon the conduct set out in each and every Count of the Statement.

2. E5 shall pay to the Board an administrative fine in the amount of Five Thousand dollars ($5,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and E5 shall not attempt to discharge the same in any bankruptcy proceeding.

3. That E5 expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. E5 further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, E5 hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. That E5 agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That E5 acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. E5 acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.



DONE this the 5th day of April, 2018.

E5 Pharma, LLC

By: Robert J. Edwards Jr.
Its: CEO

Colleen M. Helsey, Attorney for E5 Pharma, LLC

DONE this the 17 day of April, 2017. 2018

ALABAMA STATE BOARD OF PHARMACY

By:
David Darby, R.Ph., President

By:
James S. Ward
Its Attorney

OF COUNSEL:
WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
E5 PHARMA, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Virtual Permit No. 195367	)	**CASE NO: 17-L-0092**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: E5 Pharma, LLC
225 NE Mizner Boulevard
Boca Raton, Florida 33432

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1, § 34-23-34, § 34-23-92(11) and (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on April 17th, 2018 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate E5 Pharma, LLC as a Private Label Distributor-Virtual should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that E5 Pharma, LLC has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors

include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Compliance with the requirements to maintain records required to be maintained.

(c) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.

(d) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

COUNT ONE

Violating Code of Alabama (1975), §34-23-32 in that during 2014, 2015, 2016 and/or 2017 you distributed drug products or were involved in the distribution of drug

products in the State of Alabama without a current or valid permit to do so.

The Board alleges that each distribution is a separate and distinct violation.

COUNT TWO

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state by failing to disclose on your 2007-2008 initial application for a permit as a Manufacturer, Wholesaler/Distributor dated September 24, 2007, when required to do so, a Consent Order entered by the State of Illinois Department of Professional Regulation on January 11, 2007 attached hereto as Exhibit "A" and/or you engaging in the unlicensed practice of wholesale drug distribution.

COUNT THREE

The Board alleges you have violated the above referenced provisions and you are not qualified to possess the permit, and/or your operation is not consistent with the public safety or endangers the public health of the citizens of this state by failing to disclose on your renewal application for 2013-2014 dated when required to do so a Settlement Agreement with the Florida State Board of Pharmacy on December 1, 2008 attached hereto as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 8th day of January, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT A

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois	Complainant	)	
v		)	No. 2001-02638-1
BOCA PHARMACAL, INC License No. 004/Unlicensed	Respondent	)	

CONSENT ORDER

The Department of Professional Regulation by Michael C. Yount, one of its attorneys, and Boca Pharmacal, Inc. (hereinafter "Boca Pharmacal") Respondent, hereby agree to the following:

STIPULATIONS

Boca Pharmacal is a non-resident wholesale drug distributor located in the State of Florida. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the parties and subject matter herein.

The Department alleges that Respondent, prior to licensure with the Department, engaged in the unlicensed practice of wholesale drug distribution.

The allegations as set forth herein, if proven to be true, would constitute grounds for disciplinary action against Respondent's license as a wholesale drug distributor on the authority of 225 ILCS (2001), Act 120, sections 25(a), 26, and 55 (a)(1).

As a result of the foregoing allegations, Respondent by and through its attorney, Fred Elefant, expressed its desire to enter into a Consent Order with the Department. Michael C. Younl, staff attorney, represented the Department. Gary Reynolds, R.Ph., Chairperson of the Board of Pharmacy of the State of Illinois, was consulted regarding this matter.

Respondent admits the Department's allegation, however, Respondent presented the following information in mitigation: Respondent, at the time of the alleged violation, was unaware of the wholesale drug distributor licensing requirements in the State of Illinois; Respondent possesses a Florida Prescription Drug Wholesale license; and, Respondent regrets the incident, which was an oversight. Respondent has fully cooperated with the Department in this matter.

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

MAY 1 1 2017

CONDITIONS

WHEREFORE, the Department, through Michael C. Younl, its attorney, and Boca Pharmacal, Inc., Respondent, agree:

A Respondent's Illinois wholesale drug distributor license shall be issued provided Respondent completes and submits to the Department all necessary forms and pays all necessary fees.

B Immediately upon issuance of Respondent's license, said license shall be issued a reprimand.

C Upon issuance of Respondent's license, said license shall be fined in the amount of $2,930.00. Within thirty (30) days of the effective date of this Consent Orcer, Respondent Boca Pharmacal, shall pay said fine by certified check or money order, made payable to the Illinois Department of Professional Regulation (IDPR). Respondent shall send the fine payment to the IDPR, Attn: Fiscal, 320 W. Washington, 3rd Floor, Springfield, Illinois 62786.

D If Respondent Boca Pharmacal fails to pay the aforementioned fine and the Department initiates a collection effort to retrieve the fine, Respondent Boca Pharmacal, shall be responsible for all costs and fees incurred by the Department in said collection effort.

E Any violation of the terms and/or conditions of this Consent Order shall be grounds for the Department to immediately file a

Complaint to revoke or otherwise discipline Respondent's license to operate in the State of Illinois as a wholesale drug distributor.

F. This Consent Order shall become effective immediately after it is approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

12-03-01
DATE

Michael C. Yount
Attorney for the Department

11-25-01
DATE

Boca Pharmacal, Inc., by its designated representative, Respondent

11-21-01
DATE

Fred Elefant
Attorney for Respondent

11-30-2001
DATE

Gary Reynolds, R.Ph.
Member, Board of Pharmacy

The foregoing Consent Order is approved in full.

DATED THIS 11th day of January, 20 02

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

LEONARD A. SHERMAN
DIRECTOR

License No 004 Unlicensed
Case No 2001-02638-1

ES

EXHIBIT B

FL Discipline

FILED
DATE: 12-23-08
Department of Health
By: Rachel B
Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No.: 2008-01080

vs.

BOCA PHARMACAL, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on November 21, 2008. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about December 1, 2008, and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and ORDERED this 23 day of December 2008, in Tallahassee, Leon County, Florida.

ANA M. VIAMONTE ROS, M.D., M.P.H.
State Surgeon General

By: _____
Rebecca R. Poston, R.Ph.
Executive Director
Drugs, Devices and Cosmetics

E5

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to: **Boca Pharmacal, Inc., 3550 NW 126th Ave, Coral Springs, Fl 33065**, this 2nd day of December, 2008.

Deputy Clerk

cc: Jennifer Condon, DOH 4052 Bald Cypress Way, Bin #A-02 Tallahassee, FL 32399
Richard Sands, DOH 4052 Bald Cypress Way, Bin #C-70

65

SETTLEMENT AGREEMENT
Boca Pharmacal, Inc
Case No: 2008-01080

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) Boca Pharmacal, Inc. neither admits nor denies the alleged violations in the Notice of Violation.
2) During the time the alleged violations occurred, Boca Pharmacal, Inc was permitted as a Prescription Drug Wholesaler within the state of Florida.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

4) Boca Pharmacal, Inc. by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.
5) Boca Pharmacal, Inc. admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

SETTLEMENT

6) Boca Pharmacal, Inc. agrees to pay a fine of ONE THOUSAND DOLLARS ($1,000.00), and acknowledges that the total payment is enclosed with this agreement.
7) Boca Pharmacal, Inc. affirms the violations cited in the Notice of Violation letter issued under this case number have been corrected.

EXHIBIT
A

MAY 11 2017

8) Boca Pharmacal, Inc. affirms that it shall comply with all provisions of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

9) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

10) Boca Pharmacal, Inc. expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

11) Boca Pharmacal, Inc. waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

Corporate Seal:

By: _____ 12/1/08
President (or authorized agent) Date

Attested by: _____ 12-1-08
Corporate Secretary Date

[Note this line only applies if the respondent is a corporation.]

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 3/16/2020
File # 2020-02259

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case Nos.: 2019-059777**

E5 PHARMA, LLC,

Respondent.
_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between E5 Pharma, LLC. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(4), Florida Statutes (2018), by commingling business records and Section 499.0121(6), Florida Statutes (2018-2019), by failing to include the required information on business records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 12th day of March, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayo, at 2022-2 Raymond Diehl Road, Tallahassee, FL 32308 this 16th day of March, 2020.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No(s).: 2019-059777**

v.

E5 PHARMA, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Amended Notice of Violation in case number 2019-059777 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. E5 Pharma, LLC, (hereinafter, "Respondent") is permitted as a virtual Rx drug manufacturer by the Department, having been issued permit number 45:11. E5 Pharma also holds permit number 29:67, to operate as a prescription drug wholesale distributor—broker only.

2. Respondent's address of record is 225 NE Mizner Blvd Suite 770, Boca Raton, FL 33432.

3. Respondent was issued a Notice of Violation on January 9, 2020, alleging that it

committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Amended Notice of Violation issued in case number 2019-059777, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of six thousand, five hundred dollars ($6,500.00). **Payment of the settlement amonnt shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: George Coukoulis, Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department

will not deny or seek to deny any application for a permit of Respondent based on the allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-059777. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

E5 PHARMA, LLC,

By: _____

Name: Joseph Anzalone

Title: Chief Operating Officer

Date: 3/5/2020

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: WALTER S. COELUD

Title: DIVISION DIRECTOR

Date: 03.12.2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

DocuSign Envelope ID: 0BD682C1-AFBA-4035-ABFE-B505E1D79234

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
MIZNER BIOSCIENCE, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Applicant	)	**CASE NO: 20-L-0048**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a New Private Label Distributor application dated February 2, 2020 submitted by Mizner Bioscience, LLC (hereinafter referred to as the "Mizner") and a Statement of Charges and Notice of Hearing ("Statement") alleging whether the application was satisfactory to the Board allowing its issuance. A copy of the Statement is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Mizner through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The permit to operate Mizner as a Private Label Distributor in the State of Alabama shall be granted upon the payment of non-disciplinary administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discherge in bankruptcy nor shall the pharmacy attempt to discharge the same.

2. Mizner expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and

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Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with the Statement and any judicial review. Mizner further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

3. By execution of this Consent Order, Mizner hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

4. Mizner acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Mizner's permit, including, but not limited to revocation.

5. Mizner acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Mizner acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

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DONE this the 20th of July, 2020.

MIZNER BIOSCIENCE, LLC

BY: _____

ITS: Joseph Anzalone, COO

_____
Colleen M. Heisey, attorney for Mizner Bioscience, LLC

DONE this the 20 of July, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Ralph E. Sorrell, R.Ph., President

By: _____
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

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EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
MIZNER BIOSCIENCE, LLC	)	**BOARD OF PHARMACY**
	)	
Private Label Distributor Applicant	)	**CASE NO: 20-L-0048**

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Mizner Bioscience, LLC
225 NE Mizner Boulevard
Suite 760
Boca Raton, Florida 33432

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32(d), § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on July 23, 2020 at 8:00 a.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the Application for New Permit as a Private Label Distributor dated February 2, 2020 is satisfactory to the Board and/or should be granted based upon any or all of the following:

1. The Final Order entered by the Florida Department of Business, Professional Regulation, Division of Drugs, Devices and Cosmetics dated March 9, 2020 and/or the Settlement Agreement dated March 9, 2020 attached hereto together as Exhibit "A" and/or the allegations of violations of various statutory provisions as more fully set forth in the referenced Order.

At the aforesaid time and place and from time to time thereafter as may be

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directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 15th day of May, 2020.

ALABAMA STATE BOARD OF PHARMACY

Donna C Yeatman

By: Donna C. Yeatman
Executive Secretary

DocuSign Envelope ID: 0BD682C1-AFBA-4035-ABFE-B505E1D79234

EXHIBIT A

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 3/10/2020
File # 2020-02074

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case Nos.: 2019-055687**

MIZNER BIOSCIENCE, LLC,

Respondent.

_____/

FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Mizner Bioscience, LLC, and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violations of Section 499.005(22), Florida Statutes (2019), by operating as a virtual prescription drug manufacturer without a permit; Section 499.005(14), Florida Statutes (2018), by purchasing prescription drugs from unauthorized persons; Section 499.005(2), Florida Statutes (2019), by causing the adulteration of prescription drugs and Section 499.005(4), Florida Statutes (2019), by commingling business records.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

APR 16 2020

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DONE and ORDERED this 27th day of March, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By:
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn L. Pryor
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayó, Grossman, Furlow & Bayó, LLC 2022-2 Raymond Diehl Road, Tallahassee, Florida 32308, this 27th day of March, 2020.

By:
Agency Clerk's Office

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STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No(s).: 2019-055687**

v

Mizner Bioscience, LLC,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055687 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Mizner Bioscience, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as a Prescription Drug Manufacturer - Virtual.

2. Respondent's address of record is 225 Mizner Blvd., Ste. 760, Boca Raton, Florida 33432.

3. Respondent was issued a Notice of Violation on January 15, 2020 alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

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adopted pursuant thereto

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5 Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-055687, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7 Respondent agrees to pay a settlement amount of ten thousand dollars ($10,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8 The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department The Department will not deny or seek to deny any application for a permit of Respondent based on the

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allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

9 It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055687. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11 Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

DocuSign Envelope ID: 0BD682C1-AFBA-4035-ABFE-B505E1D79234

constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MIZNER BIOSCIENCE, LLC.,	**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,**
By:	By
Name:	Name: Walter Copeland
Title:	Title: Division Director
Date:	Date:

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 3/10/2020
File # 2020-02074

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v. **Case Nos.: 2019-055687**

MIZNER BIOSCIENCE, LLC,

Respondent.
_____/

FINAL ORDER

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This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 9th day of March, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn H. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Edwin A. Bayó, Grossman, Furlow & Bayó, LLC 2022-2 Raymond Diehl Road, Tallahassee, Florida 32308, this 10th day of March, 2020.

By: Brandon M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner, **Case No(s).: 2019-055687**

v.

Mizner Bioscience, LLC,

Respondent.
_____/

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allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

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11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall

constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

MIZNER BIOSCIENCE, LLC.,

By: _____

Name: Joseph Angalone

Title: Chief Operating Officer

Date: 3/2/2020

FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,

By: _____

Name: Walter Copeland

Title: Division Director

Date: 03.09.2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

4FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

4

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH 01450	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Reliance Wholesale, Inc.

Physical Address: 100 Crescent Drive

City: Collierville State: TN Zip: 38017

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 866-210-1591 Website: http://reliancewholesale.com

Name of Designated Representative (DR): Jacob Beck

Licensing Company Email: jbeck@reliancewholesale.com DR Email: jbeck@reliancewholesale.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☑ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached

Original Signature (electronic, copies or stamps not accepted)

12/9/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson
Address: 9954 Maryland Dr City: Richmond State: VA Zip: 23233
Name: Trimed Distributors
Address: 120 Vanderburg Rd City: Malboro State: NJ Zip: 00746
Name: Lone Star Phamaceuticals
Address: 11951 Hilltop Rd Bld6 Suite 18 City: Argile State: TX Zip: 76226
Name: Medcare Health
Address: 85 Franklin Rd Suite 88 City: Dover State: NJ Zip: 07801

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Tennessee
Parent Company (if any):
Corporation/Organization Name: Reliance Wholesale, Inc.
Mailing Address: 13801 SW 119th Ave
City: Miami State: FL Zip: 33186
Telephone: 866-210-1591 Email: jbeck@reliancewholesale.com
Contact Person Name: Jacob Beck

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Reliance Wholesale, Inc.

Facility Name

Josue Navarro

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/9/22

Date

Board Use Only	Date Received: 1.19.23	Amount: 1000.00 CC

29626

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000002377
EXPIRATION DATE: 05/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
WHOLESALE/DISTRIBUTOR
RELIANCE WHOLESALE, INC

COMMISSIONER OF HEALTH

JOSE TRESPALACIOS
RELIANCE WHOLESALE, INC
13801 SW 119TH AVENUE
MIAMI FL 33186-7523

12573141
29626

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR
RELIANCE WHOLESALE, INC
100 CRESCENT DR
COLLIERVILLE TN 38017

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000002377
EXPIRATION DATE: 05/31/2023

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5111001
issued by SureTec Insurance Company
in favor of (Obligee) Nevada State Board of Pharmacy
on behalf of (Principal) Reliance Wholesale, Inc.

In consideration of the premium charged, it is understood and agreed that :

effective September 16th, 2019

The Tennessee location on the bond is: 100 Crescent Drive, Collierville, TN 38017

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this September 16th, 2019

SureTec Insurance Company, Surety

By: _____
Davor I. Mimica *Attorney in Fact*

POA #: 5111001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 16th day of September, 2019, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

To: Board of Pharmacy
From: Reliance Wholesale Inc. **a Tennessee Corporation** EIN 20-3460248
Certified Minority Owned Business - No parent company. Established 9/2005

Re: Shareholders, corporate officers, and designated representatives.
Phone #: 866-210-1591 Fax #: 305-574-7775

Shareholder
Navarro Family Trust - EIN-90-6254760
Stock Ownership 100%
Trustee – John G. Admire
[redacted] Ponce De Leon Blvd. # 320
Coral Gables, FL 33134
[redacted] / John.Admire@SullivanAdmire.com

Officer / Director
Josue Navarro - [redacted]
DOB – [redacted]
Title – President / CEO
Home address & contact information
[redacted] Hiawatha Ave Unit 202
Coconut Grove, FL 33133
[redacted] / jnavarro@reliancewholesale.com

Designated Representatives
TN - Jacob Beck
[redacted]
jbeck@reliancewholesale.com

FL - Chadd Phinney
[redacted]
chadd@reliancewholesale.com

Business Address – Corporate Office
13801 SW 119 Ave, Miami, FL 33186
866-210-1591

TN Distribution Center
100 Crescent Dr, Collierville, TN 38017

Effective Date: 11/2022

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JOSH NAVARRO
13801 SW 119TH AVENUE
MIAMI, FL 33186

July 22, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0486550

Issuance Date: 07/22/2022
Copies Requested: 1

Document Receipt

Receipt # : 007397126 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3833064720 — $20.00

Regarding:	RELIANCE WHOLESALE, INC.		
Filing Type:	For-profit Corporation - Domestic	Control # :	501651
Formation/Qualification Date:	09/02/2005	Date Formed:	09/09/2005
Status:	Active	Formation Locale:	TENNESSEE
Duration Term:	Perpetual	Inactive Date:	
Business County:	SHELBY COUNTY		

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESALE, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

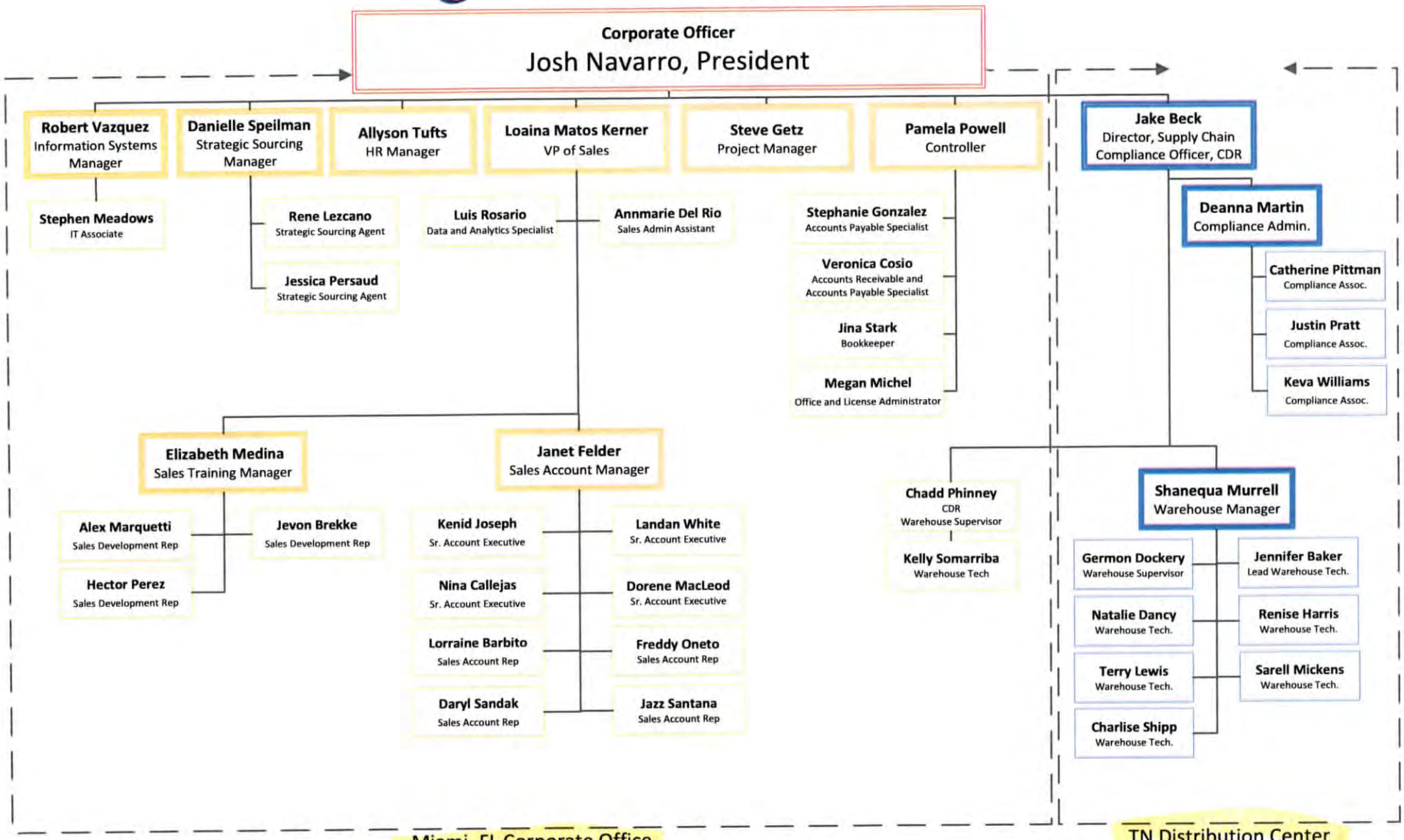
Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 055040010

WH03153 & WH01450
Employee List Pursuant to NRS 639.500 (2):

Reliance Wholesale, Inc



Miami, FL Corporate Office
13801 SW 119 Ave
Miami, FL 33186
PHONE: 866.210.1591 FAX: 305.661.6460

TN Distribution Center
100 Crescent Dr.
Collierville, TN 38017
PHONE: 901.775.9761 FAX: 901.755.9973

Document Modified
1/24/2023

APPENDIX B Org Chart

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Reliance Wholesale, Inc.

Pharmacy/Wholesaler License # (if applicable): WH01450

Physical Address: 100 Crescent Drive

City: Collierville State: TN Zip: 38017

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (866)210-1591 Website: https://reliancewholesale.com/

Licensing Company Email: jbeck@reliancewholesale.com

Section 2: Personal Information

First: Jacob Middle: Dean Last: Beck

Alias(es, nicknames, name changes, etc.): Jake

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Darton Drive

City: Arlington State: TN Zip: 38002

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southwest Tennesse Community College		Fall of 2015 - Fall of 2017	
Address	City	State	Zip
5983 Macon Cove	Memphis	TN	38134
Diploma/Degree obtained, if any			
A.A.S, Magna Cum Laude Business and Commerce, Logistics/Transportation & Logistics/Transportation Management Technical Certification			

School Name		From - To (MM/YY – MM/YY)	
Olathe North High School		1994 - 1997	
Address	City	State	Zip
600 E Praire St	Olathe	KS	66061
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2010 - Current	[redacted] Darton Drive	Arlignton	TN	38002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Reliance Wholesale, Inc.			12/4/2017 - current
Business Address	**City**	**State**	**Zip**
100 Crescent Drive	Collierville	TN	38017
Phone	**Title**	**Number of Employed Hours**	
866-210-1591	Director of Supply Chain / Compliance Officer, CDR	5 years	

Description of Duties

As Director of Supply Chain and Direct Supervisor to the Designated Representatives my responsibilities include providing leadership, oversight, and guidance to Reliance's Florida and Tennessee operational and compliance teams to achieve results established. I am actively involved in and aware of daily distribution activities. I am responsible for developing and implementing policies and procedures related to all compliance and operational activities to ensure compliance with all Federal, State and Local statutes and regulations pertaining to the distribution of prescription medications.

Business Name			From - To (MM/YY – MM/YY)
AnovoRx			4/11/2016 - 12/3/2017
Business Address	**City**	**State**	**Zip**
1710 N. Shelby Oaks Dr #1	Memphis	TN	38134
Phone	**Title**	**Number of Employed Hours**	
(844) 288-5007	Warehouse Manager, CDR	20 months	

Description of Duties

As Warehouse Manager my responsibilities included providing leadership, oversight, and guidance to the AnovoRx operational and compliance teams to achieve results established. I was actively involved in and aware of daily distribution activities. I was responsible for developing and implementing policies and procedures related to all compliance and operational activities to ensure compliance with all Federal, State and Local statutes and regulations pertaining to the distribution of prescription medications.

Business Name			From - To (MM/YY – MM/YY)
Accredo Health Group, Inc/Curascript Specialty Distribution/Express Scripts			10/9/2000 - 4/1/2016
Business Address	**City**	**State**	**Zip**
1680 Century Center Pkwy Suite 8	Memphis	TN	38134
Phone	**Title**	**Number of Employed Hours**	
(877) 900-9223	Warehouse Manager, CDR	15 years and 6 months	

Description of Duties

As Warehouse Manager my responsibilities included providing leadership, oversight, and guidance to the Accredo Health operational and compliance teams to achieve results established. I was actively involved in and aware of daily distribution activities. I was responsible for developing and implementing policies and procedures related to all compliance and operational activities to ensure compliance with all Federal, State and Local statutes and regulations pertaining to the distribution of prescription medications.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/12/2022	6/16/2022	AK	Anchorage	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2021-000733		The State of Alaska Division of Corporations, Business, and Professional Licensing		
Reason/Charge				
Failing to provide information on an initial Third-Party Logistics Provider application.				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Reliance Wholesale, Inc.				

Provide explanation below:

On April 12, 2022 an investigating member of the Alaska State Board of Pharmacy concluded that in Reliance's Third Party Logistics Provider license application, Reliance failed to provide information concerning a principal's 2010 nolo contendere plea to a charge of reckless driving. The investigator found that this was a technical violation not related to the delivery or patient care.

Jacob Rue

Original Signature (electronic, copies or stamps not accepted)

12-6-2022

Date

I, Jacob Beck, **certify that as the designated representative for**

Reliance Wholesale, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JB I am at least 21 years of age;
3. JB I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JB I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JB I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JB I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JB I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jacob Beck

Print Name (First, Last)

Jacob Beck

Original Signature (electronic, copies or stamps not accepted)

12-6-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jacob Beck

Print Name (First, Last)

Jacob Beck

Original Signature (electronic, copies or stamps not accepted)

12-6-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Fayette

I, Jacob Beck, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jacob Beck

Original Signature

12-6-2022

Date

Subscribed and Sworn to before me this 6 day of December 2022

Deanna Martin

Notary Public Signature

DEANNA MARTIN
STATE OF TENNESSEE NOTARY PUBLIC
FAYETTE COUNTY

(Seal)

SUPPLEMENT TO NEVADA STATE BOARD OF PHARMACY WHOLESALE APPLICATION BY RELIANCE WHOLESALE, INC.

Explanation regarding "Yes" answer to section 8, question 6:

In an abundance of caution Reliance has checked yes in order to disclose the following: On April 12, 2022 an investigating member of the Alaska State Board of Pharmacy concluded that in Reliance's Third Party Logistics Provider license application, Reliance failed to provide information concerning a principal's 2010 nolo contendere plea to a charge of reckless driving. The investigator found that this was a technical violation not related to the delivery or patient care and has recommended that the appropriate resolution would be a civil fine of $500.00 without censure, reprimand, or any limitation on the ability of Reliance to conduct drug related business. The Alaska Board of Pharmacy entered an Agreed Order implementing this resolution June 16, 2022.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2021-000733

I, Josue Navarro, as an agent for Reliance Wholesale, Inc. admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 181525, and over this Imposition of Civil Fine.

1. On December 27, 2010, Josue Navarro, President of Reliance Wholesale, Inc., was arrested and charged with "Driving Under the Influence"; Florida Statue 316.193 (1).
2. On October 31, 2011, Josue Navarro pled Nolo Contendre with an adjudication of guilt to the charge of "Reckless Driving", Florida Statue 316.192 (1)(a).
3. On July 22, 2021, Reliance Wholesale, Inc. submitted a Third-Party Logistics Provider initial application for License No. 181525 and selected a "YES" response to professional fitness question #1 of the application. We disclosed some past criminal history of Josue Navarro but we failed to provide the above listed Driving Under the Influence Charge and nolo contedre plea to Reckless Driving on this application; this is a violation of 12 AAC 52.920(a)(13).

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.920(a)(13). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the "**State of Alaska**" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board, without censure, reprimand, or any limitation on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Josue Navarro CEO
Name/Title, Respondent

4/13/22
Date

SUBSCRIBED AND SWORN TO before me this 14th day of April, 2022, at Miami, Florida, ~~Alaska~~.

SEAL

STEPHANIE OLGA GONZALEZ
Notary Public - State of Florida
Commission # HH 130902
My Comm. Expires Sep 12, 2025
Bonded through National Notary Assn.

Notary Public in and for ~~Alaska~~ Florida

CP
EP

Stephanie Gonzalez
Notary Printed Name
My commission expires: 09/12/25

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:

Reliance Wholesale, Inc.

Respondent

Case No. 2021-000733

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2021-000733, regarding license number 181525, for failing to provide information on an initial Third-Party Logistics Provider application, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine without censure, reprimand, or any limitations on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of June, 2022, at Juneau, Alaska.

ALASKA BOARD OF PHARMACY

By: _____
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Reliance Wholesale, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): WH01450

Physical Address: 100 Crescent Dr

City: Collierville State: TN Zip: 38017

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 866-210-1591 Website: https://reliancewholesale.com

Licensing Company Email:

Section 2: Personal Information

First: Josue Middle: Michael Last: Navarro

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Hiawatha Ave Uni[redacted]

City: Coconut Grove State: FL Zip: 33133

Telephone: [redacted] Email: jnavarro@reliancewholesale.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Homestead Senior High School			
Address	City	State	Zip
2351 SW 12th Ave	Homestead	FL	33035
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Emerson High School			
Address	City	State	Zip
318 18th St	Union City	NJ	07087
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Miami Senior High School			
Address	City	State	Zip
2450 SW 1st ST	Miami	FL	33135
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Miami Dade College			
Address	City	State	Zip
11011 SW 104th ST	Miami	FL	33176
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01-20 - Current	[redacted]Hiawatha Ave Unit[redacted]	Coconut Grove	FL	33133
2015 - 01/20	[redacted]Lugo Ave	Coral Gables	FL	33156
2014 - 2015	[redacted]SW 94th Terr	Miami	FL	33176
2012 - 2013	[redacted]Lugo Ave	Coral Gables	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)		
Deerwood 13979, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Business Name	From - To (MM/YY – MM/YY)		
14280 Tamiair, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Business Name	From - To (MM/YY – MM/YY)		
6958, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Business Name	From - To (MM/YY – MM/YY)		
Silver Lining Holdings, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Asset Protection Holding Company			

Business Name	From - To (MM/YY – MM/YY)		
N499RC, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
16920, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
2465 Investments, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
JN Ocean Holdings, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Medlink Enterprises LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Residences at Vizcaya Condominium				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Board Member				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Navmed, Inc.				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Consulting				

Business Name			From - To (MM/YY – MM/YY)	
Medlink Medical Inc.				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Real Estate				

Business Name			From - To (MM/YY – MM/YY)	
Reliance Wholesale, Inc.				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Distribution				

Business Name			From - To (MM/YY – MM/YY)	
Silver Lining Investments, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Real Estate Investment Managing				

Business Name			From - To (MM/YY – MM/YY)	
Luxe Kitchen and Bath Boutique, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Supply Company				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
2248 SE 19th Terrace, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
747 SW 5th Street, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
13973 SW 119th Ave, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
11350 SW 131 ST Street, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Reliance Group Investments, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1993-1995		FL	Miami Dade	
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

12/9/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4, 5, 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

12/9/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Josue Navarro

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/9/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami-Dade

I, Josue Navarro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/9/22

Date

Subscribed and Sworn to before me this 9th day of December, 2022

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA

PAMELA POWELL
Commission # HH 100361
Expires April 3, 2025
Bonded Thru Budget Notary Services

(Seal)

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Search by Officer or Registered Agent /

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Officer/Registered Agent Name List

Officer/RA Name	Entity Name	Entity Number
NAVARRO, JOSUE	DEERWOOD 13979, LLC	L09000097937 H P
NAVARRO, JOSUE	DEERWOOD 13979, LLC	L09000097937
NAVARRO, JOSUE	14280 TAMIAIR, LLC	L12000002328 H P
NAVARRO, JOSUE	14280 TAMIAIR, LLC	L12000002328
NAVARRO, JOSUE	6958, LLC	L15000196172 H P
NAVARRO, JOSUE	SILVER LINING HOLDINGS, LLC	L17000171345 Holding All Corp
NAVARRO, JOSUE	N499RC, LLC	L17000194560 H P
NAVARRO, JOSUE	16920, LLC	L18000091711 H P
NAVARRO, JOSUE	2465 INVESTMENTS, LLC	L18000102446 H P
NAVARRO, JOSUE	JN OCEAN HOLDINGS, LLC	L18000145177 H P
NAVARRO, JOSUE	MEDLINK ENTERPRISES LLC	M06000006474 H P
NAVARRO, JOSUE	RESIDENCES AT VIZCAYA CONDOMINIUM ASSOCIATION, INC.	N07000005056 Bdor Pres Asst
NAVARRO, JOSUE	NAVMED, INC.	P02000095714
NAVARRO, JOSUE	MEDLINK MEDICAL INC.	P06000156280
NAVARRO, JOSUE	MEN OF IMPACT INTERNATIONAL, INC.	P08000052020
NAVARRO, JOSUE	NAVARRO'S PROPERTY INC	P18000017916
NAVARRO, JOSUE M	RELIANCE WHOLESALE, INC.	F08000000001 Pres
NAVARRO, JOSUE M	SILVER LINING INVESTMENTS, LLC	L04000051383 H P
NAVARRO, JOSUE M	SILVER LINING INVESTMENTS, LLC	L04000051383
NAVARRO, JOSUE M	LUXE KITCHEN AND BATH BOUTIQUE, LLC	L14000076343 Biz Shareh

Next List

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Officer/Registered Agent Name List

Officer/RA Name	Entity Name	Entity Number
NAVARRO, JOSUE M	2248 SE 19TH TERRACE, LLC	L15000167651
NAVARRO, JOSUE M	747 SW 5TH STREET, LLC	L15000167658
NAVARRO, JOSUE M	13973 SW 119TH AVENUE, LLC	L15000167668
NAVARRO, JOSUE M	11350 SW 131ST STREET, LLC	L15000168508
NAVARRO, JOSUE M	RELIANCE GROUP INVESTMENTS, LLC	L16000053151
NAVARRO, MVP, JOSUE	NAVMED, INC.	P02000095714
NAVARRO, JOVANI	BOUNCE N' SLIDE PARTY RENTALS INC	P18000070556
NAVARRO, JOVANI	BOUNCE N' SLIDE PARTY RENTALS INC	P18000070556
NAVARRO, JOYSEL	JIN NAIL BAR LLC	L17000255069
NAVARRO, JR, A	OPUS PROPERTIES, INC.	P17226
NAVARRO, JR, JOSE A	GV&J, LLC	L20000032871
NAVARRO, JR, JOSE A	GV&J, LLC	L20000032871
NAVARRO, JR,NESTOR	NAVARRO & SON'S CONSTRUCTION, L.L.C.	L01000015610
NAVARRO, JUAN	KROME, INC.	350350
NAVARRO, JUAN	GUEVAL INVESTMENTS CORP.	362518
NAVARRO, JUAN	FOCSA ENTERPRISES, INC.	406875
NAVARRO, JUAN	J. NAVARRO DISTRIBUTORS, INC.	486781
NAVARRO, JUAN	FRONTON ESCORT SERVICE, INC.	499140
NAVARRO, JUAN	FRONTON ESCORT SERVICE, INC.	499140
NAVARRO, JUAN	NATIONAL SUPERMARKET, INC.	508587

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Navarro Josue
Search

Josue Navarro

jnavarro@reliancewholesale.com [redacted]

ABOUT Josue Navarro:

Entrepreneur with proven track record in management, technology, and compliance. Experienced in managing all aspects of business development. Founded company which developed new and innovating ways to quickly provide pharmaceuticals to hospitals and clinics all over the U.S. and Puerto Rico.

QUALIFICATIONS:

Listed qualifications include skills and accomplishments in new business development, technology implementation, and a financial/management background in addition to entrepreneurial talents as shown through the creation, development, and growth of multiple successful companies. Strengths include:

- Founded company which specializes in the provision of specialty pharmaceuticals for hospitals and clinics all over the United States and Puerto-Rico
- As a comptroller, maintained trust accounts and client billing with a highly regarded Law Firm in Miami-Dade County, FL
- Implemented all policies and procedures in each position held
- Achieved sales goals/quotas in specialty pharmaceutical business
- Founded, staffed, and managed specialty pharmaceutical company in Florida
- Background in regulatory compliance, purchasing wholesale pharmaceuticals, technology, and accounting
- Brokered deals with shipping companies in order to improve logistical procedures in each executive position held

ACCOMPLISHMENTS:

- Established a wholesale pharmaceutical company in Florida that grew from 3 employees to 44 employees with 10% annual sales growth. Clients include over 1,000 hospitals and clinics from 48 U.S. states, including Alaska, as well as Puerto Rico.

PROFESSIONAL WORK HISTORY:

RELIANCE WHOLESALE – MIAMI, FL
PRESIDENT AND CEO **(2005 – present)**
Contributions:

- Gross annual sales growth of 20% annually
- Business Development for specialty pharmaceutical distribution
- Established sales teams and sales management for the company
- Established Accounting Department for the company
- Expanded operations as a National Distributor
- Oversee regulatory aspects – Obtained VAWD certification (2007)
- Directed marketing activities
- Brokered deals with multiple shipping providers in order to approve logistical procedures

MED POINT – MIAMI, FL
GENERAL MANAGER **(2002 – 2005)**
Contributions:

- Implemented all policies and procedures for licensing compliance
- Set up multiple accounts with national wholesalers in order to provide inventory
- Set up temperature maintenance logs in order to improve inventory management
- Improved logistical procedures by implementing new software and technology

BAILEY AND DAWES, P.A. – MIAMI, FL
COMPTROLLER/OFFICE MANAGER **(2000 - 2002)**
Contributions:

- Responsible for maintenance of trust accounts and client billing
- Established and maintained policies and procedures
- Hired, trained, and on-boarded new employees by providing initial support

EDUCATION:

Miami Dade College 1999

Litigation History - Reliance Wholesale
Supplement to Application Section 8, questions 4, 5 and 6.

NOTE AS TO QUESTIONS 4 AND 5: The below is a list of litigation cases in which Reliance Wholesale, Inc. was a party. Cases involving other entities in which Reliance's principal, Josue Navarro, is an officer/director/member/partner, which are unrelated to the pharmaceutical or health care business have been omitted. For example, tenant eviction and similar cases filed by one or more real estate entities in which Josue Navarro is involved, have been omitted. However, if required, Reliance will compile and provide this information upon request.

Reliance Wholesale, Inc. v. Hometeam Security, Inc., Miami-Dade Circuit Court Case No. 2020- 023932: Suit by Reliance to recover excess payments to vendor based on vendor's double billings. Case remains pending.

Reliance Wholesale, Inc. v. Axway, Inc., Miami-Dade Circuit Court Case No. 2013-026819 CA 01: Suit by Reliance for damages arising from breach of contract for computer services. Case settled and dismissed.

Reliance Wholesale, Inc. v. Bateman, Miami-Dade Circuit Court Case No. 2011- 007328: Suit by Reliance to recover overpayments received by renovation contractor. Case settled and dismissed.

Reliance Wholesale, Inc. v. Specialty Hospital of Washington, Miami-Dade County Court Case No. 2010-002929 SP 26: Small claims suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Reliance Wholesale, Inc. v Rachel Torres, Miami-Dade Circuit Court Case No. 2010-003695 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Reliance Wholesale, Inc. v. Samantha Godfrey, Miami-Dade Circuit Court Case No. 2008-075790 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Appellate decision in favor of Reliance; the Court issued an injunction in favor of Reliance, enforcing the employment non-compete agreement.

Briana Prado v Reliance Medical Wholesale, Inc., Miami-Dade Circuit Court Case No. 2009-016971 CA 01: Employment claim against Reliance by employee. EEOC determined no probable cause for claim of discrimination based on pregnancy. Case settled and dismissed.

Reliance Wholesale, Inc. v. St., Francis Hospital, Miami-Dade County Circuit Court Case No. 2006- 008999 CA 01: Collection suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Martha Bossey v. Reliance Wholesale, Inc., Josue Navarro, et. al, Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former employer/partner seeking damages for alleged unfair competition. Case settled and dismissed.

Reliance v. Dorothy Loften, Shelby County Court Case ID No. 139395: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Supplement to Application Section 8, Items 1 and 2

Criminal Convictions:

None during past 25 years other than one 2011 adjudication of guilt for reckless driving (Josue Navarro – see below).

Miami-Dade County Circuit Court Case No. 160433742210: Nolo Contendere plea and 2011 adjudication of guilt to 2010 reckless driving charge.

No criminal convictions relating to drugs, controlled substances, the manufacture or distribution of drugs or the practice of pharmacy.

See disclosure documents submitted separately herewith re: 1993-1996 convictions (unrelated to drugs, controlled substances, the manufacture or distribution of drugs or the practice of pharmacy).

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SUPPLEMENT TO NEVADA STATE BOARD OF PHARMACY WHOLESALE APPLICATION BY RELIANCE WHOLESALE, INC.

NOTE REGARDING "YES" ANSWER TO SECTION 8, QUESTION 6:

In an abundance of caution Reliance has checked "yes" in order to disclose the following: On April 12, 2022 an investigating member of the Alaska State Board of Pharmacy concluded that in its Third-Party Logistics Provider license application, Reliance failed to provide information concerning Josue Navarro's 2010 charge of driving under the influence and subsequent (2011) nolo contendere plea to a reduced charge of reckless driving. The Alaska BOP determined that this was a technical violation not related to the delivery of patient care and imposed a civil fine of $500.00 without censure, reprimand, or any limitation on the ability of Reliance to conduct drug related business in Alaska. The Alaska Board of Pharmacy entered an Agreed Order implementing this resolution June 16, 2022.

1/16/23
Disclosure statement from: **Josue M. Navarro CEO**

My name is Josue Navarro and I am presently 47 years old. Many years ago when I was between the ages of 18 and 22, I pled guilty to charges of burglary, auto theft and dealing in stolen property. (Please note these charges had nothing to do with drugs, the practice of pharmacy, or the pharmaceutical industry.) This happened over 20 years ago; all of the convictions have long ago been closed and nothing is currently pending. In 2010 - 2011 I was charged with Driving under the influence, but the charges were reduced and I accepted a conviction of Reckless Driving. (Please note these charges had nothing to do with drugs, the practice of pharmacy, or the pharmaceutical industry.) The details of my history have been fully disclosed to several other licensing agencies when required.

I have been gainfully employed since 1997 and have held various jobs involving significant positions of trust. Specifically, prior to working in the pharmaceutical field, I served as a financial comptroller at various law firms. In this regard, I have been responsible for major accounting functions including payroll management, expense account verification, billing, financial receivables, and I oversaw a substantial trust account assuring that all financial activity occurring therein was performed with full and complete compliance of all legal and banking regulations.

Since leaving the law firm environment my former wife and I co-founded Reliance (2003). We divorced in 2013 but I remain an active participant in the lives of my two young children. Today I'm the CEO and beneficiary of the Trust which owns 100% of Reliance stock. The business currently employs over 40 full-time employees and is licensed in almost all US states. Reliance business of wholesaling pharmaceuticals is heavily regulated. Our operating policies and procedures in our two distribution facilities remain in compliance with National Association of Boards of Pharmacy criteria as well as the Drug Supply Chain Security Act.

IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA www.miami-dadeclerk.com

TRAFFIC DIVISION

CLERK'S CERTIFICATE

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

Defendant

DL Number [redacted] State FL Date of Birth [redacted] Case Number 3403XEX

ISSUE DATE: 12/27/2010 (●) No Accident ( ) Accident STATUTE #: 3161921A

(●) **COURT DESCRIPTION :**

Disposition Date: 10/31/2011

PLEA:

( ) Guilty
( ) NOT Guilty
(●) Nolo Contedere

FINDING:

( ) Guilty
( ) NOT Guilty

ADJUDICATION:

( ) NOT Guilty
( ) Dismissed
( ) Nolle Prosse
(●) Adjudication of Guilt
( ) Adjudication Withheld

( ) **STATUTORY DISPOSITION:**

Disposition Date:

( ) Admitted Infraction by Payment of Civil Penalty pursuant to F.S. 318.14 (4)
( ) Did not contest the infraction and elected a statutory Driver Improvement Course; Adjudication was withheld pursuant to FS318.14 (9)
( ) Adjudication was withheld pursuant to FS318.14 (10) (a)
( ) Dismissed by Clerk pursuant to statutory compliance

(●) **COURT REQUIREMENTS:** (●) Completed by Defendant ( ) Not Completed by Defendant

(●) **SENTENCE:**

( ) Probation:
(●) Fine/Cost: $1,581.25
( ) Jail Time:
( ) Hours Traffic School:
( ) DL Suspended/Revoked:
( ) Community Service Hours:
( ) Court Order Restitution:
(●) Other *STATUTE REDUC'D FROM 316.193(1) TO 316.192(1)(a)

( ) High Risk Traffic School
( ) DUI Program
( ) TASC Program
( ) Alcoholic Anonymous
( ) Victim Impact Panel
( ) Suspend Entry of Sentence
( ) Interlock Device

( ) **After a diligent search of Miami-Dade County records, we are unable to locate:**

( ) Any information on the above named defendant.
( ) The above styled case was not (an) _____ offense.
( ) The above styled case has been destroyed in compliance with Florida retention schedules
( ) The sentencing information is no longer available.
( ) The offense cited in the above styled case has been decriminalized.

This is to certify that the information above is true and correct.

Witness my Hand and Official Seal this 27 day of August . 2021 .

Harvey Ruvin

HARVEY RUVIN
CLERK OF COURTS

By: Deputy Clerk Ivania Schmucker

8/27/2021
Date

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: NAVARRO, JOSUE MICHAEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1995 - 1995

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
F95034630D	11/07/1995	STOLEN PROP/DEAL IN	CONV AND SENT	06/21/1996
F95034633	11/07/1995	STOLEN PROP/DEAL IN	TRANSF TO OTHER CA	11/28/1995
F95003117	01/27/1995	GRD THFT/3D/VEHICLE	CONV AND SENT	12/04/1996
		RESIST OFF W/O VIOL	CONV-SUSP ENTRY SE	12/04/1996
		PROBATION VIOLATION	PROBATION REVOKED	12/04/1996

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (5 YEARS FOR MISDEMEANOR CASES AND CRIMINAL TRAFFIC VIOLATIONS, 10 YEARS FOR FELONY CASES IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY). PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 08 DAY OF MAY, 2012.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK
RODELQUANAL

CIRCUIT AND COUNTY COURTS CLERK MIAMI-DADE COUNTY, FLORIDA

Deputy Clerk of the Circuit Court of the Eleventh Judicial Circuit of Florida in and for Miami-Dade County

PAGE: 001

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: NAVARRO, JOSUE MICHAEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1993 - 1993

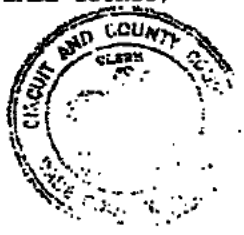
INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
M93024630	05/05/1993	BOAT/DISPLAY DECAL	NOLLE PROS	02/22/1994
		BOAT/REG/FAIL COMPLY	CONV - COMM SERVIC	04/25/1994
F93013690	04/26/1993	GRD THFT/3D/VEHICLE	CONV-C.C./SPEC CON	01/19/1994
		PROBATION VIOLATION	PROBATION MODIFIED	01/19/1994
F93000497A	01/06/1993	BURGLARY/UNOCC D/ATT	WH ADJ-C.C./SPC CO	01/19/1994
		BURGLARY TOOLS/POSN	WH ADJ-C.C./SPC CO	01/19/1994
		PROBATION VIOLATION	PROBATION MODIFIED	01/19/1994
		CRIM MIS/0-200	NO ACTION	03/15/1993
F93000497	01/06/1993	BURG/OCC STRUC/ATT	TRANSF TO OTHER CA	01/27/1993
		BURGLARY TOOLS/POSN	TRANSF TO OTHER CA	01/27/1993
		CRIM MIS/0-200	TRANSF TO OTHER CA	01/27/1993

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (5 YEARS FOR MISDEMEANOR CASES AND CRIMINAL TRAFFIC VIOLATIONS, 10 YEARS FOR FELONY CASES IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY). PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY,

PAGE: 001



☒ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA
☐ IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA

153

DIVISION	JUDGMENT	CASE NUMBER
☒ CRIMINAL ☐ OTHER	☐ Probation Violator ☐ Retrial ☐ Community Control Violator ☐ Resentence	95-34630-D

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

FILED
CLERK IN
JUN 24 1996

The Defendant, JOSUE MICHAEL NAVARRO, being personally before this Court represented by J. WEINKLE, his attorney of record, and the State represented by T. MCGHEE, Assistant State's Attorney, and having:

☐ been tried and found guilty ☐ entered a plea of guilty ☒ entered a plea of nolo contendere

to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NO.	DEGREE OF CRIME	OBTS NO.
1	DEALING IN STOLEN PROPERTY	812.019(1) & 777.011	2F	

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office 05/07/12 A.D.
HARVEY RUVIN, Clerk of Circuit and County Courts
Deputy Clerk

RECORDED
JUL 15 1996
Clerk of Circuit & County Courts

and no cause being shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

AJ 06-26-96

CLK/CT-401 Rev 6/94

OFF REC BK
17278PG0031

FLORIDA, THIS 08 DAY OF MAY, 2012.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

PAGE: 002

BY: _____
DEPUTY CLERK

RIOCEL QUIJANO 894

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, In and for Dade County

Defendant Josue Navarro Case Number 95-34630

CHARGES/COSTS

The Defendant is hereby ordered to pay the following sum if checked:

- [X] Fifty dollars ($50.00) pursuant to F.S. 960.20 (Crimes Compensation Trust Fund).
- [X] Three dollars ($3.00) as a court cost pursuant to F.S. 943.25(3) (Criminal Justice Trust Fund)
- [X] Two dollars ($2.00) as a court cost pursuant to F.S. 943.25(13) Criminal Justice Education by Municipalities and Counties.
- [ ] A fine in the sum of $ _____ pursuant to F.S. 775.0835. (This provision refers to the optional fine for the Crimes Compensation Trust Fund, and is not applicable unless checked and completed. Fines imposed as a part of a sentence to F.S. 775.083 are to be recorded on the Sentence page(s).)
- [ ] Twenty dollars ($20.00) pursuant to F. S. 939.015 (Handicapped and Elderly Security Assistance Trust Fund).
- [ ] A 10 percent surcharge in the sum of $ _____ pursuant to 775.0836 (Handicapped and Elderly Security Assistance Trust Fund).
- [X] A sum of $ 200.00 pursuant to 27.3455 (Local Government Criminal Justice Trust Fund).
- [ ] Restitution in accordance with attached order.
- [ ] Other _____

Barbara D. Levenson
Judge
BARBARA S. LEVENSON

FINGERPRINTS OF DEFENDANT

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
				
1. L. Thumb	**2. L. Index**	**3. L. Middle**	**4. L. Ring**	**5. L. Little**
				

Fingerprints taken by: Reed 2638 OT
Name Title

I HEREBY CERTIFY that the above and foregoing are the fingerprints of the Defendant, _____ and that they were placed thereon by said Defendant in my presence in Open Court this date.

DONE AND ORDERED in Open Court in Dade County, Florida this 21st day of JUNE, 19 96.

A TRUE COPY
CERTIFICATION ON LAST PAGE

Barbara D. Levenson
JUDGE
BARBARA S. LEVENSON

OFF REC BK
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IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA. 258

CRIMINAL DIVISION	SENTENCE (AS TO COUNT 1)		CASE NUMBER 95-34630-D OBTS NUMBER

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

CLOCK IN
FILED
JUN
J. WEINKLE

The defendant, being personally before this Court, accompanied by his attorney, J. WEINKLE and having been adjudicated guilty herein, and the Court having given the defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why he should not be sentenced as provided by law, and no cause being shown and the Court having:

☐ on _____ deferred imposition of sentence until this date.

(Check one) ☐ previously entered a judgment in this case on the defendant now resentences the defendant.

☐ placed the defendant on Probation/Community Control and having subsequently revoked the defendant's Probation/Community Control.

IT IS THE SENTENCE OF THE COURT that the defendant:

☐ pay a fine of $_____, pursuant to F.S. 775.083, plus $_____ as the 5% surcharge required by F.S. 960.25.

☒ is hereby committed to the custody of the Department of Corrections.

☐ is hereby committed to the custody of the Sheriff of Dade County, Florida.

☐ is sentenced as a youthful offender in accordance with F.S. 958.04.

TO BE IMPRISONED (check one; unmarked sections are inapplicable)

☐ for a term of Natural Life.

☒ for a term of FOURTEEN (14) MONTHS

☐ said SENTENCE IS SUSPENDED for a period of _____ subject to conditions set forth in this Order.

☐ IT IS FURTHER ORDERED that the entry of sentence be suspended as to count(s) _____ of this case.

A TRUE COPY
CERTIFICATION ON LAST PAGE

OFF REC BK
17278PG0033

Defendant JOSUE MICHAEL NAVARRO

OTHER PROVISIONS

Case Number 95-34630-D

RETENTION OF JURISDICTION _____ The Court retains jurisdiction over the defendant pursuant to Florida Statutes 947.16(3).

JAIL CREDIT X It is further ordered that the Defendant shall be allowed a total of 205 days as credit for time incarcerated prior to imposition of this sentence. *Credit Time Served in Dade County Jail from 11/8/95 Per Court Order

PRISON CREDIT _____ It is further ordered that the Defendant be allowed credit for all time previously served on this count in the Department of Corrections prior to resentencing.

CONSECUTIVE/ CONCURRENT AS TO OTHER COUNTS _____ It is further ordered that the sentence imposed for count(s) _____ shall run (check one) ☐ consecutive to ☐ concurrent with the sentence set forth in count(s) _____ of this case.

CONSECUTIVE/ CONCURRENT AS TO OTHER CONVICTIONS X It is further ordered that the composite term of all sentences imposed for the counts specified in this order shall run ☐ consecutive to ☒ concurrent with the following:

_____ Any active sentence being served.
X Specific sentences: 95-3117

In the event the above sentence is to the Department of Corrections, the Sheriff of Dade County, Florida, is hereby ordered and directed to deliver the defendant to the Department of Corrections at the facility designated by the Department together with a copy of this Judgment and Sentence and any other documents specified by Florida Statutes.

The defendant in Open Court was advised of his right to appeal from this sentence by filing notice of appeal within thirty days from this date with the Clerk of this Court, and the defendant's right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigence.

In imposing the above sentence, the Court further recommends placement near Dade County.

DONE AND ORDERED in Open Court at Dade County, Florida, this 21st day of JUNE, 19 96.

A TRUE COPY
CERTIFICATION ON LAST PAGE

Barbara Levenson
JUDGE
BARBARA S. LEVENSON

OFF REC BK
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7/01/96

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA. 119

CRIMINAL DIVISION	UNIFORM COMMITMENT TO CUSTODY OF DEPARTMENT OF CORRECTIONS SPRING TERM, 19 96	CASE NUMBER 95-34630-D

THE STATE OF FLORIDA VS. JOSUE MICHAEL NAVARRO

CLOCK IN

FILED
JUN 21 1996
J. BICKETT

PLAINTIFF DEFENDANT

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA, TO THE SHERIFF OF SAID COUNTY AND THE DEPARTMENT OF CORRECTIONS OF SAID STATE, GREETING:

The above named defendant having been duly charged with the offense specified herein in the above styled court, and the defendant having been duly convicted and adjudged guilty of and sentenced for said offense by said Court, as appears from the attached certified copies of Indictment/Information, Judgment and Sentence which are hereby made parts hereof:

Now therefore, this is to command you, the said sheriff, to take and keep and , within a reasonable time after receiving this commitment, safely deliver the defendant, together with any pertinent Investigation Report prepared in this case, into the custody of the Department of Corrections of the State of Florida to Reception Center designated by the Department of Corrections; and this is to command you, the Department of Corrections and other officials, to keep and safely imprison the defendant for the term of said sentence in the institution in the state correctional system to which you may cause the defendant to be conveyed or thereafter transferred. And these presents shall be your authority for the same. Herein fail not.

WITNESS the Honorable BARBARA S. LEVENSON
Judge of said Court, and also, Clerk and Seal thereof, this 21st
day of JUNE 96.

HARVEY RUVIN, Clerk

By: _____ Deputy Clerk

CLKCT 403 8/94

Litigation History – Reliance Wholesale

Supplement to Application Section 8, questions 4, 5 and 6.

Litigation:

Reliance Wholesale, Inc. v. Hometeam Security, Inc., Miami-Dade Circuit Court Case No. 2020-023932: Suit by Reliance to recover excess payments to vendor based on vendor's double billings. Case remains pending.

Reliance Wholesale, Inc. v. Axway, Inc., Miami-Dade Circuit Court Case No. 2013 – 026819 CA 01: Suit by Reliance for damages arising from breach of contract for computer services. Case settled and dismissed.

Reliance Wholesale, Inc. v. Bateman, Miami-Dade Circuit Court Case No. 2011- 007328: Suit by Reliance to recover overpayments received by renovation contractor. Case settled and dismissed.

Reliance Wholesale, Inc. v. Specialty Hospital of Washington, Miami-Dade County Court Case No. 2010- 002929 SP 26: Small claims suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Reliance Wholesale, Inc. v Rachel Torres, Miami-Dade Circuit Court Case No. 2010-003695 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Reliance Wholesale, Inc. v. Samantha Godfrey, Miami-Dade Circuit Court Case No. 2008-075790 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Appellate decision in favor of Reliance; the Court issued an injunction in favor of Reliance, enforcing the employment non-compete agreement.

Briana Prado v Reliance Medical Whalesale, Inc., Miami-Dade Circuit Court Case No. 2009-016971 CA 01: Employment claim against Reliance by employee. EEOC determined no probable cause for claim of discrimination based on pregnancy. Case settled and dismissed.

Reliance Wholesale, Inc. v. St., Francis Hospital, Miami-Dade County Circuit Court Case No. 2006-008999 CA 01: Collection suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Martha Bossey v. Reliance Wholesale, Inc., Josue Navarro, et. al, Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former employer seeking damages for alleged unfair competition. Case settled and dismissed.

Reliance v. Dorothy Loften, Shelby County Court Case ID No. 139395: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Litigation History – Josue M. Navarro

Supplement to Application Section 8, Items 4, 5 and 6

Litigation:

1. See Litigation History – Reliance Wholesale, Inc. submitted herewith re: Item 5.

2. *Martha Bossey v. Reliance Medical Wholesale, Inc., Josue Navarro, et. al,* Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former partner seeking damages for alleged unfair competition. Case settled and dismissed.

3. *Flamingo South Beach I Condominium Association Inc v. Eddrian Burciaga et al.*, Miami-Dade Circuit Court Case No. 2016-004714 CA 01: Foreclosure action; J. Navarro was named a defendant because he, too, held a lien on the property.

4. *Union American Ins. Co. v. Miguel Lourdes Navarro et al.*, Miami-Dade Circuit Court Case No. 1994-000940 SP 25: Small claims court – motor vehicle property damage insurance claim. Case settled and dismissed.

Supplement to Application Section 8, Items 1 and 2

Criminal Convictions:

1. None during past 25 years.

2. See disclosure documents submitted separately herewith re: 1993-1996 convictions.

3. Miami-Dade County Circuit Court Case No. 160433742210: Nolo Contendere plea and adjudication of guilt to 2010 reckless driving charge.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2021-000733

I, Josue Navarro, as an agent for Reliance Wholesale, Inc. admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 181525, and over this Imposition of Civil Fine.

1. On December 27, 2010, Josue Navarro, President of Reliance Wholesale, Inc., was arrested and charged with "Driving Under the Influence"; Florida Statue 316.193 (1).
2. On October 31, 2011, Josue Navarro pled Nolo Contendre with an adjudication of guilt to the charge of "Reckless Driving", Florida Statue 316.192 (1)(a).
3. On July 22, 2021, Reliance Wholesale, Inc. submitted a Third-Party Logistics Provider initial application for License No. 181525 and selected a "YES" response to professional fitness question #1 of the application. We disclosed some past criminal history of Josue Navarro but we failed to provide the above listed Driving Under the Influence Charge and nolo contedre plea to Reckless Driving on this application; this is a violation of 12 AAC 52.920(a)(13).

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.920(a)(13). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the "State of Alaska" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board, without censure, reprimand, or any limitation on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Josue Navarro CEO
Name/Title, Respondent

4/13/22
Date

SUBSCRIBED AND SWORN TO before me this 14th day of April, 2022, at Miami, Florida, Alaska.

SEAL

STEPHANIE OLGA GONZALEZ
Notary Public - State of Florida
Commission # HH 130902
My Comm. Expires Sep 12, 2025
Bonded through National Notary Assn.

Notary Public in and for Alaska Florida

Stephanie Gonzalez
Notary Printed Name
My commission expires: 09/12/25

CEO
EP

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

FORM REVISED 5/01/2015

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:

Reliance Wholesale, Inc.

Respondent

Case No. 2021-000733

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2021-000733, regarding license number 181525, for failing to provide information on an initial Third-Party Logistics Provider application, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine without censure, reprimand, or any limitations on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of June, 2022, at Soldotna, Alaska.

ALASKA BOARD OF PHARMACY

By: [signature]
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

4GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH 03153	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Reliance Wholesale, Inc.

Physical Address: 13801 SW 119th Ave

City: Miami State: FL Zip: 33186

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 866-210-1591 Website: https://reliancewholesale.com

Name of Designated Representative (DR): ~~Jacob Beck~~ Chadd Phinney

Licensing Company Email: jbeck@reliancewholesale.com DR Email: jbeck@reliancewholesale.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☑ Pharmacies	☑ Dangerous Drugs	☐ Manufacturer
☑ Practitioners	☐ Controlled Substances	☐ Repacker
☑ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☑ Wholesalers	☐ Others:	☑ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 3. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please see attached

Original Signature (electronic, copies or stamps not accepted)

12/9/22
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson
Address: 9954 Maryland Dr City: Richmond State: VA Zip: 23233
Name: Trimed Distributors
Address: 120 Vanderburg Rd City: Malboro State: NJ Zip: 00746
Name: Lone Star Phamaceuticals
Address: 11951 Hilltop Rd Bld6 Suite 18 City: Argile State: TX Zip: 76226
Name: Medcare Health
Address: 85 Franklin Rd Suite 88 City: Dover State: NJ Zip: 07801

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Tennessee
Parent Company (if any):
Corporation/Organization Name: Reliance Wholesale, Inc.
Mailing Address: 13801 SW 119th Ave
City: Miami State: FL Zip: 33186
Telephone: 866-210-1591 Email: jbeck@reliancewholesale.com
Contact Person Name: Jacob Beck

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Reliance Wholesale, Inc.

Facility Name

Josue Navarro

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

12/09/22

Date

Board Use Only	Date Received: 1.19.23	Amount: 1000.00 CC ✓ 1/19/23

To: Board of Pharmacy
From: Reliance Wholesale Inc. **a Tennessee Corporation** EIN 20-3460248
Certified Minority Owned Business - No parent company. Established 9/2005

Re: Shareholders, corporate officers, and designated representatives.
Phone #: 866-210-1591 Fax #: 305-574-7775

Shareholder
Navarro Family Trust - EIN-90-6254760
Stock Ownership 100%
Trustee – John G. Admire
[redacted] Ponce De Leon Blvd. # 320
Coral Gables, FL 33134
[redacted] / John.Admire@SullivanAdmire.com

Officer / Director
Josue Navarro – [redacted]
DOB – [redacted]
Title – President / CEO
Home address & contact information
[redacted] Hiawatha Ave Unit 202
Coconut Grove, FL 33133
[redacted] / jnavarro@reliancewholesale.com

Designated Representatives
TN - Jacob Beck
[redacted]
jbeck@reliancewholesale.com

FL - Chadd Phinney
[redacted]
chadd@reliancewholesale.com

Business Address – Corporate Office
13801 SW 119 Ave, Miami, FL 33186
866-210-1591

TN Distribution Center
100 Crescent Dr, Collierville, TN 38017

Effective Date: 11/2022

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JOSH NAVARRO
13801 SW 119TH AVENUE
MIAMI, FL 33186

July 22, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0486550
Issuance Date: 07/22/2022
Copies Requested: 1

Document Receipt

Receipt # : 007397126 Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3833064720 $20.00

Regarding: RELIANCE WHOLESALE, INC.
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 09/02/2005
Status: Active
Duration Term: Perpetual
Business County: SHELBY COUNTY
Control # : 501651
Date Formed: 09/09/2005
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RELIANCE WHOLESALE, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
* has filed the most recent annual report required with this office;
* has appointed a registered agent and registered office in this State;
* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 055040010

State of Florida
Department of State

I certify from the records of this office that RELIANCE WHOLESALE, INC. is a Tennessee corporation authorized to transact business in the State of Florida, qualified on January 2, 2008.

The document number of this corporation is F08000000001.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on April 18, 2022, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Second day of December, 2022

Secretary of State

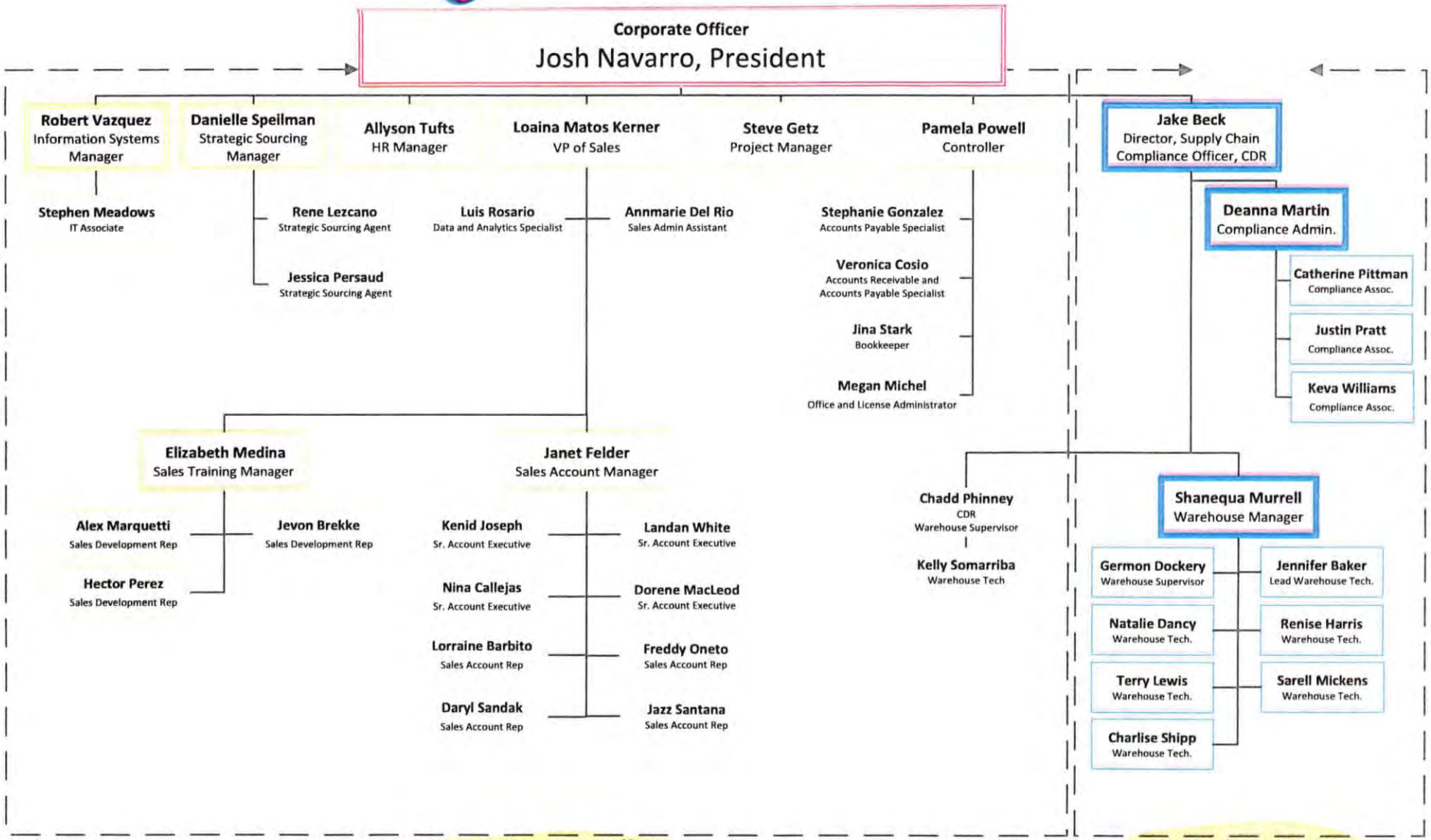
Tracking Number: 0003260034CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

WH03153 & WH01450
Employee List Pursuant to NRS 639.500 (2):

Reliance Wholesale, Inc



Miami, FL Corporate Office
13801 SW 119 Ave
Miami, FL 33186
PHONE: 866.210.1591 FAX: 305.661.6460

TN Distribution Center
100 Crescent Dr.
Collierville, TN 38017
PHONE: 901.775.9761 FAX: 901.755.9973

Document Modified
1/24/2023

APPENDIX B Org Chart

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS (850) 487-1395
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

RELIANCE WHOLESALE INC.
13801 SW 119TH AVE.
MIAMI FL 33186

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

2220219 ISSUED: 10/07/2021

RX DRUG WHOLESALE DISTRIBUTOR
RELIANCE WHOLESALE INC.

HAS REGISTERED under the provisions of Ch.499 FS.
Expiration date OCT 31, 2023 L2110070000107

DETACH HERE

RON DESANTIS, GOVERNOR JULIE I. BROWN, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER
2220219

The PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: OCT 31, 2023

RELIANCE WHOLESALE INC.
13801 SW 119TH AVENUE
MIAMI FL 33186

ISSUED: 10/07/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2110070000107

POA #: 5111001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizanoes, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 06-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 16th day of September, 2019, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Reliance Wholesale, Inc.

Pharmacy/Wholesaler License # (if applicable): WH03153

Physical Address: 13801 SW 119th Ave

City: Miami State: FL Zip: 33186

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 866-210-1591 Website: https://reliancewholesale.com

Licensing Company Email: jbeck@reliancewholesale.com

Section 2: Personal Information

First: Chadd Middle: Kelsey Last: Phinney

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] SW 87th ST

City: Miami State: FL Zip: 33173

Telephone: [redacted] Email: chadd@reliancewholesale.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 7: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed)

School Name		From - To (MM/YY – MM/YY)	
Miami Killian Sr High		08/92-06/96	
Address	**City**	**State**	**Zip**
10655 SW 97th Ave, Miami, FL 33176	Miami	FL	33176
Diploma/Degree obtained, if any			
Yes - General Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 8: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/15 - current	[redacted] SW 87 St	Miami	FL	33173
05/13 - 05/15	[redacted] SW 92 Ave, [redacted]	Miami	FL	33176
01/05 - 05/13	[redacted] SW 92 Ave [redacted]	Miami	FL	33176
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 2: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.935) or medical labs (NAC 639.9355) in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Beginning with the most current, list your hours of employment related to this duty.

Business Name		From - To (MM/YY – MM/YY)	
Reliance Wholesale, Inc		03/11 - current	
Business Address	**City**	**State**	**Zip**
13801 SW 119 Ave	Miami	FL	33186
Phone	**Title**	**Number of Employed Hours**	
866-210-1591	CDR,Warehouse manager	Since 2011 (over 6,000)	
Description of Duties			
Designated Representative In Charge of the Miami, FL location and is responsible for but not limited to warehousing, record keeping, inventory, compliance of all State and Federal regulations as they pertain to our Florida location.			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	✓	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 2. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1998-2022	1998-2022	FL		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

In 1998 when I was 20 years old, I was allowed into a bar without showing ID by the bar employee that was a friend of an acquaintance of a large group I was with. After entering the bar, an employee of the bar told me a police officer wanted to talk with me outside. The police officer asked me for my wallet. I provided the officer with my driver's license but the officer insisted that I give him my wallet. After refusing to give the police officer my wallet, I was arrested and charged with obstructing a police officer and resisting arrest without violence. The disposition was nolle prosequi.

In 2001 when I was 23 years old, a police officer found marijuana on the passenger's side floor of my car. Although the marijuana belonged to the passenger, the officer charged both me and the passenger with possession of marijuana. The disposition was nolle prosequi.

In 2002 when I was 24 years old, a police officer found marijuana in my friend's car and I was charged with possession of marijuana. The disposition was nolle prosequi.

There have been no issues since.

Original Signature (electronic, copies or stamps not accepted)

12/19/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2012	2013	FL	Miami	Miami-Dade

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2012-028392 CA 01	Miami-Dade County Circuit Court

Reason/Charge
Mortgage foreclosure case settled and dismissed (short sale approved)

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Jane Phinney & Chadd Phinney	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Short sale approved by BB&T in 2013

Original Signature (electronic, copies or stamps not accepted)

Date 1/18/23

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/12/2022	6/16/2022	AK	Anchorage	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2021-000733	The State of Alaska Division of Corporations, Business, and Professional Licensing

Reason/Charge
Failing to provide information on an initial Third-Party Logistics Provider application

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
Reliance wholesale, Inc.

Provide explanation below:

On April 12, 2022 an investigating member of the Alaska State Board of Pharmacy concluded that in Reliance's Third Party Logistics Provider license application, Reliance failed to provide information concerning a principal's 2010 nolo contendere plea to a charge of reckless driving. The investigator found that this was a technical violation not related to the delivery or patient care.

Original Signature (electronic, copies or stamps not accepted)

12-7-22
Date

I, Chadd Phinney, **certify that as the designated representative for**

Reliance Wholesale, Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. CP I am at least 21 years of age;
3. CP I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CP I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CP I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CP I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CP I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chadd Phinney

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-7-22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Chadd Phinney

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-7-22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Dade

I, Chadd Phinney, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-7-22

Date

Subscribed and Sworn to before me this 7th day of December.

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA

PAMELA POWELL
Commission # HH 100361
Expires April 3, 2025
Bonded Thru Budget Notary Services

(Seal)

Litigation History – Chadd K. Phinney

Supplement to Application Section 8, Item 4

1. *Branch Banking and Tr Co v. Jane K. Phinney et al.*, Miami-Dade County Circuit Court Case No. 2012-028392 CA 01: Mortgage foreclosure. Case settled and dismissed in 2013.

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: PHINNEY, CHADD KELSEY
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1978 - 2021

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
PHINNEY, CHADD KELSEY				
M01006970B	02/02/2001	MARIJUANA/POSSESSION	NOLLE PROS-COMP PT	10/09/2001
		MARC IMPL/POSN W/O R	NOLLE PROS-COMP PT	10/09/2001
PHINNEY, CHADD KELSEY				
M98048955B	09/11/1998	OBSTRUCT POLICE OFF	NOLLE PROS	12/08/1998
		RESIST ARR W/O VIOL	NOLLE PROS	12/08/1998

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (10 YEARS FOR FELONY, MISDEMEANOR AND CRIMINAL TRAFFIC VIOLATIONS IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

PAGE: 001

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 18 DAY OF AUGUST, 2021.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

PAGE: 002

BY: Mary Rauls 9589
DEPUTY CLERK

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, in and for Dade County

MARY RAULS 9589

CASE INFORMATION

Court Case No.: M010069708
State Case No.: 132001CO00697080000XX
Name: PHINNEY, CHADD KELSEY
Date of Birth: [redacted]
Date Filed: 02/07/2001
Date Closed: 10/04/2001
Warrant Type:
Previous Case:
Next Case:
Judge: NELSON JULIE HARRIS
Defense Attorney:
Bfile Section: M008
File Location: DESTROYED
Box Number:

HEARING

Hearing Date:
Hearing Time:
Hearing Type:
Court Room: REGJB - JUSTICE BUILDING, ROOM No.: 4-9
Address: 1351 N.W. 12 ST

CHARGES

Seq No.	Charge	Charge Type	Disposition
1	MARIJUANA/POSSESSION	COUNTY ORDINANCE	NOLLE PROS-COMP PTI
2	NARC IMPL/POSN W/O R	COUNTY ORDINANCE	NOLLE PROS-COMP PTI

DOCKETS

Seq. No.	Date	Book/Page	Docket
5	10/04/2001		MEMO RE: DEFERRED PROSECUTION PROGRAM NOLLE PROSSE
4	03/21/2001		MEMO RE: DEFERRED PROSECUTION PROGRAM ACCEPTANCE
3	03/14/2001		PRETRIAL DIVERSION REFERRAL FORM
1	02/16/2001		ARRAIGNMENT HEARING SCHEDULED FOR 03/14/2001 AT 10:15

CASE INFORMATION

Court Case No.: M980489558 **State Case No.:** 131998MO0489558000XX
Name: PHINNEY, CHADD KELSEY **Date of Birth:** [redacted]
Date Filed: 09/16/1998 **Date Closed:** 12/08/1998 **Warrant Type:**
Previous Case: **Next Case:**
Judge: CAPOTE-ERBEN BETTY **Defense Attorney:**
Bfile Section: M001 **File Location:** DESTROYED **Box Number:**
ALT Section: M001 **ALT/Backup Judge:** CAPOTE-ERBEN, BETTY

HEARING

Hearing Date: **Hearing Time:** **Hearing Type:**
Court Room: REGJB - JUSTICE BUILDING, ROOM No.: 2-11
Address: 1351 N.W. 12 ST

CHARGES

Seq No.	Charge	Charge Type	Disposition
1	OBSTRUCT POLICE OFF	MUNICIPAL ORDINANCE	NOLLE PROS
2	RESIST ARR W/O VIOL	MUNICIPAL ORDINANCE	NOLLE PROS

DOCKETS

Seq. No.	Date	Book/Page	Docket
14	12/08/1998		CLOSING JUDGE SCHWARTZ, CARYN C
11	11/17/1998		REPORT RE: SOUNDING SET FOR 12/02/1998 AT 11:00
10	11/17/1998		TRIAL HEARING SCHEDULED FOR 12/08/1998 AT 08:30
7	10/09/1998		REQUEST FOR ADDITIONAL TIME TO FILE MOTIONS
6	10/09/1998		WRITTEN PLEA OF NOT GUILTY
4	10/09/1998		NOTICE OF APPEARANCE KARA PHINNEY,ESQ.
2	09/22/1998		ALTERNATE JUDGE SCHWARTZ, CARYN C
1	09/22/1998		ARRAIGNMENT HEARING SCHEDULED FOR 10/15/1998 AT 09:30

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: PHINNEY, CHADD KELSEY
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
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INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
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M01006970B	02/02/2001	MARIJUANA/POSSESSION	NOLLE PROS-COMP PT	10/09/2001
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		RESIST ARR W/O VIOL	NOLLE PROS	12/08/1998

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PAGE: 001

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 18 DAY OF AUGUST, 2021.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

PAGE: 002

BY: _____
DEPUTY CLERK

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, In and for Dade County

MARY RAULS 9589

Monroe County Clerk - Court Records Search

02-MM-455-A-M : STATE OF FLORIDA VS. CHADD KELSEY PHINNEY

Case Type:	Misdemeanor	Date Filed:	5/6/2002
Location:	Criminal Marathon	UCN:	442002MM000455000AMR
Judge:	Ruth Becker	Status:	Closed
Citation Number:	Misdemeanor	Appear By Date:	

Parties

Name	Type	Attorney	Atty Phone
CHADD KELSEY PHINNEY	Defendant	James Dori	305-743-6665
State Of Florida	State of Florida	Thomas Kurth	305-289-2503

Charge Details

Offense Date	Charge	Plea	Arrest	Disposition	Sentence
4/27/2002	1. POSS/SELL CONTROL SUBSTANCE Statute: 893.13 Misdemeanor First Degree	6/6/2002 NO PLEA	4/27/2002 OBTS:8888888888 Sequence:001 Control Number:888888888888 Arresting Agency:Monroe County Sheriff's Office	6/6/2002 Pretrial Diversion	
4/27/2002	2. POSSESS USE ETC DRUG PARAPHERNALIA Statute: 893.147 Misdemeanor First Degree	6/6/2002 NO PLEA	4/27/2002 OBTS:8888888888 Sequence:002 Control Number:888888888888 Arresting Agency:Monroe County Sheriff's Office	6/6/2002 Pretrial Diversion	

Docket Events

Date	Description	Pages
5/21/2020	Other Misdemeanor Pleading Comments: ENTIRE FILE SCANNED	23
9/12/2002	- Comments: CLOSED	
9/12/2002	NOLLE PROS FILED COUNT * Comments: NOLLE PROS FILED COUNT * COUNT 002	
9/12/2002	NOLLE PROS FILED COUNT * Comments: NOLLE PROS FILED COUNT * COUNT 001	
7/16/2002	HEARING - TRIAL/MISDEMEANOR/CRIM TRAF - Becker, Ruth	
6/24/2002	HEARING - DOCKET SOUNDING - Becker, Ruth	
6/24/2002	- Comments: COURT MINUTES	
6/6/2002	Disposition	
6/6/2002	Disposition	
6/6/2002	PRE-TRIAL INTERVEN/DIV AGREE/ORDER Comments: PRE-TRIAL INTERVEN/DIV ORDER COUNT 002	
6/6/2002	PRE-TRIAL INTERVEN/DIV AGREE/ORDER Comments: PRE-TRIAL INTERVEN/DIV ORDER COUNT 001	
6/5/2002	- Comments: WITNESS LIST	
6/5/2002	- Comments: STATES RESPONSE TO DISCOVERY	

Date	Description	Pages
5/17/2002	-	
	Comments: JURY TRIAL SET <07/15/2002> 9:00 A.M.	
5/17/2002	-	
	Comments: DOCKET SOUNDING NOTICE 06/24/2002 9:30 A.M.	
5/14/2002	HEARING - ARRAIGNMENT - Becker, Ruth	
5/14/2002	-	
	Comments: FILED COUNT 002/893.147/POSS PARAPHERNALIA	
5/14/2002	-	
	Comments: FILED COUNT 001/893.13/POSS M/J L/T 20G	
5/14/2002	-	
	Comments: INFORMATION	
5/14/2002	-	
	Comments: COURT MINUTES *	
5/10/2002	-	
	Comments: NOT APPEAR/PLEA NOT GLTY/DISC & DEM FOR JURY TRIAL	
5/6/2002	-	
	Comments: NOTICE TO APPEAR	
5/6/2002	-	
	Comments: ARRAIGNMENT SET <05/14/2002> 9:00 A.M.	

Hearings

Date	Hearing	Time	Location	Pages
7/15/2002	TRIAL/MISDEMEANOR/CRIM TRAF - Becker, Ruth	8:00 AM	MR COURTROOM E	
6/24/2002	DOCKET SOUNDING - Becker, Ruth	9:30 AM	MR COURTROOM E	
5/14/2002	ARRAIGNMENT - Becker, Ruth	9:00 AM	MR COURTROOM E	

Financial

Date	Description	Payer	Amount
		Balance Due:	0

Bonds

Description	Status Date	Bond Status	Amount

Warrants

Number	Status Description	Issue Date	Service Date	Recall Date	Expiration Date	Warrant Type

SUPPLEMENT TO NEVADA STATE BOARD OF PHARMACY WHOLESALE APPLICATION BY RELIANCE WHOLESALE, INC.

Explanation regarding "Yes" answer to section 8, question 6:

In an abundance of caution Reliance has checked yes in order to disclose the following: On April 12, 2022 an investigating member of the Alaska State Board of Pharmacy concluded that in Reliance's Third Party Logistics Provider license application, Reliance failed to provide information concerning a principal's 2010 nolo contendere plea to a charge of reckless driving. The investigator found that this was a technical violation not related to the delivery or patient care and has recommended that the appropriate resolution would be a civil fine of $500.00 without censure, reprimand, or any limitation on the ability of Reliance to conduct drug related business. The Alaska Board of Pharmacy entered an Agreed Order implementing this resolution June 16, 2022.

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2021-000733

I, Josue Navarro, as an agent for Reliance Wholesale, Inc. admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 181525, and over this Imposition of Civil Fine.

1. On December 27, 2010, Josue Navarro, President of Reliance Wholesale, Inc., was arrested and charged with "Driving Under the Influence"; Florida Statue 316.193 (1).
2. On October 31, 2011, Josue Navarro pled Nolo Contendre with an adjudication of guilt to the charge of "Reckless Driving", Florida Statue 316.192 (1)(a).
3. On July 22, 2021, Reliance Wholesale, Inc. submitted a Third-Party Logistics Provider initial application for License No. 181525 and selected a "YES" response to professional fitness question #1 of the application. We disclosed some past criminal history of Josue Navarro but we failed to provide the above listed Driving Under the Influence Charge and nolo contedre plea to Reckless Driving on this application; this is a violation of 12 AAC 52.920(a)(13).

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.920(a)(13). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the "State of Alaska" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board, without censure, reprimand, or any limitation on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

Josue Navarro CEO
Name/Title, Respondent

4/13/22
Date

SUBSCRIBED AND SWORN TO before me this 14th day of April, 2022, at Miami, Florida, ~~Alaska~~.

SEAL

STEPHANIE OLGA GONZALEZ
Notary Public - State of Florida
Commission # HH 130902
My Comm. Expires Sep 12, 2025
Bonded through National Notary Assn.

Notary Public in and for ~~Alaska~~ Florida

CP
EP

Stephanie Gonzalez
Notary Printed Name
My commission expires: 09/12/25

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Reliance Wholesale, Inc.)
)
Respondent)
Case No. 2021-000733

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2021-000733, regarding license number 181525, for failing to provide information on an initial Third-Party Logistics Provider application, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine without censure, reprimand, or any limitations on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of June, 2022, at Soldotna, Alaska.

ALASKA BOARD OF PHARMACY

By: _____
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Reliance Wholesale, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): WH03153

Physical Address: 13801 SW 119th Ave

City: Miami State: FL Zip: 33186

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 866-210-1591 Website: https://reliancewholesale.com

Licensing Company Email:

Section 2: Personal Information

First: Josue Middle: Michael Last: Navarro

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Hiawatha Ave Unit [redacted]

City: Coconut Grove State: FL Zip: 33133

Telephone: [redacted] Email: jnavarro@reliancewholesale.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
Homestead Senior High School			
Address	City	State	Zip
2351 SW 12th Ave	Homestead	FL	33035
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Emerson High School			
Address	City	State	Zip
318 18th St	Union City	NJ	07087
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Miami Senior High School			
Address	City	State	Zip
2450 SW 1st ST	Miami	FL	33135
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY)		
Miami Dade College			
Address	City	State	Zip
11011 SW 104th ST	Miami	FL	33176
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01-20 - Current	[redacted] Hiawatha Ave Unit [redacted]	Coconut Grove	FL	33133
2015 - 01/20	[redacted] Lugo Ave	Coral Gables	FL	33156
2014 - 2015	[redacted] SW 94th Terr	Miami	FL	33176
2012 - 2013	[redacted] Lugo Ave	Coral Gables	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Deerwood 13979, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Business Name			From - To (MM/YY – MM/YY)
14280 Tamiair, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Business Name			From - To (MM/YY – MM/YY)
6958, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Business Name			From - To (MM/YY – MM/YY)
Silver Lining Holdings, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Asset Protection Holding Company			

Business Name			From - To (MM/YY – MM/YY)
N499RC, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Property Holding Company			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
16920, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
2465 Investments, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
JN Ocean Holdings, LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Property Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Medlink Enterprises LLC				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Holding Company				

Business Name			From - To (MM/YY – MM/YY)	
Residences at Vizcaya Condominium				
Business Address		City	State	Zip
13801 SW 119th Ave		Miami	FL	33186
Phone	Title			
786-229-6057				
Description of Duties				
Board Member				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Navmed, Inc.			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Consulting			

Business Name			From - To (MM/YY – MM/YY)
Medlink Medical Inc.			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Real Estate			

Business Name			From - To (MM/YY – MM/YY)
Reliance Wholesale, Inc.			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Distribution			

Business Name			From - To (MM/YY – MM/YY)
Silver Lining Investments, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Real Estate Investment Managing			

Business Name			From - To (MM/YY – MM/YY)
Luxe Kitchen and Bath Boutique, LLC			
Business Address	**City**	**State**	**Zip**
13801 SW 119th Ave	Miami	FL	33186
Phone	**Title**		
786-229-6057			
Description of Duties			
Supply Company			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
2248 SE 19th Terrace, LLC			
Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186
Phone	Title		
786-229-6057			
Description of Duties			
Holding Company			

Business Name			From - To (MM/YY – MM/YY)
747 SW 5th Street, LLC			
Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186
Phone	Title		
786-229-6057			
Description of Duties			
Holding Company			

Business Name			From - To (MM/YY – MM/YY)
13973 SW 119th Ave, LLC			
Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186
Phone	Title		
786-229-6057			
Description of Duties			
Holding Company			

Business Name			From - To (MM/YY – MM/YY)
11350 SW 131 ST Street, LLC			
Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186
Phone	Title		
786-229-6057			
Description of Duties			
Holding Company			

Business Name			From - To (MM/YY – MM/YY)
Reliance Group Investments, LLC			
Business Address	City	State	Zip
13801 SW 119th Ave	Miami	FL	33186
Phone	Title		
786-229-6057			
Description of Duties			
Holding Company			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
1993-1995		FL	Miami Dade	
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

12/09/22
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4, 5, 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See attached

Original Signature (electronic, copies or stamps not accepted)

12/09/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Josue Navarro

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/09/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Miami - Dade

I, Josue Navarro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/9/22

Date

Subscribed and Sworn to before me this 9th day of December, 2022

Notary Public Signature

NOTARY PUBLIC STATE OF FLORIDA

PAMELA POWELL
Commission # HH 100361
Expires April 3, 2025
Bonded Thru Budget Notary Services

(Seal)

DIVISION OF CORPORATIONS



DIVISION of CORPORATIONS
an official State of Florida website

Department of State / Division of Corporations / Search Records / Search by Officer or Registered Agent /

Next List

Navarro Josue
Search

Officer/Registered Agent Name List

Officer/RA Name	Entity Name	Entity Number
NAVARRO, JOSUE	DEERWOOD 13979, LLC	L09000097937 H P
NAVARRO, JOSUE	DEERWOOD 13979, LLC	L09000097937
NAVARRO, JOSUE	14280 TAMIAIR, LLC	L12000002328 H P
NAVARRO, JOSUE	14280 TAMIAIR, LLC	L12000002328
NAVARRO, JOSUE	6958, LLC	L15000196172 HP
NAVARRO, JOSUE	SILVER LINING HOLDINGS, LLC	L17000171345 Holding All Corp
NAVARRO, JOSUE	N499RC, LLC	L17000194560 H P
NAVARRO, JOSUE	16920, LLC	L18000091711 HP
NAVARRO, JOSUE	2465 INVESTMENTS, LLC	L18000102446 HP
NAVARRO, JOSUE	JN OCEAN HOLDINGS, LLC	L18000145177 HP
NAVARRO, JOSUE	MEDLINK ENTERPRISES LLC	M06000006474 HP
NAVARRO, JOSUE	RESIDENCES AT VIZCAYA CONDOMINIUM ASSOCIATION, INC.	N07000005056 Book Pres Josue
NAVARRO, JOSUE	NAVMED, INC.	P02000095714
NAVARRO, JOSUE	MEDLINK MEDICAL INC.	P06000156280
NAVARRO, JOSUE	MEN OF IMPACT INTERNATIONAL, INC.	P08000052020
NAVARRO, JOSUE	NAVARRO'S PROPERTY INC	P18000017916
NAVARRO, JOSUE M	RELIANCE WHOLESALE, INC.	F08000000001 Pres
NAVARRO, JOSUE M	SILVER LINING INVESTMENTS, LLC	L04000051383 H P
NAVARRO, JOSUE M	SILVER LINING INVESTMENTS, LLC	L04000051383
NAVARRO, JOSUE M	LUXE KITCHEN AND BATH BOUTIQUE, LLC	L14000076343 Biz Shareholder

Next List

Navarro Josue
Search



Previous List Next List

Navarro Josue
Search

Officer/Registered Agent Name List

Officer/RA Name	Entity Name	Entity Number
NAVARRO, JOSUE M	2248 SE 19TH TERRACE, LLC	L15000167651 Holding Prop
NAVARRO, JOSUE M	747 SW 5TH STREET, LLC	L15000167658 H P
NAVARRO, JOSUE M	13973 SW 119TH AVENUE, LLC	L15000167668 H P
NAVARRO, JOSUE M	11350 SW 131ST STREET, LLC	L15000168508 H P
NAVARRO, JOSUE M	RELIANCE GROUP INVESTMENTS, LLC	L16000053151 H P
NAVARRO, MVP, JOSUE	NAVMED, INC.	P02000095714 C
NAVARRO, JOVANI	BOUNCE N' SLIDE PARTY RENTALS INC	P18000070556
NAVARRO, JOVANI	BOUNCE N' SLIDE PARTY RENTALS INC	P18000070556
NAVARRO, JOYSEL	JIN NAIL BAR LLC	L17000255069
NAVARRO, JR. A	OPUS PROPERTIES, INC.	P17226
NAVARRO, JR, JOSE A	GV&J, LLC	L20000032871
NAVARRO, JR, JOSE A	GV&J, LLC	L20000032871
NAVARRO, JR,NESTOR	NAVARRO & SON'S CONSTRUCTION, L.L.C.	L01000015610
NAVARRO, JUAN	KROME, INC.	350350
NAVARRO, JUAN	GUEVAL INVESTMENTS CORP.	362518
NAVARRO, JUAN	FOCSA ENTERPRISES, INC.	406875
NAVARRO, JUAN	J. NAVARRO DISTRIBUTORS, INC.	486781
NAVARRO, JUAN	FRONTON ESCORT SERVICE, INC.	499140
NAVARRO, JUAN	FRONTON ESCORT SERVICE, INC.	499140
NAVARRO, JUAN	NATIONAL SUPERMARKET, INC.	508587

Previous List Next List

Navarro Josue
Search

Josue Navarro

jnavarro@reliancewholesale.com [redacted]

ABOUT Josue Navarro:

Entrepreneur with proven track record in management, technology, and compliance. Experienced in managing all aspects of business development. Founded company which developed new and innovating ways to quickly provide pharmaceuticals to hospitals and clinics all over the U.S. and Puerto Rico.

QUALIFICATIONS:

Listed qualifications include skills and accomplishments in new business development, technology implementation, and a financial/management background in addition to entrepreneurial talents as shown through the creation, development, and growth of multiple successful companies. Strengths include:

- Founded company which specializes in the provision of specialty pharmaceuticals for hospitals and clinics all over the United States and Puerto-Rico
- As a comptroller, maintained trust accounts and client billing with a highly regarded Law Firm in Miami-Dade County, FL
- Implemented all policies and procedures in each position held
- Achieved sales goals/quotas in specialty pharmaceutical business
- Founded, staffed, and managed specialty pharmaceutical company in Florida
- Background in regulatory compliance, purchasing wholesale pharmaceuticals, technology, and accounting
- Brokered deals with shipping companies in order to improve logistical procedures in each executive position held

ACCOMPLISHMENTS:

- Established a wholesale pharmaceutical company in Florida that grew from 3 employees to 44 employees with 10% annual sales growth. Clients include over 1,000 hospitals and clinics from 48 U.S. states, including Alaska, as well as Puerto Rico.

PROFESSIONAL WORK HISTORY:

RELIANCE WHOLESALE – MIAMI, FL
PRESIDENT AND CEO **(2005 – present)**
Contributions:

- Gross annual sales growth of 20% annually
- Business Development for specialty pharmaceutical distribution
- Established sales teams and sales management for the company
- Established Accounting Department for the company
- Expanded operations as a National Distributor
- Oversee regulatory aspects – Obtained VAWD certification (2007)
- Directed marketing activities
- Brokered deals with multiple shipping providers in order to approve logistical procedures

MED POINT – MIAMI, FL
GENERAL MANAGER **(2002 – 2005)**
Contributions:

- Implemented all policies and procedures for licensing compliance
- Set up multiple accounts with national wholesalers in order to provide inventory
- Set up temperature maintenance logs in order to improve inventory management
- Improved logistical procedures by implementing new software and technology

BAILEY AND DAWES, P.A. – MIAMI, FL
COMPTROLLER/OFFICE MANAGER **(2000 - 2002)**
Contributions:

- Responsible for maintenance of trust accounts and client billing
- Established and maintained policies and procedures
- Hired, trained, and on-boarded new employees by providing initial support

EDUCATION:

Miami Dade College 1999

Litigation History - Reliance Wholesale
Supplement to Application Section 8, questions 4, 5 and 6.

NOTE AS TO QUESTIONS 4 AND 5: The below is a list of litigation cases in which Reliance Wholesale, Inc. was a party. Cases involving other entities in which Reliance's principal, Josue Navarro, is an officer/director/member/partner, which are unrelated to the pharmaceutical or health care business have been omitted. For example, tenant eviction and similar cases filed by one or more real estate entities in which Josue Navarro is involved, have been omitted. However, if required, Reliance will compile and provide this information upon request.

Reliance Wholesale, Inc. v. Hometeam Security, Inc., Miami-Dade Circuit Court Case No. 2020- 023932: Suit by Reliance to recover excess payments to vendor based on vendor's double billings. Case remains pending.

Reliance Wholesale, Inc. v. Axway, Inc., Miami-Dade Circuit Court Case No. 2013-026819 CA 01: Suit by Reliance for damages arising from breach of contract for computer services. Case settled and dismissed.

Reliance Wholesale, Inc. v. Bateman, Miami-Dade Circuit Court Case No. 2011- 007328: Suit by Reliance to recover overpayments received by renovation contractor. Case settled and dismissed.

Reliance Wholesale, Inc. v. Specialty Hospital of Washington, Miami-Dade County Court Case No. 2010-002929 SP 26: Small claims suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Reliance Wholesale, Inc. v Rachel Torres, Miami-Dade Circuit Court Case No. 2010-003695 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Reliance Wholesale, Inc. v. Samantha Godfrey, Miami-Dade Circuit Court Case No. 2008-075790 CA 01: Suit by Reliance against former employee to enforce employment non-compete agreement. Appellate decision in favor of Reliance; the Court issued an injunction in favor of Reliance, enforcing the employment non-compete agreement.

Briana Prado v Reliance Medical Wholesale, Inc., Miami-Dade Circuit Court Case No. 2009-016971 CA 01: Employment claim against Reliance by employee. EEOC determined no probable cause for claim of discrimination based on pregnancy. Case settled and dismissed.

Reliance Wholesale, Inc. v. St., Francis Hospital, Miami-Dade County Circuit Court Case No. 2006- 008999 CA 01: Collection suit by Reliance to recover unpaid purchase price for goods sold and delivered. Case settled and dismissed.

Martha Bossey v. Reliance Wholesale, Inc., Josue Navarro, et. al, Miami-Dade Circuit Court Case No. 2006-008999 CA 01: Claim by former employer/partner seeking damages for alleged unfair competition. Case settled and dismissed.

Reliance v. Dorothy Loften, Shelby County Court Case ID No. 139395: Suit by Reliance against former employee to enforce employment non-compete agreement. Case settled and dismissed.

Supplement to Application Section 8, Items 1 and 2

Criminal Convictions:

None during past 25 years other than one 2011 adjudication of guilt for reckless driving (Josue Navarro – see below).

Miami-Dade County Circuit Court Case No. 160433742210: Nolo Contendere plea and 2011 adjudication of guilt to 2010 reckless driving charge.

No criminal convictions relating to drugs, controlled substances, the manufacture or distribution of drugs or the practice of pharmacy.

See disclosure documents submitted separately herewith re: 1993-1996 convictions (unrelated to drugs, controlled substances, the manufacture or distribution of drugs or the practice of pharmacy).

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SUPPLEMENT TO NEVADA STATE BOARD OF PHARMACY WHOLESALE APPLICATION BY RELIANCE WHOLESALE, INC.

NOTE REGARDING "YES" ANSWER TO SECTION 8, QUESTION 6:

In an abundance of caution Reliance has checked "yes" in order to disclose the following: On April 12, 2022 an investigating member of the Alaska State Board of Pharmacy concluded that in its Third-Party Logistics Provider license application, Reliance failed to provide information concerning Josue Navarro's 2010 charge of driving under the influence and subsequent (2011) nolo contendere plea to a reduced charge of reckless driving. The Alaska BOP determined that this was a technical violation not related to the delivery of patient care and imposed a civil fine of $500.00 without censure, reprimand, or any limitation on the ability of Reliance to conduct drug related business in Alaska. The Alaska Board of Pharmacy entered an Agreed Order implementing this resolution June 16, 2022.

1/16/23
Disclosure statement from: **Josue M. Navarro CEO**

My name is Josue Navarro and I am presently 47 years old. Many years ago when I was between the ages of 18 and 22, I pled guilty to charges of burglary, auto theft and dealing in stolen property. (Please note these charges had nothing to do with drugs, the practice of pharmacy, or the pharmaceutical industry.) This happened over 20 years ago; all of the convictions have long ago been closed and nothing is currently pending. In 2010 - 2011 I was charged with Driving under the influence, but the charges were reduced and I accepted a conviction of Reckless Driving. (Please note these charges had nothing to do with drugs, the practice of pharmacy, or the pharmaceutical industry.) The details of my history have been fully disclosed to several other licensing agencies when required.

I have been gainfully employed since 1997 and have held various jobs involving significant positions of trust. Specifically, prior to working in the pharmaceutical field, I served as a financial comptroller at various law firms. In this regard, I have been responsible for major accounting functions including payroll management, expense account verification, billing, financial receivables, and I oversaw a substantial trust account assuring that all financial activity occurring therein was performed with full and complete compliance of all legal and banking regulations.

Since leaving the law firm environment my former wife and I co-founded Reliance (2003). We divorced in 2013 but I remain an active participant in the lives of my two young children. Today I'm the CEO and beneficiary of the Trust which owns 100% of Reliance stock. The business currently employs over 40 full-time employees and is licensed in almost all US states. Reliance business of wholesaling pharmaceuticals is heavily regulated. Our operating policies and procedures in our two distribution facilities remain in compliance with National Association of Boards of Pharmacy criteria as well as the Drug Supply Chain Security Act.



IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA www.miami-dadeclerk.com

TRAFFIC DIVISION

CLERK'S CERTIFICATE

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

Defendant

DL Number [redacted] State FL Date of Birth [redacted] Case Number: 3403XEX

ISSUE DATE: 12/27/2010 (●) No Accident ( ) Accident STATUTE #: 3161921A

(●) **COURT DESCRIPTION :**

Disposition Date: 10/31/2011

PLEA:

( ) Guilty
( ) NOT Guilty
(●) Nolo Contedere

FINDING:

( ) Guilty
( ) NOT Guilty

ADJUDICATION:

( ) NOT Guilty
( ) Dismissed
( ) Nolle Prosse
(●) Adjudication of Guilt
( ) Adjudication Withheld

( ) **STATUTORY DISPOSITION:**

Disposition Date:

( ) Admitted Infraction by Payment of Civil Penalty pursuant to F.S. 318.14 (4)
( ) Did not contest the infraction and elected a statutory Driver Improvement Course; Adjudication was withheld pursuant to FS318.14 (9)
( ) Adjudication was withheld pursuant to FS318.14 (10) (a)
( ) Dismissed by Clerk pursuant to statutory compliance

(●) **COURT REQUIREMENTS:** (●) Completed by Defendant ( ) Not Completed by Defendant

(●) **SENTENCE:**

( ) Probation:
(●) Fine/Cost: $1,581.25
( ) Jail Time:
( ) Hours Traffic School:
( ) DL Suspended/Revoked:
( ) Community Service Hours:
( ) Court Order Restitution:
(●) Other *STATUTE REDUC'D FROM 316.193(1) TO 316.192(1)(a)

( ) High Risk Traffic School
( ) DUI Program
( ) TASC Program
( ) Alcoholic Anonymous
( ) Victim Impact Panel
( ) Suspend Entry of Sentence
( ) Interlock Device

( ) **After a diligent search of Miami-Dade County records, we are unable to locate:**

( ) Any information on the above named defendant.
( ) The above styled case was not (an) _____ offense.
( ) The above styled case has been destroyed in compliance with Florida retention schedules
( ) The sentencing information is no longer available.
( ) The offense cited in the above styled case has been decriminalized.

This is to certify that the information above is true and correct.

Witness my Hand and Official Seal this 27 day of August, 2021.

Harvey Ruvin

HARVEY RUVIN
CLERK OF COURTS

By: Deputy Clerk Ivania Schmucker

8/27/2021
Date

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: NAVARRO, JOSUE MICHAEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1995 - 1995

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
F95034630D	11/07/1995	STOLEN PROP/DEAL IN	CONV AND SENT	06/21/1996
F95034633	11/07/1995	STOLEN PROP/DEAL IN	TRANSF TO OTHER CA	11/28/1995
F95003117	01/27/1995	GRD THFT/3D/VEHICLE	CONV AND SENT	12/04/1996
		RESIST OFF W/O VIOL	CONV-SUSP ENTRY SE	12/04/1996
		PROBATION VIOLATION	PROBATION REVOKED	12/04/1996

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (5 YEARS FOR MISDEMEANOR CASES AND CRIMINAL TRAFFIC VIOLATIONS, 10 YEARS FOR FELONY CASES IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY). PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 08 DAY OF MAY, 2012.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

BY: _____
DEPUTY CLERK
RODEL CUBANI

CIRCUIT AND COUNTY COURTS CLERK MIAMI-DADE COUNTY, FLORIDA

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida in and for Miami-Dade County

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IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: NAVARRO, JOSUE MICHAEL
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 1993 - 1993

INDICATES THE FOLLOWING:

CASE NUMBER	CITATION/ ARREST / FILE DATE	CHARGES	DISPOSITION	DISPO DATE
M93024630	05/05/1993	BOAT/DISPLAY DECAL	NOLLE PROS	02/22/1994
		BOAT/REG/FAIL COMPLY	CONV - COMM SERVIC	04/25/1994
F93013690	04/26/1993	GRD THFT/3D/VEHICLE	CONV-C.C./SPEC CON	01/19/1994
		PROBATION VIOLATION	PROBATION MODIFIED	01/19/1994
F93000497A	01/06/1993	BURGLARY/UNOCC D/ATT	WH ADJ-C.C./SPC CO	01/19/1994
		BURGLARY TOOLS/POSN	WH ADJ-C.C./SPC CO	01/19/1994
		PROBATION VIOLATION	PROBATION MODIFIED	01/19/1994
		CRIM MIS/0-200	NO ACTION	03/15/1993
F93000497	01/06/1993	BURG/OCC STRUC/ATT	TRANSF TO OTHER CA	01/27/1993
		BURGLARY TOOLS/POSN	TRANSF TO OTHER CA	01/27/1993
		CRIM MIS/0-200	TRANSF TO OTHER CA	01/27/1993

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (5 YEARS FOR MISDEMEANOR CASES AND CRIMINAL TRAFFIC VIOLATIONS, 10 YEARS FOR FELONY CASES IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY,

PAGE: 001

CIRCUIT AND COUNTY COURTS CLERK

☒ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR DADE COUNTY, FLORIDA
☐ IN THE COUNTY COURT IN AND FOR DADE COUNTY, FLORIDA

153
257
261

DIVISION	JUDGMENT	CASE NUMBER
☒ CRIMINAL ☐ OTHER	☐ Probation Violator ☐ Retrial ☐ Community Control Violator ☐ Resentence	95-34630-D

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

FILED
CLOCK-IN
JUN 24 1996

The Defendant JOSUE MICHAEL NAVARRO being personally before this Court represented by J. WEINKLE his attorney of record, and the State represented by T. MCGHEE Assistant State 's Attorney, and having:

☐ been tried and found guilty ☐ entered a plea of guilty ☒ entered a plea of nolo contendere to the following crime(s):

COUNT	CRIME	OFFENSE STATUTE NO.	DEGREE OF CRIME	OBTS NO.
1	DEALING IN STOLEN PROPERTY	812.019(1) & 777.011	2F	

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY that the foregoing is a true and correct copy of the original on file in this office. 05/07/12 AD
HARVEY RUVIN, Clerk of Circuit and County Courts
Deputy Clerk

RECORDED
JUL 15 1996
Clerk of Circuit & County Courts

and no cause being shown why the Defendant should not be adjudicated guilty, IT IS ORDERED THAT the Defendant is hereby ADJUDICATED GUILTY of the above crime(s).

AJ 06-26-96

CR/CT-401 Rev 6/94

OFF REC BK
17278PG0031

FLORIDA, THIS 08 DAY OF MAY, 2012.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY

BY: _____
DEPUTY CLERK

RIOCEL QUIJANO BSA

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, In and for Dade County

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Defendant Josue Navarro Case Number 95-34630

CHARGES/COSTS

The Defendant is hereby ordered to pay the following sum if checked:

- [X] Fifty dollars ($50.00) pursuant to F.S. 960.20 (Crimes Compensation Trust Fund).
- [X] Three dollars ($3.00) as a court cost pursuant to F.S. 943.25(3) (Criminal Justice Trust Fund)
- [X] Two dollars ($2.00) as a court cost pursuant to F.S. 943.25(13) Criminal Justice Education by Municipalities and Counties.
- [ ] A fine in the sum of $ _____ pursuant to F.S. 775.0835. (This provision refers to the optional fine for the Crimes Compensation Trust Fund, and is not applicable unless checked and completed. Fines imposed as a part of a sentence to F.S. 775.083 are to be recorded on the Sentence page(s).)
- [ ] Twenty dollars ($20.00) pursuant to F. S. 939.015 (Handicapped and Elderly Security Assistance Trust Fund).
- [ ] A 10 percent surcharge in the sum of $ _____ pursuant to 775.0836 (Handicapped and Elderly Security Assistance Trust Fund).
- [X] A sum of $ 200.00 pursuant to 27.3455 (Local Government Criminal Justice Trust Fund).
- [ ] Restitution in accordance with attached order.
- [ ] Other _____

Barbara D. Levenson
Judge
BARBARA S. LEVENSON

FINGERPRINTS OF DEFENDANT

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
				
1. L. Thumb	**2. L. Index**	**3. L. Middle**	**4. L. Ring**	**5. L. Little**
				

Fingerprints taken by: Reed 2638 OT
Name Title

I HEREBY CERTIFY that the above and foregoing are the fingerprints of the Defendant, _____ and that they were placed thereon by said Defendant in my presence in Open Court this date.

DONE AND ORDERED in Open Court in Dade County, Florida this 21st day of JUNE, 19 96.

A TRUE COPY
CERTIFICATION ON LAST PAGE

Barbara D. Levenson
JUDGE
BARBARA S. LEVENSON

OFF REC BK
17278PG0032

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA. 258

CRIMINAL DIVISION	SENTENCE (AS TO COUNT 1)		CASE NUMBER 95-34630-D OBTS NUMBER

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

CLOCK IN

FILED
JUN

The defendant, being personally before this Court, accompanied by his attorney, J. WEINKLE and having been adjudicated guilty herein, and the Court having given the defendant an opportunity to be heard and to offer matters in mitigation of sentence, and to show cause why he should not be sentenced as provided by law, and no cause being shown and the Court having:

☐ on _____ deferred imposition of sentence until this date.

(Check one) ☐ previously entered a judgment in this case on the defendant now resentences the defendant.

☐ placed the defendant on Probation/Community Control and having subsequently revoked the defendant's Probation/Community Control.

IT IS THE SENTENCE OF THE COURT that the defendant:

☐ pay a fine of $_____, pursuant to F.S. 775.083, plus $_____ as the 5% surcharge required by F.S. 960.25.

☒ is hereby committed to the custody of the Department of Corrections.

☐ is hereby committed to the custody of the Sheriff of Dade County, Florida.

☐ is sentenced as a youthful offender in accordance with F.S. 958.04.

TO BE IMPRISONED (check one; unmarked sections are inapplicable)

☐ for a term of Natural Life.

☒ for a term of FOURTEEN (14) MONTHS

☐ said SENTENCE IS SUSPENDED for a period of _____ subject to conditions set forth in this Order.

☐ IT IS FURTHER ORDERED that the entry of sentence be suspended as to count(s) _____ of this case.

A TRUE COPY
CERTIFICATION ON LAST PAGE

OFF REC BK
17278PG0033

Defendant JOSUE MICHAEL NAVARRO

Case Number 95-34630-D

OTHER PROVISIONS

RETENTION OF JURISDICTION _____ The Court retains jurisdiction over the defendant pursuant to Florida Statutes 947.16(3).

JAIL CREDIT X It is further ordered that the Defendant shall be allowed a total of 205 days as credit for time incarcerated prior to imposition of this sentence. "Credit Time Served in Dade County Jail from 11/8/95 Per Court Order

PRISON CREDIT _____ It is further ordered that the Defendant be allowed credit for all time previously served on this count in the Department of Corrections prior to resentencing.

CONSECUTIVE/ CONCURRENT AS TO OTHER COUNTS _____ It is further ordered that the sentence imposed for count(s) _____ shall run (check one) ☐ consecutive to ☐ concurrent with the sentence set forth in count(s) _____ of this case.

CONSECUTIVE/ CONCURRENT AS TO OTHER CONVICTIONS X It is further ordered that the composite term of all sentences imposed for the counts specified in this order shall run ☐ consecutive to ☒ concurrent with the following:

_____ Any active sentence being served.
X Specific sentences: 95-3117

In the event the above sentence is to the Department of Corrections, the Sheriff of Dade County, Florida, is hereby ordered and directed to deliver the defendant to the Department of Corrections at the facility designated by the Department together with a copy of this Judgment and Sentence and any other documents specified by Florida Statutes.

The defendant in Open Court was advised of his right to appeal from this sentence by filing notice of appeal within thirty days from this date with the Clerk of this Court, and the defendant's right to the assistance of counsel in taking said appeal at the expense of the State upon showing of indigence.

In imposing the above sentence, the Court further recommends placement near Dade County.

DONE AND ORDERED in Open Court at Dade County, Florida, this 21st day of JUNE, 19 96.

A TRUE COPY
CERTIFICATION ON LAST PAGE

Barbara Levenson
JUDGE
BARBARA S. LEVENSON

OFF REC BK
17278PG0034

7/01/96

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR DADE COUNTY, FLORIDA

119

CRIMINAL DIVISION	UNIFORM COMMITMENT TO CUSTODY OF DEPARTMENT OF CORRECTIONS SPRING TERM, 19 96	CASE NUMBER 95-34630-D

THE STATE OF FLORIDA VS.

JOSUE MICHAEL NAVARRO

PLAINTIFF DEFENDANT

CLOCK IN

FILED
JUN 21 1996
J. BICKETT
CLERK

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF FLORIDA, TO THE SHERIFF OF SAID COUNTY AND THE DEPARTMENT OF CORRECTIONS OF SAID STATE, GREETING:

The above named defendant having been duly charged with the offense specified herein in the above styled court, and the defendant having been duly convicted and adjudged guilty of and sentenced for said offense by said Court, as appears from the attached certified copies of Indictment/Information, Judgment and Sentence which are hereby made parts hereof:

Now therefore, this is to command you, the said sheriff, to take and keep and , within a reasonable time after receiving this commitment, safely deliver the defendant, together with any pertinent Investigation Report prepared in this case, into the custody of the Department of Corrections of the State of Florida to Reception Center designated by the Department of Corrections; and this is to command you, the Department of Corrections and other officials, to keep and safely imprison the defendant for the term of said sentence in the institution in the state correctional system to which you may cause the defendant to be conveyed or thereafter transferred. And these presents shall be your authority for the same. Herein fail not.

WITNESS the Honorable BARBARA S. LEVENSON
Judge of said Court, and also, Clerk and Seal thereof, this 21st
day of JUNE 96

HARVEY RUVIN, Clerk

By: _____ Deputy Clerk

CLMOT-003 8/95

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

IMPOSITION OF CIVIL FINE
Case # 2021-000733

I, Josue Navarro, as an agent for Reliance Wholesale, Inc. admit and agree the Alaska Board of Pharmacy (Board) has jurisdiction over the subject matter of Third-Party Logistics Provider License No. 181525, and over this Imposition of Civil Fine.

1. On December 27, 2010, Josue Navarro, President of Reliance Wholesale, Inc., was arrested and charged with "Driving Under the Influence"; Florida Statue 316.193 (1).
2. On October 31, 2011, Josue Navarro pled Nolo Contendre with an adjudication of guilt to the charge of "Reckless Driving", Florida Statue 316.192 (1)(a).
3. On July 22, 2021, Reliance Wholesale, Inc. submitted a Third-Party Logistics Provider initial application for License No. 181525 and selected a "YES" response to professional fitness question #1 of the application. We disclosed some past criminal history of Josue Navarro but we failed to provide the above listed Driving Under the Influence Charge and nolo contedre plea to Reckless Driving on this application; this is a violation of 12 AAC 52.920(a)(13).

We admit that as a result of these facts, grounds exist for possible denial of licensure or other disciplinary sanctions of my license pursuant to AS 08.01.75 and 12 AAC 52.920(a)(13). We are agreeing to this Imposition of a Civil Fine of five hundred dollars ($500) in cash, certified check, or money order payable to the "State of Alaska" within ninety (90) days after this Imposition of Civil Fine is accepted by the Board, without censure, reprimand, or any limitation on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

We have the right to consult with an attorney, and a right to an administrative hearing on the facts in this case. We understand and agree by voluntarily signing this Imposition of Civil Fine, we are waiving our rights to counsel and to a hearing on this matter.

J Navarro CEO
Name/Title, Respondent

4/13/22
Date

SUBSCRIBED AND SWORN TO before me this 14th day of April, 2022, at Miami, Florida, Alaska.

SEAL

STEPHANIE OLGA GONZALEZ
Notary Public - State of Florida
Commission # HH 130902
My Comm. Expires Sep 12, 2025
Bonded through National Notary Assn.

Notary Public in and for Alaska Florida

CP
EP

Stephanie Gonzalez
Notary Printed Name
My commission expires: 09/12/25

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
BEFORE THE ALASKA BOARD OF PHARMACY

In the Matter of:)
)
Reliance Wholesale, Inc.)
)
Respondent)
Case No. 2021-000733

ORDER

The Alaska Board of Pharmacy (Board), having examined the Imposition of Civil Fine, Case No. 2021-000733, regarding license number 181525, for failing to provide information on an initial Third-Party Logistics Provider application, hereby adopts the Imposition of Civil Fine.

The Board has determined this is a technical violation of professional licensing statutes and regulations, therefore this matter can be resolved with a civil fine without censure, reprimand, or any limitations on the ability of Reliance Wholesale, Inc. to conduct drug-related business.

This Imposition of Civil Fine takes effect immediately upon signature of this Order in accordance with the approval of the Board.

DATED this 16th day of June, 2022, at Soldotna, Alaska.

ALASKA BOARD OF PHARMACY

By: [signature]
Board Chair

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567

SURETEC INSURANCE COMPANY

1330 Post Oak Blvd., Suite 1100, Houston, TX 77056

RIDER

TO BE ATTACHED AND FORM A PART OF:

Bond No. 5111001
issued by SureTec Insurance Company
in favor of (Obligee) Nevada State Board of Pharmacy
on behalf of (Principal) Reliance Wholesale, Inc.

In consideration of the premium charged, it is understood and agreed that :

effective October 8, 2021 the following location is added:

Florida Location: 13801 SW 119th Avenue, Miami, FL 33186

PROVIDED, HOWEVER, that the liability of SureTec Insurance Company, under the attached bond as changed by this Rider shall not be cumulative.

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or warranties of the above mentioned bond, other than as stated above.

Signed this October 8, 2021

SureTec Insurance Company, Surety

By: _____

Davor I Mimica, Attorney in Fact

POA #: 5111001

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Davor I. Mimica

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Reliance Wholesale, Inc.
Obligee: Nevada State Board of Pharmacy
Amount: $100,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. *(Adopted at a meeting held on 20th of April, 1999.)*

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 6th day of April, A.D. 2017.

SURETEC INSURANCE COMPANY

By: _____
John Knox, Jr., President

State of Texas ss:
County of Harris

On this 6th day of April, A.D. 2017 before me personally came John Knox, Jr., to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

JACQUELYN GREENLEAF
Notary Public, State of Texas
Comm. Expires 05-18-2021
Notary ID 126903029

_____
Jacquelyn Greenleaf, Notary Public
My commission expires May 18, 2021

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 8 day of October 2021, A.D.

_____
M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
For verification of the authority of this power you may call (713) 812-0800 any business day between 8:00 am and 5:00 pm CST.

4HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application
Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ■ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: SPECTRUM MEDICAL X-RAY CO.

Physical Address: 1721 STEWART STREET

City: SANTA MONICA State: CA Zip: 90404

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (310) 828-6161 Website: SPECTRUMXRAY.COM

Name of Designated Representative (DR): FARAMARZ BARDI

Licensing Company Email: frank@spectrumxray.com DR Email: frank@spectrumxray.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	☐ *Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	■ Others: PRESCRIPTION DRUGS	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Allied Medical Products Inc.
Address: 2850 S Harbor Blvd City: Santa Ana State: CA Zip: 92704

Name: Guerbet LLC
Address: 214 Carnegie Center, Suite 300 City: Princeton State: NJ Zip: 08540

Name: Bracco Diagnostics Inc.
Address: 259 Prospect Plains Rd. Bldg. H City: Monroe Township State: NJ Zip: 08831

Name: Fresenius Kabi LLC
Address: 25476 Network Place City: Chicago State: IL Zip: 60673

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CALIFORNIA
Parent Company (if any):
Corporation/Organization Name: SPECTRUM MEDICAL X-RAY CO.
Mailing Address: 1721 STEWART STREET
City: SANTA MONICA State: CA Zip: 90404
Telephone: (310) 828-6161 Email: frank@spectrumxray.com
Contact Person Name: FARAMARZ BARDI

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

SPECTRUM MEDICAL X-RAY CO.

Facility Name

FARAMARZ BARDI

Print Name of Authorized Person Submitting Application

Faramarz Bardi

Original signature of Authorized Person (copies or stamps not accepted)

10-25-2022

Date

Board Use Only	Date Received: 11-8-22	Amount: 1000.00 CK-34038

SPECTRUM MEDICAL X-RAY COMPANY HAS ONE OFFICER AND SHAREHOLDER

NAME	HOME ADDRESS	BIRTH DATE	PERCENT
FARAMARZ BARDI	[redacted]NAPOLI DRIVE, PACIFIC PALISADES, CA 90272	[redacted]	100%

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	SPECTRUM MEDICAL X-RAY CO., INC.
Entity No.:	1721999
Registration Date:	03/18/1993
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 31, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 056489335

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Wholesale Drug Permit

Renewal License

LICENSE NO. WLS 4157
RECEIPT NO. 21240535

VALID UNTIL JULY 01, 2023

SPECTRUM MEDICAL X-RAY CO
1721 STEWART ST
SANTA MONICA CA 90404

In accordance with the provisions of section 4160 of the Business and Professions Code, the firm name hereon is issued a Wholesale Drug Permit.

This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) manager, vice president of operations, or designated representative-in-charge.

This permit is valid only at the address shown.

3/22
3/22 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHWLS (09/30/19) WLS

SPECTRUM MEDICAL X-RAY CO.

LIST OF EMPLOYEES

1. Faramarz Bardi
2. Laleh Bardi
3. Ladan Banayan
4. Larry Manlapaz
5. Alex Miranda
6. Desmond Vallean
7. Fred Khachatourian
8. Neil Zarghami
9. Hemant Verma
10. Irving Sanchez
11. Enrique Mercado
12. Eduardo Canes
13. Mike Choi
14. James Hummel
15. Pedro Mendez
16. Alfredo Gallardo
17. Ervin Hadade
18. Rene Vasquez

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

- Spectrum Medical X-Ray Co. does not have any debt with any other entity, organization and/or person.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SPECTRUM MEDICAL X-RAY CO.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1721 STEWART STREET

City SANTA MONICA State CA Zip 90404

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (310) 828-6161 Website SPECTRUMXRAY.COM

Licensing Company Email frank@spectrumxray.com

Section 2: Personal Information

First FARAMARZ Middle _____ Last BARDI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]STEWART STREET

City SANTA MONICA State CA Zip 90404

Telephone (310) 828-6161 Email frank@spectrumxray.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF CENTRAL FLORIDA (CICF)		09/80 - 12/83	
Address	**City**	**State**	**Zip**
4000 Central Florida Blvd.	Orlando	FL	32816
Diploma/Degree obtained, if any			
B.S. IN MATHEMATICS & COMPUTER ENGINEERING			
School Name		From - To (MM/YY – MM/YY)	
ST. PETERSBURG COLLEGE		09/78 - 06/80	
Address	**City**	**State**	**Zip**
6605 Fifth Ave. N	St. Petersburg	FL	33710
Diploma/Degree obtained, if any			
A.A. IN GENERAL STUDIES & PRE-ENGINEERING			
School Name		From - To (MM/YY – MM/YY)	
ETEHAD HIGH SCHOOL		09/74 - 06/77	
Address	**City**	**State**	**Zip**
	Tehran	IRAN	
Diploma/Degree obtained, if any			
HIGH SCHOOL			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/00 - PRESENT	[redacted] Napoli Dr.	Pacific Palisades	CA	90272
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
SPECTRUM MEDICAL X-RAY CO.			02/93 - PRESENT	
Business Address		**City**	**State**	**Zip**
1721 STEWART STREET		SANTA MONICA	CA	90404
Phone	**Title**		**Number of Employed Hours**	
(310) 828-6161	PRESIDENT/CEO		60,320	
Description of Duties				
Board of Pharmacy Designated Representative. Ensured compliance with the policies and procedures related to all pharmaceutical drugs.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Saraman Basdi
Original Signature (electronic, copies or stamps not accepted)

10-31-2022
Date

I, FARAMARZ BARDI, **certify that as the designated representative for**

CALIFORNIA,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

FARAMARZ BARDI

Print Name (First, Last)

Faramarz Bardi

Original Signature (electronic, copies or stamps not accepted)

10-25-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Faramarz Bardi

Print Name (First, Last)

Faramarz Bardi

Original Signature (electronic, copies or stamps not accepted)

11-2-2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Los Angeles

I, Faramarz Bardi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Faramarz Bardi

Original Signature

11-2-2022

Date

Subscribed and Sworn to before me this 2nd day of November 2022

Jagdeep Ahluwalia

Notary Public Signature

JAGDEEP S. AHLUWALIA
COMM. # 2292386
NOTARY PUBLIC-CALIFORNIA
COUNTY OF LOS ANGELES
MY COMM. EXP. JULY 6, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SPECTRUM MEDICAL X-RAY CO.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1721 STEWART STREET

City SANTA MONICA State CA Zip 90404

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (310) 828-6161 Website SPECTRUMXRAY.COM

Licensing Company Email frank@spectrumxray.com

Section 2: Personal Information

First FARAMARZ Middle _____ Last BARDI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] STEWART STREET

City SANTA MONICA State CA Zip 90404

Telephone (310) 828-6161 Email frank@spectrumxray.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF CENTRAL FLORIDA (CICF)		09/80 - 12/83	
Address	City	State	Zip
4000 Central Florida Blvd.	Orlando	FL	32816
Diploma/Degree obtained, if any			
B.S. IN MATHEMATICS & COMPUTER ENGINEERING			

School Name		From - To (MM/YY – MM/YY)	
ST. PETERSBURG COLLEGE		09/78 - 06/80	
Address	City	State	Zip
6605 Fifth Ave. N	St. Petersburg	FL	33710
Diploma/Degree obtained, if any			
A.A. IN GENERAL STUDIES & PRE-ENGINEERING			

School Name		From - To (MM/YY – MM/YY)	
ETEHAD HIGH SCHOOL		09/74 - 06/77	
Address	City	State	Zip
	Tehran	IRAN	
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/00 - PRESENT	[redacted] Napoli Dr.	Pacific Palisades	CA	90272
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SPECTRUM MEDICAL X-RAY CO.			02/93 - PRESENT
Business Address	**City**	**State**	**Zip**
1721 STEWART STREET	SANTA MONICA	CA	90404
Phone	**Title**		
(310) 828-6161	PRESIDENT/CEO		
Description of Duties			
Responsible for the operations, sales, financials and overall direction of the company.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Jaramayo Sasdi
Original Signature (electronic copies or stamps not accepted)

10-31-2022
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

FARAMARZ BARDI

Print Name (First, Last)

Faramarz Bardi — 10-25-2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of LOS ANGELES

I, FARAMARZ BARDI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Faramarz Bardi — 10-25-2022

Original Signature — **Date**

State of California County of Los Angeles

Subscribed and Sworn to before me this 25th day of 2022.

Notary Public Signature

JAGDEEP S. AHLUWALIA
COMM. # 2292386
NOTARY PUBLIC - CALIFORNIA
COUNTY OF LOS ANGELES
MY COMM. EXP. JULY 6, 2023

(Seal)

Form Number OMB Number

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

Date Received: 04/20/2023

Subject Information

First Name: FARAMARZ

Middle Name 1:

Middle Name 2:

Last Name: BARDI

Name Suffix:

Date of Birth: [redacted] Social Security Number: [redacted]

E-mail Address: frank@spectrumxray.com Prisoner Number: 3104667697

FBI UCN: 344567W3 SID:

Mailing Address

Attention: FARAMARZ BARDI

In Care Of:

Address 1: [redacted] STEWART STREET

Address 2:

City: SANTA MONICA

State: CA

Postal (Zip) Code: 90404

Country: US

Phone Number: 3104667697

Challenge Details

Challenge Reason: INCORRECT_ARREST_DATA

Other Challenge Reason:

Challenge Reason Details: In my identity history report the following is showing:
ARRESTED OR RECEIVED 1980/08/20
AGENCY-USCIS-FDNS MIAMI DO MIAMI (FLFDS0800)
AGENCY CASE-A23598818
CHARGE 1-DEP PR0C
This information is incorrect since I have never been arrested for any reason in my life.

Preferences

Include DOB on Response: Y Include Hard Copy Response: Y

Receive Status Notifications: Y Mail Supporting Documentation: N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 10141819

Application/License No. _____

SPECTRUM MEDICAL X-RAY (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1721 STEWART STREET SANTA MONICA, CA 90404 (Address of Applicant/Principal), as PRINCIPAL, and Hudson Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1035 Greenwood Blvd, Suite 265 Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/07/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 3rd day of November, 2022.

APPLICANT/PRINCIPAL
SPECTRUM MEDICAL X-RAY

Saramany Bondi
Authorized Representative

SURETY
Hudson Insurance Company

SpecialValueSeal

Surety Company's Representative

Remy Bickoff, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

10141819

HUDSON INSURANCE GROUP®

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Remy Bickoff

of the State of CA

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand Dollars ($100,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly d, on this 2nd day of June, 20 22 at New York, New York.

e seal)

HUDSON INSURANCE COMPANY

Attest.....
Dina Daskalakis No. 01MU6067553
Corporate Secretary

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 2nd day of June, 20 22 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

ANN M. MURPHY
NOTARY PUBLIC
STATE OF NEW YORK

.....
ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2025

STATE OF NEW YORK
COUNTY OF NEW YORK SS:

CERTIFICATION

The undersigned **Dina Daskalakis** hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 3rd day of November, 2022.

seal)

By.....
Dina Daskalakis, Corporate Secretary

4III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?	☐ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH n/a	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Norco Inc.

Physical Address: 671 Bergin Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 776-657-5130 Website: www.norco-inc.com

Name of Designated Representative (DR): Ron Preston

Licensing Company Email: compliance@norco-inc.com DR Email: ronp@norco-inc.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
■ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	■ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Nov 2. 2021	July 13, 2022	NV	Winnemucca	Humbolt

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-176-MP-N	Nevada State Board of Pharmacy

Reason/Charge
Furnishing medical devices in Nevada without a license, specifically medical oxygen from Norco-Winnemucca location.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Norco Inc.	n/a

Name of Business/Industry/Entity
Norco Inc.

Provide explanation below:

On November 2, 2021 Norco received a Cease and Desist notice from the Nevada Board of Pharmacy where is was determined that Norco was furnishing medical gases (oxygen) from our 740 Fairgrounds Rd. location in Winnemucca, NV. At the time, Norco had a license to furnish medical devices only at our 440 30th St. Elko, NV location and not from the Winnemucca location. Norco entered into a Stipulation and Order with the Nevada State Board of Pharmacy agreeing with the finding of the NV BOP and agreed to paying a fine of $5,000.00 to the Nevada, Office of the Treasurer as well as reimbursement for legal fees of $500.00 to the Nevada Board of Pharmacy. This Stipulation and Consent was accepted by the Board on July 13th, 2022. Subsequently, Norco applied for and was granted a Wholesale license for our Winnemucca, NV location.

Original Signature (electronic, copies or stamps not accepted)

1/30/2023
Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ResMed Inc
Address: 9001 Spectrum Center Blvd City: San Diego State: CA Zip: 92123

Name: Respironics
Address: 1010 Murry Ridge Ln City: Murrysville State: PA Zip: 15668

Name: Medline Industries
Address: Three Lakes Dr. City: Northfield State: IL Zip: 60093

Name: Invacare
Address: 1 Invacare Way City: Elyria State: OH Zip: 44035

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Idaho
Parent Company (if any): n/a
Corporation/Organization Name: Norco Inc.
Mailing Address: 1125 W. Amity Rd.
City: Boise State: ID Zip: 83705
Telephone: 208-336-1643 Email: compliance@norco-inc.com
Contact Person Name: Roger Hudgens

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Norco Inc.

Facility Name

Roger Hudgens, Director of Risk Management

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/30/2023

Date

Board Use Only	Date Received: 2-2-23	Amount: 1000.00 CK-T12583

Norco
WELDING • SAFETY • MEDICAL
Supplies and Gases
1125
WEST AMITY ROAD
BOISE, ID
83705

THE JOINT COMMISSION ACCREDITED
ISO 9001-2015 - TÜV CERTIFIED
QUALITY SYSTEM REGISTERED

(208) 336-1643 •TEL
(208) 433-6160 •FAX

Norco Inc.
Corporate Ownership / Officers

Norco Inc. – Ownership:

Ownership Entity	Trustee	Ownership %
Metolius Trust	Nicole Kissler	19.62%
McKenzie Trust	Cheryl Larabee	33.25%
Deschutes Trust	Cheryl Larabee	12.14%
Norco ESOP Trust	Alerus Financial	35.0%

Norco Inc. – Executive Officers:



Roger Hudgens
Director of Risk Management
Norco, Inc.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NORCO, INC.**, as a FOREIGN CORPORATION (80) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/23/2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/23/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301233328822
You may verify this certificate online at http://www.nvsos.gov

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/24/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kacee Mock
The Leavitt Group of Boise, Inc. 6220 N. Discovery Way, Ste 100 Boise ID 83713	PHONE (A/C, No, Ext): (208) 375-9199 FAX (A/C, No): (208) 658-1951 E-MAIL ADDRESS: kacee-mock@leavitt.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Zurich American Insurance Company	C16535
INSURER B: AXIS Surplus Insurance Company	26620
INSURER C: Great American E&S Insurance Company	37532
INSURER D: Crum & Forster Specialty	44520
INSURER E:	
INSURER F:	

INSURED
Norco, Inc.
1125 W. Amity Road
Boise ID 83705

COVERAGES **CERTIFICATE NUMBER: 22-23 Master** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			GLO0381400-07	7/1/2022	7/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS [ ] SCHEDULED AUTOS X HIRED AUTOS [X] NON-OWNED AUTOS			BAP0381401-07	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			P0010008882901	7/1/2022	7/1/2023	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Stop Gap: ND, WY & WA WC0381399-07	7/1/2022	7/1/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	2nd & 3rd XS Layers over GL, Auto & Employers Liability			XSE860921 SE0119080	7/1/2022 7/1/2022	7/1/2023 7/1/2023	2nd Excess Layer 3rd Excess Layer	$3,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Michellez@norco-inc.com

Norco, Inc.
1125 W. Amity Road
Boise, ID 83705

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ted Rice/NAPLUM

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Location	First Name	Last Name	Job Title Description	Secondary Job Title
Sparks	Andrew	Jasinski	Outside Sales Industrial	
Sparks	Collin	Brennan	INDUSTRIAL CUST. SRVC REP	INDCDL - Ind CDL Route Delivery Driver
Sparks	Hipolito	Galvan	Industrial CDL Route Delivery Driver	
Sparks	Ronald	Preston	INDUSTRIAL STORE MANAGER	

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Norco Inc.

Pharmacy/Wholesaler License # (if applicable): n/a

Physical Address: 671 Bergin Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 775-657-5130 Website: norco-inc.com

Licensing Company Email: compliance@norco-inc.com

Section 2: Personal Information

First: Ronald Middle: Scott Last: Preston

Alias(es, nicknames, name changes, etc.): none

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Horseshoe Lane

City: Fernley State: NV Zip: 89408

Telephone: [redacted] Email: ronp@norco-inc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
El Monte High School		09/72 - 06/76	
Address	City	State	Zip
3048 Tyler Avenue	El Monte	CA	91731
Diploma/Degree obtained, if any			
Graduated			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/04 - 01/23	[redacted] Horseshoe Lane	Fernley	NV	89408
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY) .	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc.			06/22-present	
Business Address		**City**	**State**	**Zip**
671 Bergin Way		Sparks	NV	89431
Phone	**Title**		**Number of Employed Hours**	
775-657-5130	Store Manager		1200+	
Description of Duties				
In charge of all Store Operations and employees for gas and welding supplies				

Business Name			From - To (MM/YY – MM/YY)	
JW Welding Supplies & Tools			03/19-6/22	
Business Address		**City**	**State**	**Zip**
900 Industrial Way		Sparks	NV	89431
Phone	**Title**		**Number of Employed Hours**	
775-331-4774	Store Manager		6000	
Description of Duties				
In charge of all Store Operations and employees. Distribution of industrial gases and medical nitrogen liquid				

Business Name			From - To (MM/YY – MM/YY)	
Airgas USA LLC			09/17-03/19	
Business Address		**City**	**State**	**Zip**
1671 Glendale Ave		Sparks	NV	89431
Phone	**Title**		**Number of Employed Hours**	
775-358-2260	Distribution Supervisor		3000	
Description of Duties				
route all drivers to N. NV delivery locations, Hospitals, Medical offices and Industrial. Medical oxygen, Heliox, nitrous oxide and other medical gases. Inventory products on trucks in and out.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-27-2023
Date

I, Ronald Preston , **certify that as the designated representative for**

Norco Inc. ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. X I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ronald Preston

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-27-2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ronald, Preston

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-27-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, RONALD PRESTON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-27-2023

Date

Subscribed and Sworn to before me this 27 day of January 2023

Notary Public Signature

ANA VELASQUES
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 11-04-26
Certificate No: 22-6105-02

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Norco Inc. MDEG License # (if applicable): n/a

Physical Address: 671 Bergin Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 775-657-5130 Website: norco-inc.com

Licensing Company Email: compliance@norco-inc.com

Section 2: Personal Information

First: Ronald Middle: Scott Last: Preston

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Horseshoe Lane

City: Fernley State: NV Zip: 89408

Telephone: [redacted] Email: ronp@norco-inc.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
El Monte High School		9/72 - 6/76	
Address	**City**	**State**	**Zip**
3048 Tyler Avenue	El Monte	CA	91731
Diploma/Degree obtained, if any			
GED Graduated			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/04 - 1/23	[redacted] Horseshoe Lane	Fernley	NV	89408
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)
Norco Inc.			06/22-present
Business Address	**City**	**State**	**Zip**
671 Bergin Way	Sparks	NV	89431
Phone	**Title**	**Number of Employed Hours**	
775-657-5130	Store Manger	1200+	

Description of Duties
In charge of all Store Operations and employees for gas and welding supplies

Business Name			From - To (MM/YY – MM/YY)
JW Welding Supplies & Tools			03/19-06/22
Business Address	**City**	**State**	**Zip**
900 Industrial Way	Sparks	NV	89431
Phone	**Title**	**Number of Employed Hours**	
7753314774	Store Manger	6000	

Description of Duties
In charge of all Store Operations and employees. Distribution of industrial gases and medical nitrogen liquid

Business Name			From - To (MM/YY – MM/YY)
Airgas USA LLC			09/17-03/19
Business Address	**City**	**State**	**Zip**
1671 Glendale Ave	Sparks	NV	89431
Phone	**Title**	**Number of Employed Hours**	
775-358-2260	Distribution Supervisor	3000	

Description of Duties
route all drivers to N. NV delivery locations, Hospitals, Medical offices and Industrial. Medical oxygen, Heliox, nitrous oxide and other medical gases. Inventory products on trucks in and out.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question #_____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1-30-2023
Date

I, RONALD PRESTON, **certify that as the MDEG Administrator for**

Norco Inc.,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RONALD PRESTON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-30-2023

Date

Board Use Only	Date Received: 2-2-23

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. CBE1024356

Application/License No. _____

Norco, Inc. , doing or intending to do
Applicant/Principal
business as a pharmaceutical wholesaler, whose address for purposes of service is

671 Bergin Way, Sparks, NV 89431-5801 , as
Address of Applicant/Principal
PRINCIPAL, and The Cincinnati Insurance Company , a
Surety Company
corporation organized under the laws of the state of Ohio
State of Incorporation
and authorized to transact a general surety business in the State of Nevada, whose address

for purposes of service is
6200 S Gilmore Rd, Fairfield, OH 45014-5141 as
Address of Surety
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ($ 100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on
January 25, 2023 .
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 25th day of January, 20 23.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

CINCINNATI OHIO

Kacee Mock, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Julie F. Thomas

Witness

Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent

JULIE F THOMAS
Comm. No. 29477
NOTARY PUBLIC
Expires: 07/09/2025
STATE OF IDAHO

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio CBE1024356

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Kacee Mock

of BOISE ID

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

One Hundred Thousand Dollars $ 100,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

STATE OF OHIO)SS:
COUNTY OF BUTLER)

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 25th day of January 2023

BN-1457 (3/21)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Norco Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): n/a

Physical Address: 671 Bergin Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 775-657-5130 Website: www.norco-inc.com

Licensing Company Email: compliance@norco-inc.com

Section 2: Personal Information

First: Cheryl Middle: Ann Last: Larabee

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] W. Thornberry Dr.

City: Boise State: ID Zip: 83702

Telephone: [redacted] Email: cheryllarabee@boisestate.edu

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Golden Gate University		09/79 - 09-80	
Address	City	State	Zip
536 Mission St	San Francisco	CA	94105
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Moorhead State College		09/71 - 05/75	
Address	City	State	Zip
1104 7th. Ave. S	Moorhead	MN	56563
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
Osseo High School		09/68 - 05/71	
Address	City	State	Zip
317 2nd. Ave. NW	Osseo	MN	56369
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/12 - 01/23	[redacted] Thornberry Dr.	Boise	ID	83702
05/98 - 05/12	[redacted] Parkside Dr.	Boise	ID	83712
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Deschutes Trust			01/21 - 01/23	
Business Address		**City**	**State**	**Zip**
313 Thornberry Dr.		Boise	ID	83702
Phone	**Title**			
208-863-4223	Trustee			
Description of Duties				
Fiduciary				

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc.			01/10 - 01/23	
Business Address		**City**	**State**	**Zip**
1125 W. Amity Rd		Boise	ID	83705
Phone	**Title**			
208-336-1643	Director			
Description of Duties				
Board / Company Oversight				

Business Name			From - To (MM/YY – MM/YY)	
McKenzie Trust			09/08 - 01/23	
Business Address		**City**	**State**	**Zip**
313 Thornberry Dr.		Boise	ID	83702
Phone	**Title**			
208-863-4223	Trustee			
Description of Duties				
Fiduciary				

Business Name			From - To (MM/YY – MM/YY)	
ZAGG Inc.			09/13 - 02/22	
Business Address		**City**	**State**	**Zip**
910 Legacy Center Way		Salt Lake City	UT	84047
Phone	**Title**			
801-263-0699	Director			
Description of Duties				
Board / Company Oversight				

Business Name			From - To (MM/YY – MM/YY)	
Boise State University			01/05 - 07/20	
Business Address		**City**	**State**	**Zip**
1910 University Dr.		Boise	ID	83725
Phone	**Title**			
208-426-1000	AVP & Professor			
Description of Duties				
AVP Advancement, Professor				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Cheryl Ann Larabee
Original Signature (electronic, copies or stamps not accepted)

1/24/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cheryl, Larabee

Print Name (First, Last)

Cheryl Ann Larabee — 1-24-23

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Cheryl Ann Larabee, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Cheryl Ann Larabee — 1-24-23

Original Signature — **Date**

Subscribed and Sworn to before me this 24th day of January 2023.

Julie F. Thomas

Notary Public Signature

JULIE F THOMAS Comm. No. 29477 NOTARY PUBLIC Expires: 07/08/2025 STATE OF IDAHO

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Norco Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): n/a

Physical Address: 671 Bergin Way

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): 1125 W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: 775-657-5130 Website: www.norco-inc.com

Licensing Company Email: compliance@norco-inc.com

Section 2: Personal Information

First: Nicole Middle: Celeste Last: Kissler

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] W. Amity Rd.

City: Boise State: ID Zip: 83705

Telephone: [redacted] Email: nicolek@norco-inc.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		09/03 - 06/07	
Address	City	State	Zip
1500 SW Jefferson Way	Corvallis	OR	97331
Diploma/Degree obtained, if any			
BS Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Boise High School		08/00 - 05-03	
Address	City	State	Zip
1010 W. Washington St.	Boise	ID	83702
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/20 - 01/23	[redacted] Sendero Ln	Boise	ID	83712
01/14 - 07/20	[redacted] N. 16th St.	Boise	ID	83702
09/12 - 12/13	[redacted] Greenwood Ave N	Seattle	WA	98103
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Norco Inc			01/14 - 01-23	
Business Address		**City**	**State**	**Zip**
1125 W Amity Rd		Boise	ID	83705
Phone	**Title**			
208-336-1643	CEO			
Description of Duties				
Responsible for managing the company's overall operations				

Business Name			From - To (MM/YY – MM/YY)	
Central Welding Supply			09/11 - 12/13	
Business Address		**City**	**State**	**Zip**
13300 38th Ave NE		Marysville	WA	98271
Phone	**Title**			
260-651-2307	Human Resources			
Description of Duties				
Payroll & Benefits				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

NK

Original Signature (electronic, copies or stamps not accepted)

1/24/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole, Kissler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/24/23

Date

Please have this section completed in the presence of a Notary Public.

State of Idaho, ss. County of Ada

I, Nicole Kissler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/24/23

Date

Subscribed and Sworn to before me this 24th day of January 2023.

Julie F Thomas

Notary Public Signature

JULIE F THOMAS
Comm. No. 29477
NOTARY PUBLIC
Expires: 07/08/2025
STATE OF IDAHO

(Seal)

4JJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Wellness Essentials Inc.

Physical Address: 2672 N. Buffalo #100

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Hripsime Madaryan

Licensing Company Email: _____ DR Email: _____

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☐ Dangerous Drugs	☐ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
☐ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
■ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		■ Others: Medical Device, Supplies

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

January 17, 2023

Date

Section 3: List the top three suppliers your company has been contracted with to regularly buy pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Medline Industries, LP
Address: 3 Lakes Drive City: Northfield State: IL Zip: 60093

Name: McKeson Medical-Surgical
Address: 9945 Mayland Drive Suite 5176A City: Henrico State: VA Zip: 23233

Name: Sigma Supply & Distribution
Address: 701 W Harvard St, City: Glendale State: CA Zip: 91204

Name: Dr Confort
Address: 10300 N Enterprise Dr City: Mequon State: WI Zip: 53092

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: Hripsime Madaryan
Business Name: Wellness Essentials Inc.
Business Address: 2672 N Buffalo Dr. #100
City: Las Vegas State: NV Zip: 89128
Telephone: 702-462-2458 Email: wellnessessentialsnv@gmail.com

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Wellness Essentials Inc.

Facility Name

Hripsime Madaryan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

January 17, 2023

Date

Board Use Only	Date Received: 1-3-23	Amount: 1000.00 CK-1020

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

March 15, 2023
Date

I, Hripsime Madaryan, **certify that as the MDEG Administrator for**

Wellness Essentials Inc.,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hripsime Madaryan
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 15, 2023
Date

Board Use Only	Date Received: 4-3-23

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

WELLNESS ESSENTIALS INC

Entity Number:

E21589772022-0

Entity Type:

Domestic Corporation (78)

Entity Status:

Active

Formation Date:

03/08/2022

NV Business ID:

NV20222393801

Termination Date:

Perpetual

Annual Report Due Date:

3/31/2024

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

hripsime madaryan

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

2656 North Buffalo Drive, Las Vegas, NV, 89128, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	hripsime Madaryan	2672 n buffalo dr unit 100, Las Vegas, NV, 89128, USA	02/08/2023	Active
President	hripsime madaryan	2656 North Buffalo Drive, Las Vegas, NV, 89128, USA	03/08/2022	Active

Page 1 of 1, records 1 to 2 of 2

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	100	1

Page 1 of 1, records 1 to 1 of 1

Number of No Par Value Shares:

0

Total Authorized Capital:

100

Filing History Name History Mergers/Conversions

Return to Search Return to Results

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Wellness Essentials inc

Nevada Business Identification # NV20222393801
Expiration Date: 03/31/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203082470972
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Wellness Essentials inc** did, on 03/08/2022, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202203082470971
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE PRESIDENT:

hripsime madaryan
Name

USA
Country

2656 North Buffalo Drive
Address

Las Vegas
City

NV
State

89128
Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X hripsime madaryan
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

03/08/2022
Date

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
NND Agency Inc
6670 S. Tenaya Wy. #100
Las Vegas NV 89113

CONTACT NAME: Natalie DeNardo
PHONE (A/C, No, Ext): (702) 410-7860 FAX (A/C, No): (702) 920-8043
E-MAIL ADDRESS: natalie@nndagency.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: COTERIE
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Wellness Essentials
2672 N Buffalo Drive
100
Las Vegas NV 89128

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			CSR-00029041-01	03/15/2023	03/15/2024	EACH OCCURRENCE $ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $ 100,000 MED EXP (Any one person) $ 5,000 PERSONAL & ADV INJURY $ 1,000,000 GENERAL AGGREGATE $ 2,000,000 PRODUCTS - COMP/OP AGG $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE $ AGGREGATE $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N / N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE / OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

Certificate of Accreditation

Exemplary Provider® Award

Granted To

Wellness Essentials, Inc.

Wellness Essentials

2672 N Buffalo #100 Las Vegas, NV 89128

for demonstrating
Outstanding Healthcare Delivery Practices
and
Compliance to

Safety • Honesty • Caring®

Accreditation Quality Standards

DMEPOS

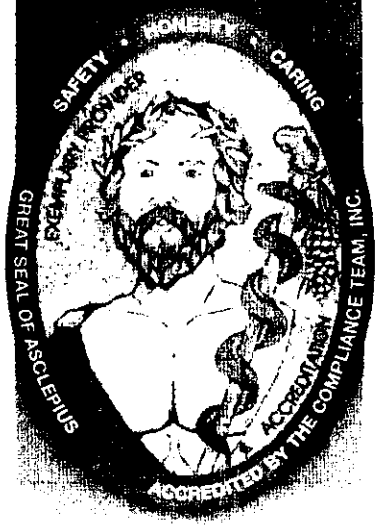
EXPIRATION DATE: JUNE 30, 2025

Founder & CEO, The Compliance Team, Inc.

032005

June 08, 2022
Date

DMEPOS
PHARMACY
RURAL HEALTH
PATIENT-CENTERED MEDICAL HOME
CLINIC
PHYSICIAN
INFUSION
OCULARIST



The Promise of
HEALTHCARE
EXCELLENCE

3113

The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

June 13, 2022

Hripsime Madaryan
Owner
Wellness Essentials, Inc.
Wellness Essentials
2672 N Buffalo #100
Las Vegas, NV 89128

LETTER OF ACCREDITATION

Dear Hripsime,

Congratulations on your outstanding achievement and demonstrated commitment to delivering healthcare excellence. Wellness Essentials, Inc. dba Wellness Essentials is now an official member of the League of Exemplary Providers®. Your official Accreditation Certificate and comprehensive scoring documentation are enclosed.

The Certificate of Accreditation verifies that Wellness Essentials, Inc. dba Wellness Essentials has established processes that conform to the Evidence of Compliance requirements of The Compliance Team's Exemplary Provider® DMEPOS Quality Standards.

The scoring document registers a Passing Final Score as a result of the recent on-site evaluation conducted on June 08, 2022 at 2672 N Buffalo #100, Las Vegas, NV 89128. Please review the documentation and comments and submit any follow-up action plan within 60 days.

Accreditation Period
Effective Date: June 08, 2022
Expiration Date: June 30, 2025

Leading up to your next on-site evaluation, The Compliance Team will review and evaluate Wellness Essentials, Inc. dba Wellness Essentials outcomes data as prescribed by the program's "Safety-Honesty-Caring®" quality standards. In the meantime, our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,

Steve Simmerman
COO
The Compliance Team, Inc.

The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

Product Category Addendum

The Compliance Team accredited the following Product Categories for

Wellness Essentials, Inc. dba Wellness Essentials
2672 N Buffalo #100 Las Vegas, NV 89128

June 08, 2022
DM02 Commodes/Urinals/Bedpans
DM05 Blood Glucose Monitors and Supplies (non-mail order)
DM09 Hospital Beds-Electric
DM10 Hospital Beds-Manual
M01 Canes and Crutches
M06 Wheelchairs-Standard Manual
M06A Manual Related Accessories
M10 Wheelchair Seating/Cushions
OR03 Off-The-Shelf Orthotics
S01 Surgical Dressings

Other Accredited Products & Services
Incontinence supplies
Shower chairs

TheComplianceTeam™
Accreditation Organization

DME On-Site Visit Satisfaction Survey

Provider Name Wellness Essentials.

Satisfaction Visit Completed By H. Sima Madatyan

City Las Vegas NV. State NV Zip 89128

TCT Advisor _____ Visit Date _____

- Were your contacts with our home office staff pleasant and helpful? (Y) N
- Did you review the Self-Assessment Checklists prior to the On-Site Visit? (Y) N
- Did you feel the On-Site Advisor was strong in knowledge and competency in all areas? (Y) N
- Did you feel the On-Site Advisor was respectful of yours and your patients' time? (Y) N
- Did you receive your scoring letter and certificate in a timely manner? (Y) N
- Were you able to understand your scoring and apply the corrections? Y (N)
- Would you recommend The Compliance Team™ Accreditation Program to others? (Y) N
- Do you feel an annual On-Site Visit, at an additional cost, would be beneficial to the program? (Y) N
- Were you 100% satisfied with the On-Site Visit of the Exemplary Provider™ Accreditation Program? (Y) N

Please explain your yes or no answer(s) in the comments field below:

Comments:

_____

_____

_____

_____

_____

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 03-08-2022

Employer Identification Number:
88-1103474

Form: SS-4

Number of this notice: CP 575 A

WELLNESS ESSENTIALS INC
2656 N BUFFALO DR
LAS VEGAS, NV 89128

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-1103474. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1120	07/15/2022

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A 03-08-2022 WELL B 9999999999 SS-4

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is WELL. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Enumeration Date: July 1, 2022

A request for a National Provider Identifier for the following provider was recently submitted to https://nppes.cms.hhs.gov, and you were listed as the contact person. This is to inform you that the request was successfully processed and the following NPI has been assigned:1609509207.

wellness essentials inc
EIN: =====3474

Practice Location:
2672 N Buffalo Dr Unit 100
Las Vegas, NV 89128-4820

Provider Taxonomies:
Taxonomy: 332B00000X
Details: Durable Medical Equipment & Medical Supplies
This is the Primary Taxonomy.

If you have any questions about this notification you may contact the NPI Enumerator Monday through Friday, 9am to 5pm (Eastern Time)* at:
NPI Enumerator
7125 AMBASSADOR RD STE 100
WINDSOR MILL MD 21244-2751
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY for the deaf, hard of hearing, or those with speech difficulties)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Wellness Essentials

2 Business name/disregarded entity name, if different from above
Wellness Essentials

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
2672 N Buffalo Dr Unit 100

Requester's name and address (optional)

6 City, state, and ZIP code
Las Vegas, NV 89128

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
[8][8] - [1][1][0][3][4][7][4]

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] **Date** ▶ 4/16/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

The ComplianceTeam
Accreditation Organization

P.O. Box 160
905 Sheble Lane, Suite 102, Spring House, PA 19477
[215] 654-9110 | TheComplianceTeam.org

Product Category Addendum

The Compliance Team accredited the following Product Categories for

Wellness Essentials, Inc. dba Wellness Essentials
2672 N Buffalo #100 Las Vegas, NV 89128

June 08, 2022

DM02 Commodes/Urinals/Bedpans
DM05 Blood Glucose Monitors and Supplies (non-mail order)
DM09 Hospital Beds-Electric
DM10 Hospital Beds-Manual
M01 Canes and Crutches
M06 Wheelchairs-Standard Manual
M06A Manual Related Accessories
M10 Wheelchair Seating/Cushions
OR03 Off-The-Shelf Orthotics
S01 Surgical Dressings

Other Accredited Products & Services

Incontinence supplies
Shower chairs

PO BOX 100142 I COLUMBIA, SC 29202-3142 I ISO 9001
NATIONAL PROVIDER ENROLLMENT WESTERN REGION

November 8, 2022

WELLNESS ESSENTIALS, INC
2672 N BUFFALO DR
UNIT 100
LAS VEGAS, NEVADA 89128-4820

NPI: 1609509207
PTAN: 8129760001
RE: 22181C25100095

Reference # 1609509207

Dear WELLNESS ESSENTIALS, INC:

The National Provider Enrollment Western Region (NPWest) approved your initial enrollment application.

Medicare Enrollment Information

Supplier Legal Business Name (LBN)	WELLNESS ESSENTIALS, INC
Doing Business As (DBA)	WELLNESS ESSENTIALS, INC
Physical Address Location	2672 N BUFFALO DR UNIT 100 LAS VEGAS NEVADA 89128-4820
Supplier Type	Medical Supply Company
National Provider Identifier (NPI)	1609509207
Provider Transaction Access Number (PTAN)	8129760001
PTAN Effective Date	November 8, 2022
Participation Status	Non Participating

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Filing claims electronically? Contact the Common Electronic Data Exchange (CEDI) Contractor at www.ngscedi.com or (866) 311-9184.

Subscribe to receive timely listserv messages regarding Medicare billing policies at:

- Jurisdiction A-Noridian Healthcare Solutions, med.noridianmedicare.com/web/jadme
- Jurisdiction B-CGS, www.cgsmedicare.com

- Jurisdiction C-CGS, www.cgsmedicare.com
- Jurisdiction D-Noridian Healthcare Solutions,med.noridianmedicare.com/web/jddme

Enroll, make changes or view your existing enrollment information by logging into PECOS at https://pecos.cms.hhs.gov.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at www.palmettogba.com/nsc or https:\\www.cms.gov.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination. To facilitate the processing of your reconsideration request, please utilize and include the coversheet found at www.PalmettoGBA.com/NSC with your submission.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
    - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
    - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
    - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your

PO BOX 100142 | COLUMBIA, SC 29202-3142 | PALMETTOGBA.COM | ISO 9001
NATIONAL PROVIDER ENROLLMENT WESTERN REGION

PALMETTO GBA.
A CELERIAN GROUP COMPANY

November 9, 2022

WELLNESS ESSENTIALS, INC
ATTN: HRIPSIME MADARYAN
3124 STERN DR
LAS VEGAS NV 89117

814610 000003
0001 of 0003

Reference # 1609509207

Dear WELLNESS ESSENTIALS, INC:

The National Provider Enrollment Western Region (NPWest) approved your initial enrollment application.

Medicare Enrollment Information

Supplier Legal Business Name (LBN)	WELLNESS ESSENTIALS, INC
Doing Business As (DBA)	
Physical Address Location	2672 N BUFFALO DR UNIT 100 LAS VEGAS, NV 89128
Supplier Type	MEDICAL SUPPLY COMPANY
National Provider Identifier (NPI)	1609509207
Provider Transaction Access Number (PTAN)	8129760001
PTAN Effective Date	November 7, 2022
Participation Status	Non Participating

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Filing claims electronically? Contact the Common Electronic Data Exchange (CEDI) Contractor at www.ngscedi.com or (866) 311-9184.

Subscribe to receive timely listserv messages regarding Medicare billing policies at:

- Jurisdiction A-Noridian Healthcare Solutions, med.noridianmedicare.com/web/jadme
- Jurisdiction B-CGS, www.cgsmedicare.com
- Jurisdiction C-CGS, www.cgsmedicare.com
- Jurisdiction D-Noridian Healthcare Solutions,med.noridianmedicare.com/web/jddme

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Enroll, make changes or view your existing enrollment information by logging into PECOS at https://pecos.cms.hhs.gov.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at www.palmettogba.com/nsc or https:\\www.cms.gov.

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination. To facilitate the processing of your reconsideration request, please utilize and include the coversheet found at www.PalmettoGBA.com/NSC with your submission.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
    - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
    - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
    - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.

- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to the following:

www.palmettogba.com/nsc/NSCWebFormSubmission
Select Appeals Form and complete all required fields
or
National Supplier Clearinghouse (AG-495)
P.O. Box 100142
Columbia, SC 29202-3142
or
NSC.Appeal@Palmettogba.com
or
Fax Number
803-870-6761

For questions concerning this matter, contact NSC at 866-238-9652 between the hours of (9:00 AM) and (5:00 PM) Eastern time or visit our website at PalmettoGBA.com/NSC.

Sincerely,

Barry McManus, Director
National Provider Enrollment Western Region

814610 000003
0002 of 0003

PLEASE INCLUDE THIS COMPLETED FORM WITH THE SUBMISSION OF YOUR CORRECTIVE ACTION PLAN AND/OR RECONSIDERATION REQUEST

Improperly submitted requests may be dismissed

Supplier Name:_____

Supplier Address:_____

National Provider Identifier (NPI):_____ **PTAN:** _____

Supplier Email Address:_____

Supplier Fax Number:_____

Medicare Administrative Contractor: National Provider Enrollment Western Region___

This appeal submission is based on a(n): ☐ **Denial** ☐ **Revocation** ☐ **Effective Date**

CHOOSE ALL THAT APPLY FROM THE FOLLOWING:
Be sure to indicate if you are submitting both a CAP and Reconsideration Request or either individually

I am submitting a –

☐ **Corrective Action Plan (CAP)** – *The CAP is an opportunity for the provider/supplier to correct the deficiencies (if possible) that resulted in the denial or revocation of billing privileges. A CAP may only be submitted for denials under 42 C.F.R. § 424.530(a)(1) or revocation of billing privileges under 42 C.F.R. § 424.535(a)(1).*

When submitting a CAP, it must:

1. Contain verifiable evidence that the provider/supplier is in compliance with Medicare requirements;
2. Be submitted within 35 days from the date of the denial or revocation notice;
3. Be submitted in the form of a letter that is signed and dated by the individual provider/supplier, the authorized or delegated official, or a legal representative.
4. If a legal representative is an attorney, the CAP must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the CAP must contain written notice of the appointment of the non-attorney as legal representative signed by the provider, supplier, or authorized/delegated official.

A decision will be issued within 60 days of receipt of the CAP.

The time to submit a reconsideration request runs concurrently with the time to submit a CAP. For example, if a CAP is submitted 20 days after the initial determination, there are 40 days remaining to submit a reconsideration request. These 40 days continue to elapse while the CAP is

under consideration. Please note that failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review.

☐ **Reconsideration Request** – *A reconsideration request is an opportunity for a provider/supplier to furnish evidence that demonstrates that there was an error made at the time of the initial determination affecting participation in the Medicare Program.*

814610 000003
0003 of 0003

When submitting a reconsideration request, it must:

1. State the issues, or the findings of fact with which you disagree, and the reasons for disagreement.
2. Be submitted within 65 days from the date of the initial determination;
3. Be submitted in the form of a letter that is signed and dated by the individual provider/supplier, the authorized or delegated official, or a legal representative.
4. If a legal representative is an attorney, the reconsideration request must also contain a statement that the attorney has the authority to act on behalf of the provider/supplier. If the legal representative is not an attorney, the reconsideration request must contain written notice of the appointment of the non-attorney as legal representative signed by the provider, supplier, or authorized/delegated official.

A decision will be issued within 90 days of receipt of the reconsideration request.

Please mail, email, or fax this form, the CAP or reconsideration request letter (signed and dated by the valid submitter), the initial determination letter, and all supporting documentation applicable to the appeal to the following address:

National Supplier Clearinghouse (AG-495)
P.O. Box 100142
Columbia, SC 29202-3142
or
NSC.Appeals@Palmettogba.com
or
Fax Number
803-870-6761

Employee List (Wholesalers)

2672 N Buffalo Dr #100 Las Vegas, NV 89128

1) Hripsime Madaryan is only employee for wholesalers

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Wellness Essentials Inc

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2672 N Buffalo Dr #100

City Las Vegas State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-462-2458 Website wellnessessentialsnv.com

Licensing Company Email wellnessessentialsnv@gmail.com

Section 2: Personal Information

First Hripsime Middle Sima Last Madaryan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Stern Dr

City Lasd Vegas State NV Zip 89117

Telephone [redacted] Email _____

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Grant High School			09/1990 to 06/1994	
Address		City	State	Zip
13000 Oxnard St		Vally Glen	CA	91401
Diploma/Degree obtained, if any				
High School Deploma				
School Name			From - To (MM/YY – MM/YY)	
CSUN			08/1994 to 07/1997	
Address		City	State	Zip
18111 Nordhoff St		Northridge	CA	91330
Diploma/Degree obtained, if any				
2 year College				
School Name			From - To (MM/YY – MM/YY)	
Real Estate School			12/2005 to 03/2006	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2004 to current	[redacted] Stern Dr	Las Vegas	NV	89117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Wellness Essentials Inc			06/2022 to current
Business Address	**City**	**State**	**Zip**
2672 N Buffalo Dr#100	Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**
702-462-2458	President		40
Description of Duties			
Managing and operating the office, assisting pattient with a correct medical product, patient follow up, pationt care, sales.			

Business Name			From - To (MM/YY – MM/YY)
Renaissance Health Centre			3/1/2016 to current
Business Address	**City**	**State**	**Zip**
3455 N Cliff Shadows Pkwy #110	Las Vegas	NV	89129
Phone	**Title**		**Number of Employed Hours**
702-258-7860	Technicion Dispensing		
Description of Duties			
Compounding			

Business Name			From - To (MM/YY – MM/YY)
Golden Cross Home Care			2/5/2020 to 1/2023
Business Address	**City**	**State**	**Zip**
7762 W Sahara Av	Las Vegas	NV	89117
Phone	**Title**		**Number of Employed Hours**
702-240-7711	PCA		
Description of Duties			
Helping pationt baiting, feeding, mobility, cooking, shoping, and houskiping.			

Business Name			From - To (MM/YY – MM/YY)
NoHo Medical Supply Inc			10/2019 to 01/2020
Business Address	**City**	**State**	**Zip**
7950 Laurel Canyan Blvd Suit D	North Hollywood	CA	91605
Phone	**Title**		**Number of Employed Hours**
718-732-7330	Sales/Billing		
Description of Duties			
Assisting pationt, Reading prescriptions, billing medicare & medicade.			

Business Name			From - To (MM/YY – MM/YY)
Global Medical Supply			02/1998 to 05/2001
Business Address	**City**	**State**	**Zip**
13521 Sherman Way #1	Van Nuys	CA	91605
Phone	**Title**		**Number of Employed Hours**
	Sales/Billing		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

March 15,2023
Date

I, Hripsime Madaryan, **certify that as the designated representative for**

Wellness Essentials Inc.,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Hripsime Madaryan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 15, 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hripsime Madaryan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 29, 2023

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Hripsime Madaryan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

March 29/2023

Date

Subscribed and Sworn to before me this 29 day of MARCH, 2023

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Araksya Vardevaryan
(Seal) My Appointment Expires
No. 21-4205-01 June 28, 2025

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/08/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Wellness Essentials Inc MDEG License # (if applicable) _____

Physical Address 2672 N. Buffalo Dr #100

City Las Vegas State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-462-2458 Website _____

Licensing Company Email wellnessessentialsnv@gmail.com

Section 2: Personal Information

First Hripsime Middle Sima Last Madaryan

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]Stern Dr

City Las Vegas State NV Zip 89117

Telephone [redacted] Email wellnessessentialsnv@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable direct patient-care work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name			From - To (MM/YY – MM/YY)	
Wellness Essentials Inc			06/2022 to current	
Business Address		**City**	**State**	**Zip**
2672 N Buffalo Dr #100		Las Vegas	NV	89128
Phone	**Title**		**Number of Employed Hours**	
702-462-2458	Administrator		40	

Description of Duties

Managing & operating, patient care, assisting pationt with a correct medical product, follow up. Sales.

Business Name			From - To (MM/YY – MM/YY)	
Renaissance Health Centre			3/01/2016 to current	
Business Address		**City**	**State**	**Zip**
3455 N Cliff Shadows Pkwy #110		Las Vegas	NV	89129
Phone	**Title**		**Number of Employed Hours**	
702-258-7860	Technician Dispensing		5-7	

Description of Duties

Compounding

Business Name			From - To (MM/YY – MM/YY)	
Golden Cross Home Care			02/05/2020 to current	
Business Address		**City**	**State**	**Zip**
7762 W Sahara Av		Las Vegas	NV	89117
Phone	**Title**		**Number of Employed Hours**	
702-240-7711	PCA		25.5	

Description of Duties

Helping patient with baiting, feeding, mobility, cooking, shoping and housekeeping.

Business Name			From - To (MM/YY – MM/YY)	
NoHo Medical Supply Inc.			10/2019 to 01/2020	
Business Address		**City**	**State**	**Zip**
7950 Laurel Canyan Blvd Suit#D		North Hollywood	CA	91605
Phone	**Title**		**Number of Employed Hours**	
718-732-7330	Sales/Billing/Assisting		25	

Description of Duties

Assisting pationts, reading prescriptions, billing medicare and medical. I am traint to work with the following products. See attached page for the discription.

Business Name			From - To (MM/YY – MM/YY)	
Global Medical Supply			02/1998 to 05/2001	
Business Address		**City**	**State**	**Zip**
13521 Sherman Way #1		Van Nuys	CA	91405
Phone	**Title**		**Number of Employed Hours**	
	Sales/Billing /Assisting		40	

Description of Duties

I am traint to work with the following products. See attached page for the discription.

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✔

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case # | Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Apr 14, 2023
Date

I, [illegible], certify that as the MDEG Administrator for

Wellness Essentials Inc,

that I (initial that you have read and meet the following requirements):

1. X Have a high school diploma or its equivalent;
2. X Have:
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ehsan Mamnoon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Apr 14 20

Date

Board Use Only	Date Received:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wellness Essentials Inc

Physical Address: 2672 N. Buffalo Dr. #100

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-462-2458 Website: Wellnessessentialsnv.com

Licensing Company Email: wellnessessentialsnv@gmail.com

Section 2: Personal Information

First: Hripsime Middle: Sima Last: Madaryan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Stern Dr

City: Las Vegas State: NV Zip: 89117

Telephone: [redacted] Email: Wellnessessentialsnv@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials HM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Grant High School			9/1990 to 06/1994	
Address		City	State	Zip
13000 Oxnard St		Valley Glen	CA	91401
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
CSUN			8/1994 to 07/1997	
Address		City	State	Zip
18111 Nordhoff St		Northridge	CA	91330
Diploma/Degree obtained, if any				
2 year college				
School Name			From - To (MM/YY – MM/YY)	
Real Estate School			12/2005 to 03/2006	
Address		City	State	Zip
Real Estate License		Las Vegas	NV	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2004 to current	[redacted] Stern Dr	Las Vegas	NV	89117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Wellness Essentials Inc			06/1/2022 to current
Business Address	**City**	**State**	**Zip**
2672 N Buffalo Dr #100	Las Vegas	NV	89128
Phone	**Title**		
702-462-2458	president		

Description of Duties

Managing and operating the office, patient care and assisting patient with a correct medical product, patient follow up. Sales,

Business Name			From - To (MM/YY – MM/YY)
Renaissance Health Centre			3/1/2016 to current
Business Address	**City**	**State**	**Zip**
3455 N Cliff Shadows Pkwy #110	Las Vegas	NV	89129
Phone	**Title**		
702-258-7860	Technician Dispensing		

Description of Duties

Compounding

Business Name			From - To (MM/YY – MM/YY)
Golden Cross Home Care			2/5/2020 to ~~current~~ 1/2023
Business Address	**City**	**State**	**Zip**
7762 W Sahara Av	Las Vegas	NV	89117
Phone	**Title**		
702-240-7711	PCA		

Description of Duties

Helping patient with baiting, feeding, mobility, cooking, shoping and housekeeping.

Business Name			From - To (MM/YY – MM/YY)
NoHo Medical Supply Inc			10/2019 to 01/2020
Business Address	**City**	**State**	**Zip**
7950 Laurel Canyan Blvd Suit D	North Hollywood	CA	91605
Phone	**Title**		
718-732-7330	Sales/ Billing		

Description of Duties

Assisting patients, Reading prescriptions, billing medicare & medicade.

Business Name			From - To (MM/YY – MM/YY)
Global Medical Supply			02/1998 to 05/2001
Business Address	**City**	**State**	**Zip**
13521 Sherman Way #1	Van Nuys	CA	91405
Phone	**Title**		
	Sales/Billing		

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials HM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials HM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Febuary 7, 2023

Date

Applicant's initials HM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Hripsime Sima Madaryan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Febuary 13 2023

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, HRIPSIME SIMA MADARYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Febuary 13/2023

Date

Subscribed and Sworn to before me this 13 day of FEBRUARY, 2023

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
Araksya Vardevaryan
My Appointment Expires
June 28, 2025
No. 21-4205-01 (Seal)

Applicant's initials HM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 4186823

Application/License No. MP03101

WELLNESS ESSENTIALS INC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2672 N BUFFALO , UNIT 100, LAS VEGAS, NV, 89128 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street CINCINNATI OH 45202 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Feb 01, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 01st day of February, 20 23.

APPLICANT/PRINCIPAL
WELLNESS ESSENTIALS INC
COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY
Great American Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Melissa L. McDade
Witness

Witness

Countersigned by:

Nevada Resident Agent

GREAT AMERICAN INSURANCE COMPANY

Posted February 20, 2020

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by
this power of attorney is not more than THREE

No. 0 21243

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JOHN D. WEISBROT	ALL OF	ALL
MELISSA L. MCDADE	PIPERSVILLE, PENNSYLVANIA	$10,000,000
STEVEN M. VARGA		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 19TH day of OCTOBER, 2020.

Attest

GREAT AMERICAN INSURANCE COMPANY

Assistant Secretary

Divisional Senior Vice President

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 19TH day of OCTOBER, 2020, before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument, that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 01st day of February, 2023.

Assistant Secretary

To verify the bond please visit https://www.suretybond.org/validate/?code=QVZW0VVg9GfUUDBIFKV0l7Rg&transaction=XFkG0VQV16cwheQwRcVVdJCQ

GREAT AMERICAN INSURANCE GROUP

301 East 4th Street
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2021

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS		
Bonds	$ 4,634,160,877	Unpaid losses and loss expenses		$ 4,906,594,991
Stocks	1,342,077,362	Reserve for underwriting expenses		374,148,550
Mortgage loans on real estate	610,128,154	Federal income taxes		24,616,831
Real estate (net of encumbrances)	2,157,418	Reserve for unearned premiums		1,751,526,656
Cash and short-term investments	1,062,849,476	Ceded reinsurance premiums payable		203,873,832
Other invested assets	1,716,473,934	Funds held under reinsurance treaties		640,117,270
Receivable for securities	720,833	Retroactive reinsurance ceded		(95,777,045)
Investment income due and accrued	36,264,700	Provision for reinsurance		41,494,800
Agents' and premium balances	741,660,659	Other liabilities		193,419,576
Reinsurance recoverable on loss payments	62,020,920	Total liabilities		8,040,015,461
Net deferred tax asset	80,340,794			
Receivable from affiliates	12,198,429			
Receivable from Federal Crop Insurance Corporation	559,865,780			
Company owned life insurance	196,874,070	Capital stock	$ 15,440,600	
Funds held as collateral	6,793,195	Paid in surplus	887,143,561	
Funded deductibles	26,797,876	Special surplus funds	77,301,464	
Other admitted assets	46,333,163	Unassigned funds	2,117,816,554	
		Policyholders' surplus		3,097,702,179
Total	$ 11,137,717,640	Total		$ 11,137,717,640

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners.

STATE OF OHIO

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2021.

Subscribed and sworn to before me

this 25th day of February, 2022.

Public Notary
Notary Public, State of Ohio
My Commission Expires April 28, 2025

NOTARY PUBLIC STATE OF OHIO

Controller

Assistant Secretary

4KKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Veterinary exclusive, companion animals only.	☒ Retail/Community ☒ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Best Pet Rx, Inc.

Physical Address: 10110 Battleview Parkway, Suite 100

City: Manassas State: VA Zip: 20109

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-469-7011 Toll Free # (NAC 639.708, NRS 639.23286): 800-469-7011

Fax: 800-496-3031 Contact Email: vascripts@bestpetrx.com

Website: www.bestpetrx.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Alan Theriault

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23598

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Alan Theriault	NV Pharmacist Registration #: 23598
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Virginia

Parent Company (if any): _____

Corporation/Organization Name: Best Pet Rx, Inc.

Mailing Address: 10110 Battleview Parkway, Suite 100

City: Manassas State: VA Zip: 20109

Telephone: 800-469-7011 Email: vascripts@bestpetrx.com

Contact Person Name: Danny Carrero, President

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Danny Carrero, President (title) for Best Pet Rx, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Danny Carrero, President

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

04/23/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Danny Carrero hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for Best Pet Rx, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23 day of April, 2023

Notary Public

Steven M Siegel
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 21, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alan Theriault, Rph PIC

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

04/23/2023

Date

Board Use Only	Date Received: 4-26-23	Amount: 500.00 CK-11287

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

ALAN P. THERIAULT

who is currently licensed to practice as a pharmacist in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 28256

ALAN P. THERIAULT states:

That on or about September 1, 1992, I was licensed to practice as a pharmacist in the State of New York, having been issued license number 041451 by the New York State Education Department.

I am currently registered with the New York State Education Department to practice as a pharmacist in the State of New York from an address at 220 20th Street S, Apt. 1803, Arlington, Virginia 22202.

That I have been charged with one (1) specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A."

I do not contest the aforesaid one (1) specification, charging me with practicing the profession of pharmacy beyond its authorized scope (obtaining prescription required medication without authorization).

ALAN P. THERIAULT

I hereby agree to the penalty that my license to practice as a pharmacist in the State of New York be suspended for a period of two (2) years; that the last twenty two (22) months of said suspension be stayed; that I be placed on probation for the aforesaid period of two (2) years, under the terms of probation set forth in the exhibit annexed hereto, made a part hereof, and marked as Exhibit "B;" and that I shall pay a fine of one-thousand dollars ($1,000), said fine to be paid as set forth in the aforesaid terms of probation.

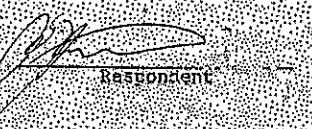
I hereby make this application to the Board of Regents and request that it be granted.

I understand that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me. Such application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

ALAN F. THERIAULT

I agree that in the event the Board of Regents grants my application, as set forth above, an Order may be issued in accordance with the same. I understand that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

No promises of any kind were made to me. I am making this application of my own free will and accord and not under duress, compulsion, or constraint of any kind or manner.



Respondent

11/03/15

EXHIBIT "A"

ALAN P. THERIAULT

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with practicing the profession of pharmacy beyond its authorized scope, within the purview and meaning of New York Education Law section 6509 (2) in that: Respondent while working and employed as a pharmacist by Rite Aid Pharmacy, Fulton, New York:

1. Respondent, between January 19, 2010 and May 14, 2011, created a second patient profile for patient JD without authorization; and
2. Respondent, between September 14, 2009 and January 21, 2011, obtained Acyclovir 800 MG tablet, an antiviral medication used to treat cold sores and outbreaks of genital herpes, under patient JD's profile without authorization;
3. Respondent between January 19, 2010 and May 2011, obtained Fluconazole 100 MG tablet, an antibiotic used to treat fungal and yeast infections, under patient JD's profile without authorization; and
4. Respondent, between April 10, 2011 and May 14, 2011, obtained Valacyclovir HCL 1 Gram tablet, an antiviral medication used to treat cold sores and outbreaks of genital herpes, under patient JD's patient profile without authorization.

EXHIBIT "B"

TERMS OF PROBATION

ALAN P. THERIAULT

CALENDAR NO. 28256

1. That Respondent, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing Respondent's profession;

2. That Respondent shall submit written notification to the New York State Education Department, addressed to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway -- Tenth Floor, New York, New York 10018-3496, of any employment and/or practice, Respondent's residence, telephone number, or mailing address, and of any change in Respondent's employment, practice, residence, telephone number, or mailing address within or without the State of New York;

3. That Respondent shall pay the $1,000 fine imposed upon Respondent, by certified or bank cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, as aforesaid, within the first six (6) months of the period of probation;

4. That, during the first two months of the period of suspension and the first two months of probation, Respondent shall not practice, offer to practice, or hold himself out as being able to practice as a pharmacist in the State of New York;

5. That Respondent may resume the practice of his aforementioned profession immediately following execution of the first two months of the period of suspension;

6. That Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by Respondent to the NYSED, addressed to the Director, Office of Professional Discipline, as aforesaid, no later than the first three months of the period of probation;

7. That Respondent shall submit written proof to the NYSED, addressed to the Director, Office of Professional Discipline, as aforesaid, that 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board of Regents, said proof of the above to be submitted no later than the first two months of the period of probation;

8. That Respondent shall make quarterly visits to an employee of the Office of Professional Discipline, New York State Education Department, unless otherwise agreed to by said employee, for the purpose of said employee monitoring Respondent's terms of probation to assure compliance therewith, and Respondent shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;

9. That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the New York State Education Department may initiate a violation of probation proceeding and/or such other proceedings pursuant to the Education Law and/or Rules of the Board of Regents.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

IN THE MATTER

of the

Disciplinary Proceeding

against

ALAN P. THERIAULT

APPLICATION FOR CONSENT ORDER

CAL. NO. 28256

Phi is currently licensed to practice as a pharmacist in the State of New York.

The undersigned agrees to the above statement and to the proposed penalty based on the terms and conditions thereof.

Dated: 8/20, 2015

Respondent

Dated: 9/10, 2015

Attorney for Respondent

Dated: 9/26, 2015

Member, State Board of Pharmacy

Dated: Oct 13, 2015

Executive Secretary
State Board of Pharmacy

Dated: 11/13, 2015

Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Conduct to review this Application for a Consent Order, has reviewed said application and recommends to the Board of Regents that the application be granted.

Dated: 11/5/16, 2015

Member, Board of Regents

AMA/gjt

11/13/15

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/27/2023
Amount:
License #: 23598

Alan P. Theriault

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/27/2023
Expires:09/27/2023

Alan P. Theriault

License #
23598
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 09/27/2023
STATUS: Temporary

License Type: Pharmacist
License #: 23598
Effective Date:03/27/2023

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Alan P. Theriault

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

BOARD OF PHARMACY

Pharmacy Permit

Best Pet Rx, Inc

10110 Battleview Parkway Suite
100
Manassas VA 20109

Number
0201004986

Pharmacist in Charge
EDWARD R. BRESLOW
0202011951

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560

License Lookup

Virginia Department of Health Professions
License Lookup

Current as of 04/23/2023 10:49

License Information

License Number	0201004986
Occupation	Pharmacy
Name	Best Pet Rx, Inc
Address	10110 Battleview Parkway Suite 100 Manassas, VA 20109
Initial License Date	06/02/2021
Expire Date	04/30/2024
License Status	Current Active
Additional Public Information*	Yes

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Best Pet Rx, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 6, 2020;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

January 17, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2023011718236308

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB0542250	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-14-2021

BEST PET RX, INC
10110 BATTLEVIEW PKWY STE 100
MANASSAS, VA 201092375

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB0542250	07-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-14-2021

BEST PET RX, INC
10110 BATTLEVIEW PKWY STE 100
MANASSAS, VA 201092375

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Best Pet|Rx

April 23, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Corporate Ownership and Officers Information Best Pet Rx, Inc. Manassas, Virginia

Danny Carrero, President 100% Ownership

Home:
[redacted]East 94th Street
New York, NY 10128
[redacted]
SS#: [redacted]
DOB: [redacted]

Business:
101110 Battleview Parkway, Suite 100
Manassas, VA 20109
800-469-7011

Additional Non-Ownership Officers

Brian Morgan, Operating Officer

Steven Siegel, Compliance Officer

Alan Theriault, Rph PIC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Best Pet Rx, Inc.

Pharmacy/Wholesaler License # (if applicable): 0201004986

Physical Address: 10110 Battleview Parkway, Suite 100

City: Manassas State: VA Zip: 20109

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: 800-469-7011 Website: www.bestpetrx.com

Licensing Company Email: vascripts@bestpetrx.com

Section 2: Personal Information

First: Alan Middle: Paul Last: Theriault

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Portner Ave

City: Manassas State: VA Zip: 20110

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Albany College of Pharmacy		09/87-05/92	
Address	**City**	**State**	**Zip**
106 New Scotland Ave	Albany	NY	12208
Diploma/Degree obtained, if any			
BS of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Camden Central High School		09/83-05/87	
Address	**City**	**State**	**Zip**
55 Oswego St	Camden	NY	13316
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/22- present	[redacted] Portner Ave	Manassas	VA	20110
04/21- 02/22	[redacted] Oracle Way Apt [redacted]	Reston	VA	20190
12/15- 4/21	[redacted] S. Columbus St	Alexandria	VA	22314
09/13- 12/15	[redacted] 20th st Apt [redacted]	Arlington	VA	20220
06/11- 09/13	Jayne Lacey Dr	Binghamton	NY	13760

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Best Pet Rx				From - To (MM/YY – MM/YY): 09/21-present
Business Address: 10110 Battleview Pkwy Suite 100		City: Manassas	State: VA	Zip: 20109
Phone: 571-281-1128	Title: Director of Pharmacy- PIC			Number of Employed Hours: 3000
Description of Duties: Manage the pharmacy department via PIC responsiblities				

Business Name: Option Care Health				From - To (MM/YY – MM/YY): 08/20- 10/21
Business Address: 4151 Lafayette Center Dr Suite- 600		City: Chantilly	State: VA	Zip: 20151
Phone: 703-230-1638	Title: Pharmacy Manager			Number of Employed Hours: 2080
Description of Duties: Manage the pharmacy department via PIC responsiblities				

Business Name: CVS Pharmacy				From - To (MM/YY – MM/YY): 10/12-10/19
Business Address: 11729 Beltsville Dr		City: Beltsville	State: MD	Zip: 2705
Phone: 301-572-5500	Title: Pharmacy Supervisor/District Leader/Pharmacy Manager			Number of Employed Hours: 14560
Description of Duties: Managed operations for a district of 13 to 15 stores. Also, managed the pharmacy department via PIC responsiblities for 2 pharmacies				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✔	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/27/16	04/26/18	NY	Albany	Albany
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
0028256		NYSOPD		
Reason/Charge				
see below				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
Alan Theriault				

Provide explanation below:

During 2009 to 2011, while working as a store pharmacist for Rite Aid in New York State, my ex-wife, JD, filed a complaint with the Office of Professional Discipline (ODP) against me for filling prescriptions for her. The prescriptions in question were Acyclovir, Valacyclovir and Fluconazole. Her complaint stated that she never self-administered the medications and that the prescribing physician never authorized the prescriptions. The prescribing physician for the prescriptions was Robert Todd, who also happens to be the brother-in-law of JD. He denied authorizing the medications when questioned by OPD. While I did contact him from the pharmacy for authorization to fill the prescriptions for JD, there was no way for me prove that I had done the appropriate actions to obtain the above verbally authorized prescriptions. During 2009 to 2011, I was still married to my ex-wife. I personally witnessed her ingesting these medications to treat the conditions associated with them. This was the only instance of questionable misconduct found from an investigation from the OPD. I could not defend my actions and was offered the suspension from the OPD which I accepted.

My ex-wife threatened me with exposing her complaint to the OPD in June 2011, which coincidentally was also 30 days after I asked her for a divorce. She used this information as a form of intimidation in order to get the desired outcomes that she wanted in the divorce proceedings. The divorce was finalized in February 2014. At this time, she filed the complaint. I believe her actions were done to malign me and with malice. My ex-wife, JD, is also a licensed pharmacist in the state of New York. If she was concerned with the violation, has the ethical obligation to report it upon discovery during 2009, yet she waited the file the complaint until the divorce was finalized and her desired outcomes were not met during the proceedings.

I deeply regret my actions and assure the Board that this will never occur again within my practice as a pharmacist. Please be assured that within my 30 years as being a pharmacist this is the first and only complaint of misconduct that has ever been filed against me. Throughout the past seven years, I have served as a Pharmacy Supervisor and District Leader at CVS Pharmacy. One of my many responsibilities entailed ensuring compliance standards from the FDA, DEA, and Boards of Pharmacy within my district of 15 stores located within in the District of Columbia and Maryland. Since this incident I have obtained my Nevada, Kansas, West Virginia, Louisiana, Texas, Tennessee, Virginia and Florida license, as well as a non-resident PIC in Idaho, with no restrictions. In hindsight, I realize that I should have documented my actions better in order to support that I had adhered to the letter of the law. Again, I am truly sorry for my actions and assure the Board I will deliver legal and ethical pharmacy services in order to take care of my patients and most importantly, adhere to the letter of the law.

If you have any further questions please contact me via email or phone for clarification. Thank you for your time and consideration.

Original Signature (electronic, copies or stamps not accepted)

3/28/23
Date

I, Alan Theriault, **certify that as the designated representative for**

Alan Theriault,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. Yes I am at least 21 years of age;
3. Yes I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. Yes I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. Yes I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. Yes I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. Yes I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alan Theriault

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/28/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alan Theriault

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/28/2023

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/28/03

Date

Subscribed and Sworn to before me this 28 day of 2023.

Notary Public Signature

Steven M Siegel
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 21, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Best Pet Rx, Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable): 0201004986

Physical Address: 10110 Battleview Parkway, Suite 100

City: Manassas State: VA Zip: 20109

Mailing Address (if different from physical address): Same

City: Same State: Same Zip: Same

Telephone: 800-469-7011 Website: www.bestpetrx.com

Licensing Company Email: vascripts@bestpetrx.com

Section 2: Personal Information

First: Danny Middle: Last: Carrero

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] East 94th Street

City: New York State: NY Zip: 10128

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
St. John's University		06/1989 - 06/1994	
Address	**City**	**State**	**Zip**
8000 Utopia Parkway	Queens	NY	11439
Diploma/Degree obtained, if any			
Bachelor's of Science Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Dewitt Clinton High School		06/1984 - 06/1988	
Address	**City**	**State**	**Zip**
100 West Mosholu Parkway South	Bronx	NY	10468
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2010 - Present	[redacted] East 94th Street	New York	NY	10128
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Best Pet Rx, Inc.			06/2021 - Present
Business Address	**City**	**State**	**Zip**
10110 Battleview Parkway, Suite 100	Manassas	VA	20109
Phone	**Title**		
800-469-7011	President		

Description of Duties

President/Owner. Oversee, PIC for facility, pharmacy operations and staff. Oversee compounding operations (503A non-sterile facility). Ensure that PIC is compliant with all policies and procedures for Virginia location and states that

Business Name			From - To (MM/YY – MM/YY)
Best Pet Rx			05/2005 - Present
Business Address	**City**	**State**	**Zip**
207 East 94th Street	New York	NY	10128
Phone	**Title**		
800-390-2779	President		

Description of Duties

President/Owner and operator as well as Pharmacist in Charge. Oversee pharmacy operations and staff. Work with veterinarians to provide prescription items for pet owners at when presented with valid/legal prescriptions. Oversee compounding operations (503A non-sterile facility).

Business Name			From - To (MM/YY – MM/YY)
Eastside Pharmacy, Inc.			05/1999 - 04/2005
Business Address	**City**	**State**	**Zip**
1751 East 92nd Street	New York		
Phone	**Title**		
212-348-1800	Pharmacist in Charge		

Description of Duties

Responsible for all pharmacy operations and filled prescriptions for various patient types and medications needs. Local community retail pharmacy.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NA

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Danny Carrero, President

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/23/2023

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Middlesex

I, Danny Carrero, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 4/23/2023

Subscribed and Sworn to before me this 23 day of 2023.

Notary Public Signature

Steven M Siegel
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 21, 2026

(Seal)

Virginia Department of Health Professions
Board of Pharmacy

Virginia Board of Pharmacy

Pharmacy Inspection Report

9960 Mayland Drive, Suite 300
Henrico, VA 23233

www.dhp.virginia.gov/pharmacy
Email: pharmbd@dhp.virginia.gov

Main: 804.367.4456
Fax: 804.527.4472

Pharmacy Permit Number:	0201004986	**Inspection Type:**	Routine
Legal Business Name:	Best Pet Rx, Inc	**Inspection Results:**	Deficiencies Identified - Inspection Prehearing Notice & Consent Order - Response Required
Address:	10110 Battleview Parkway	**Inspection Date:**	8/8/2022
	Suite 100	**Inspector Name:**	Srini Peddi
City:	Manassas	**Pharmacist-in-Charge:**	Alan Theriault
State:	Virginia	**Pharmacist-in-Charge License Number:**	0202218618
Zip Code:	20109	**Pharmacist-in-Charge Email:**	atheriault07@gmail.com
Telephone number:	571-281-1128	**Pharmacist on Duty:**	Anna Ratana
Toll free number:		**Pharmacist on Duty License Number:**	0202217232
Fax number:	1-800-496-3031	**Inspection Emailed To (person):**	Alan Theriault
FEIN:		**Inspection Emailed To (email address):**	atheriault07@gmail.com
Pharmacy Email:		**Guidance Document 110-27 left with:**	
Does the pharmacy have a PMP waiver?	No	**If yes, does the pharmacy dispense a "covered substance"?**	

§ 54.1-2519 "Covered substance" means all controlled substances included in Schedules II, III, and IV; controlled substances included in Schedule V for which a prescription is required; naloxone; and all drugs of concern that are required to be reported to the Prescription Monitoring Program, pursuant to this chapter. "Covered substance" also includes cannabidiol oil or THC-A oil dispensed by a pharmaceutical processor in Virginia.

Pharmacy Hours of Operation	**Is pharmacy open 24/7**	No		
	Open			**Closed**
	Start Time: (24-hour format hh:mm)		**End Time: (24-hour format hh:mm)**	
Sunday				X
Monday	09:00		19:00	
Tuesday	09:00		19:00	
Wednesday	09:00		19:00	
Thursday	09:00		19:00	
Friday	09:00		19:00	
Saturday				X

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Pharmacy Personnel			
Total Pharmacists:	1	Total Registered Pharmacy Technicians:	0
Total Registered Pharmacy Interns:	0	Number of Pharmacy Technician Trainees:	3
Ratio Tech:Pharmacist present at time of inspection:	4:1	Number of Compounding Technicians	1

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc.)

License/Registration Agency	Business Name on License/Registration	License/Registration Type/Number	Expiration Date
DEA	Best Pet Rx, Inc	FB0542250	07/31/2024

Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply	
Traditional retail		Investigational Drugs, Clinical Trials/Research		Central Fill/ Shared Services		Central or Remote Processing	
Open to the Public		Hospital/Institutional		Specialty Pharmacy		Outsourcing Facility	
Closed Door	X	Long-Term Care		Handles Medical Marijuana		Nonsterile Compounding	X
Drive-through window		HMO/PBM only		Nuclear Pharmacy		Nonsterile Hazardous Drug Compounding	X
Mail/Deliver (in state)	X	Internet Pharmacy (New Rx)		Manufacturer		Sterile Compounding	
Mail/Deliver (out-of-state list below)	X	Internet Pharmacy (Refill Rx)		Wholesale Distributor		Sterile Hazardous Drug Compounding	
Veterinary Pharmacy		Telepharmacy		Provide products for "Office Use"		Pharmacists initiating treatment	

Number of PECs	Check if pharmacy has no PECs		
Nonsterile Compounding powder hoods number:	4	Nonsterile HD Compounding BSC/CACI hoods number:	2
Sterile Compounding Number LAFW hoods/areas:		Sterile HD Compounding Number of BSC hoods:	
Sterile Compounding Number BSC hoods:		Sterile HD Compounding Number of CACI hoods:	
Sterile Compounding Number CAI/CACI hoods:			

States to which the pharmacy mails/delivers compounded sterile drug products:

AK		ID		MT		RI	
AL		IL		NC		SC	
AR		IN		ND		SD	
AZ		KS		NE		TN	
CA		KY		NH		TX	
CO		LA		NJ		UT	
CT		MA		NM		VA	
DC		MD		NV		VT	
DE		ME		NY		WA	
FL		MI		OH		WI	
GA		MN		OK		WV	
HI		MO		OR		WY	
IA		MS		PA		Other:	

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Virginia Board of Pharmacy

Pharmacy Routine Inspection Form

USP <800> HAZARDOUS DRUGS—HANDLING IN HEALTHCARE SETTINGS

This section is for educational purposes only. The Board will not enforce compliance with USP<800> prior the effective date of revised USP <795> and USP<797>

Deficiency Number		Result	Notes
	Pharmacy has identified if it stocks any hazardous drugs (HDs) on the NIOSH list.	Compliant	
	Assessment of risk has been performed.	Reviewed	
	Pharmacy has identified a 'designated person' who is responsible for continuing to evaluate the fundamental practices and precautions for handling HDs.	Reviewed	PIC
	If the pharmacy performs non-sterile HD compounding, the engineering controls comply with USP Chapter <800>.		
	1. Containment Primary Engineering Control (C-PEC) a. Externally vented (preferred) or redundant–HEPA filtered in series Examples: CVE, Class I or II BSC, CACI	Compliant	HEPA filtered in series
	2. Containment Secondary Engineering Control (C-SEC) a. Externally vented b. 12 air changes per hour (ACPH) c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas d. Fixed walls	Compliant	-0.0161
	If the pharmacy performs sterile HD compounding, the engineering controls comply with USP Chapter <800>.		
	ISO Class 7 buffer room with an ISO Class 7 ante-room		
	1. Containment Primary Engineering Control (C-PEC) a. Externally vented. • Examples: Class II BSC or CACI	Not Applicable	
	2. Containment Secondary Engineering Control (C-SEC) a. Externally vented b. 30 Air Changes Per Hour (ACPH) c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas.	Not Applicable	
	3. Maximum BUD as described in USP<797>	Not Applicable	
	Unclassified C-SCA		
	1. Containment Primary Engineering Control (C-PEC) a. Externally vented. • Examples: Class II BSC or CACI	Not Applicable	
	2. Containment Secondary Engineering Control (C-SEC) a. Externally vented b. 12 Air Changes Per Hour (ACPH) c. Negative pressure between 0.01 and 0.03 inches of water column relative to adjacent areas.	Not Applicable	
	3. Maximum BUD as described in USP<797> for CSPs prepared in a segregated compounding area.	Not Applicable	

Virginia Board of Pharmacy			
Pharmacy Routine Inspection Form			
General Pharmacy Inspection			
Deficiency Number			
	General Pharmacy & Staffing	**Result**	**Notes**
4	Pharmacist, Pharmacy Technician, or Pharmacy Intern license or registration current active. **[18VCA110-20-40] [18VAC110-20-80] [18VAC110-20-105]**	Compliant	
1	The pharmacist-in-charge (PIC) is in full and actual charge and fully engaged in the practice of pharmacy at this location. **[§54.1-3434]**	Compliant	
1	PIC or the pharmacist on duty shall control all aspects of the practice of pharmacy. **[18VAC110-20-110]**	Compliant	
5	Acts restricted to a pharmacist are performed only by a pharmacist or a directly monitored pharmacy intern. **[§54.1-3320]**	Compliant	
102	Pharmacy exceeds scope of special or limited-use pharmacy permit. **[18VAC110-20-120]**	Not Applicable	
2, 14	An application for a permit designating the new PIC shall be filed with the required fee within 14 days of the original date of resignation or termination of the PIC on a form provided by the board. It shall be unlawful for a pharmacy to operate without a new permit past the 14-day deadline unless the board receives a request for an extension prior to the deadline. The executive director for the board may grant an extension for up to an additional 14 days for good cause shown. **[§54.1-3434] [18VAC110-20-110] [18VAC110-20-240]**	Not Compliant	
6	Consistent with patient safety, a pharmacist shall exercise sole authority in determining the maximum number of pharmacy technicians that he shall supervise; however, no pharmacist shall supervise more than four pharmacy technicians at one time. **[§54.1-3320]**	Compliant	
3	No person shall perform the duties of a pharmacy technician without first being registered as a pharmacy technician or pharmacy technician trainee with the Board. **[§54.1-3321]**	Compliant	
	Drug Receipt & Storage	**Result**	**Notes**
12a	Dispersion of Schedule II drugs. Schedule II drugs shall either be dispersed with other schedules of drugs or shall be maintained within a securely locked cabinet, drawer, or safe or maintained in a manner that combines the two methods for storage. The cabinet, drawer, or safe may remain unlocked during hours that the prescription department is open and a pharmacist is on duty. **[18VAC110-20-200]**	Compliant	Locked Safe
35	Except for an emergency purchase from another pharmacy, a pharmacist may only purchase Schedule II through VI drugs from a wholesale distributor or warehouser licensed or registered by the board. **[18VAC110-20-395]**	Compliant	PCCA, Medisca, Amerisource Bergen, Darmerica, Torpac (Medisca)
109	Any drug which has exceeded the expiration date, or is otherwise adulterated or misbranded, shall not be dispensed or sold; it shall be separated from the stock used for dispensing. **[18VAC110-20-200] [§54.1-3457]**	Compliant	Hazardous Waste Disposal

Deficiency Number			
109	A pharmacy may return a dispensed drug to stock for redispensing that has never left the pharmacy premises or the control of the pharmacy delivery agent pursuant to § 54.1-3411.1 A 3 of the Code of Virginia under the following conditions: **[18VAC110-20-355]**	Not Applicable	No returns
	1. An expiration date shall be placed on the label prior to returning the drug to stock. In the absence of stability data to the contrary, the date on the label may not exceed the expiration date on the manufacturer's container or one year from the date the drug was originally dispensed and placed in the prescription vial, whichever date is earlier.		
	2. The restocked drug shall be used to fill the next prescription received for that product. In the event that the drug is not dispensed prior to the new assigned expiration date, it shall be removed from working stock as expired, and disposed of in accordance with 18VAC110-20-210.		
	3. If there is no lot number on the label of a drug returned to stock or on the prescription records that can be cross-referenced from the prescription label, the drug shall be removed from stock upon any recall of that drug product and returned to the manufacturer or otherwise disposed of in accordance with 18VAC110-20-210.		
111	Prescriptions awaiting delivery. Prescriptions prepared for delivery to the patient may be placed in a secured area outside of the prescription department, not accessible to the public, where access to the prescriptions is restricted to individuals designated by the pharmacist. With the permission of the pharmacist, the prepared prescriptions may be transferred to the patient at a time when the pharmacist is not on duty **18VAC110-20-200**	Compliant	In the pharmacy
	1. If a prescription is delivered at a time when the pharmacist is not on duty, written procedures shall be established and followed by the pharmacy that detail security of the dispensed prescriptions and a method of compliance with counseling requirements of § 54.1-3319 of the Code of Virginia.		
	2. Additionally, a log shall be made and maintained of all prescriptions delivered to a patient when a pharmacist is not present to include the patient's name, prescription number, date of delivery, and signature of the person receiving the prescription.		
	3. Such log shall be maintained for a period of one year.		
110	Controlled paraphernalia and Schedule VI medical devices shall not be placed in an area completely removed from the prescription department whereby patrons will have free access to such items or where the pharmacist cannot exercise reasonable supervision and control. **[18VAC110-20-200]**	Compliant	
	Enclosure & Access	**Result**	**Notes**
12	All drugs are stored in the prescription department approved by the Board. **[18VAC110-20-190]**	Compliant	
7	Drugs shall not be stocked in a remodeled location or moved to a new location until approval is granted by the inspector or board staff. **[18VAC110-20-140]**	Compliant	
11	The enclosure shall be constructed in such a manner that it protects the prescription drugs from unauthorized entry and from pilferage at all times whether or not a pharmacist is on duty. **[18VAC110-20-190]**	Compliant	
9	The enclosure shall be locked and alarmed at all times when a pharmacist is not on duty. **[18VAC110-20-190]**	Compliant	

Deficiency Number			
11	The enclosure shall be capable of being locked in a secure manner at any time the pharmacist on duty is not present in the prescription department. **[18VAC110-20-190]**	Compliant	
10	The keys or other means of entry into a locked prescription department and the alarm access code shall be restricted to pharmacists practicing at the pharmacy and authorized by the PIC. **[18VAC110-20-180] [18VAC110-20-190]**	Compliant	
108	For emergency access, may place a key or other means of unlocking the prescription department and the alarm access code in a sealed envelope or other container with pharmacist's signature across the seal in a safe or vault or other secured place. **[18VAC110-20-190]**	Not Applicable	No emergency key
	Physical Standards, Sanitary Conditions, Equipment & Resources	**Result**	**Notes**
104	A sink with hot and cold running water shall be within the prescription department. A pharmacy issued a limited-use permit that does not stock prescription drugs as part of its operation is exempt from this requirement.**[18VAC110-20-150]**	Compliant	
106	The entire area of any place bearing the name of a pharmacy shall be maintained in a clean and sanitary manner and in good repair and order. Adequate trash disposal facilities and receptacles shall be available. **[18VAC110-20-160]**	Compliant	
8, 105	Adequate refrigeration facilities equipped with a monitoring thermometer for the storage of drugs requiring cold storage temperature shall be maintained within the prescription department, if the pharmacy stocks such drugs. A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is controlled between -25° and -10°C (-13° and 14°F). In those instances in which articles may have a recommended storage condition below -20°C (-4°F), the temperature of the storage location should be controlled to plus or minus 10 degrees. **[18VAC110-20-150]** *Enter temps of refrigerators and/or freezers*	Compliant	Refrigerator #1 - 39.6°F, Refrigerator #2 - 36.8°F
105	A pharmacy stocking drugs requiring cold storage temperature shall record the temperature daily and adjust the thermostat as necessary to ensure an appropriate temperature range. The record shall be maintained manually or electronically for a period of two years.	Compliant	Traceable
107	A current dispensing information reference source consistent with the scope of pharmacy practice at the location of the permitted pharmacy. **[18VAC110-20-170]**	Compliant	PLUMBS Veterinary Drug Handbook
	Security	**Result**	**Notes**
	18VAC110-20-180 (B) ***Exceptions to provisions in this section:*** ***1. Alarm systems approved prior to November 4, 1993, will be deemed to meet the requirements of subdivisions A 1, A 2, and A 3 of this section, provided that no structural changes are made in the prescription department, that no changes are made in the security system, that the prescription department is not closed while the rest of the business remains open, and that a breaking and loss of drugs does not occur. If a breaking with a loss of drugs occurs, the pharmacy shall upgrade the alarm to meet the current standards and shall file an application with the board in accordance with 18VAC110-20-140 A within 14 days of the breaking.*** ***2. If the prescription department was located in a business with extended hours prior to November 4, 1993, and had met the special security requirements by having a floor to ceiling enclosure, a separately activated alarm system shall not be required.*** ***3. This section shall not apply to pharmacies which that are open and staffed by pharmacists 24 hours a day. If the pharmacy changes its hours or if it must be closed for any reason, the PIC or owner must immediately notify the board, file an application in accordance with 18VAC110-20-140 A, and have installed prior to closing, a security system that meets the requirements of subdivisions A 1 through A 4 of this section.***		

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Deficiency Number			
9, 9a	A device for the detection of breaking shall be installed in each prescription department of each pharmacy. The installation and the device shall be based on accepted alarm industry standards, and shall be subject to the following conditions: **[18VAC110-20-180]**	Compliant	
	1. Device shall be a sound, microwave, photoelectric, ultrasonic, or any other generally accepted and suitable device.		
	2. Device shall have at least one hard-wired communication method.		
	3. Monitored in accordance with accepted industry standards, maintained in operating order, have an auxiliary source of power.		
	4. Capable of sending an alarm signal to the monitoring entity when breached if the communication line is not operational.		
	5. Fully protect the prescription department and shall be capable of detecting breaking by any means when activated.		
9	The alarm system shall be activated whenever the prescription department is closed for business or a pharmacist is not on duty. **[18VAC110-20-180] 18VAC110-20-190]**	Compliant	
10	Access to the alarm system for the prescription department area of the pharmacy shall be restricted to the pharmacists working at the pharmacy. **[18VAC110-20-180] [18VAC110-20-190]**	Compliant	
9a	The alarm system shall include a feature by which any breach in the alarm shall be communicated by the monitoring entity to the PIC or a pharmacist working at the pharmacy. **[18VAC110-20-180]**	Compliant	PIC gets notified
	Counseling & Prospective Review	**Result**	**Notes**
121	A pharmacist shall conduct a prospective drug review before each new prescription is dispensed or delivered to a patient or a person acting on behalf of the patient. Such review shall include: **[§54.1-3319]**	Compliant	
	1. Screening for potential drug therapy problems due to therapeutic duplication		
	2. Drug-disease contraindications		
	3. Drug-drug interactions, including serious interactions with nonprescription or over-the-counter drugs		
	4. Incorrect drug dosage or duration of drug treatment		
	5. Drug-allergy interactions		
	6. Clinical use or abuse		
120	A pharmacist shall offer to counsel any person who presents a new prescription for filling. The offer to counsel may be made in any manner the pharmacist deems appropriate in his professional judgment. **[§54.1-3319]**	Compliant	

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Deficiency Number			
	Compliance Packaging	**Result**	**Notes**
125	Drugs may be dispensed in compliance packaging for self-administration when requested by the patient or for use in hospitals or long-term care facilities provided: **[18VAC110-20-340]**	Not Applicable	
	1. Packaging meets all current U.S.P.-N.F. standards for packaging, labeling and recordkeeping	Not Applicable	
	2. Compliance packaging that is comprised of a series of individual containers or pockets labeled with the specific date and time when the contents of that container are to be taken, and which may contain more than one different drug, shall comply with USP-NF standards for customized patient medication packages to include:	Not Applicable	
	a. If the packaging allows for the separation of the individual containers, the labels for each individual container shall be labeled with the identity of each of the drug products contained within; and		
	b. The main packaging label shall contain all the required elements for any outpatient prescription label and shall contain a physical description identifying each solid dosage form contained within the individual containers.		
	Special Packaging	**Result**	**Notes**
126	Each drug dispensed to a person in a household shall be dispensed in special packaging except when otherwise directed in a prescription by a practitioner, when otherwise requested by the purchaser, or when such drug is exempted. **[18VAC110-20-350]**	Not Applicable	
	If nonspecial packaging is requested, a notation shall be made on the dispensing record or other retrievable record. **[18VAC110-20-350]**	Not Applicable	
	Inventories		
	18VAC110-20-240: Inventories of drugs in Schedules I and II shall be performed by physically counting the drugs. Inventories of drugs in Schedules III, IV, and V may be performed by estimating the count of drugs in Schedules III, IV, and V unless the container contains greater than 1,000 tablets or capsules or there has been a theft or any other unusual loss of drug and the exact kind and quantity of the drug loss is unknown.		
	18VAC110-20-140 (C): Although a closing inventory is not required, a complete and accurate inventory shall be taken of all Schedules II through V controlled substances on hand in accordance with § 54.1-3404 of the Code of Virginia on the date the pharmacist first engages in business under the new ownership. Inventories associated with any change in PIC shall also be performed in accordance with 18VAC110-20-110.		
	Biennial Inventory	**Result**	**Notes**
13, 112	Biennial inventory taken at least every two years of all stocks on hand of Schedules I through V drugs. The biennial inventory shall be taken on any date which is within two years of the previous biennial inventory. **[§54.1-3404]** *Enter date of last inventory*	Compliant	Starting date of the pharmacy was June 14, 2021. First Biennial is not due till June 2023.
13	No biennial inventory or inventory taken over 30 days late or substantially incomplete.	Not Applicable	
112	Inventory available but taken late within 30 days of date due	Not Applicable	

Deficiency Number			
113	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. **[18VAC110-20-240]**	Not Applicable	
	Biennial inventory shall include the following information:	Not Applicable	
	1. Drugs listed in Schedules I and II shall be maintained separately from all other records **[18VAC110-20-240]**		
	2. Indicate whether the inventory was taken prior to the opening of business or after close of business **[§54.1-3404]**		
	3. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken. **[18VAC110-20-240]**		
	4. Signed and dated by the person taking the inventory **[18VAC110-20-240]**		
	Maintained completely and accurately for two years from the date of the transaction recorded **[§54.1-3404]**		
	Change of Pharmacist-in-Charge	**Result**	**Notes**
14	PIC CHANGE: The succeeding pharmacist-in-charge shall cause an inventory to be made of all Schedule I, II, III, IV and V drugs on hand. Inventory shall be completed as of the date he becomes pharmacist-in-charge and prior to opening for business on that date. **[§54.1-3434]** *Enter date of last inventory*	Compliant	10/13/2021
113	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. **[18VAC110-20-240]**	Compliant	
	Inventory shall include the following information:	Not Compliant	
	1. Drugs listed in Schedules I and II shall be maintained separately from all other records **[18VAC110-20-240]**		
	2. Maintained completely and accurately for two years from the date of the transaction recorded **[18VAC110-20-240]**		
	3. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken. **[18VAC110-20-240]**		
14	All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction. **[18VAC110-20-240]**	Compliant	
	Prescription Order & Dispensing Standards	**Result**	**Notes**
	18VAC110-20-270: In addition to the requirements in § 54.1-3408.01 of the Code of Virginia for an oral prescription or written prescription, including those transmitted via facsimile or electronically, a prescription shall include a quantity or duration of the order by which the pharmacist can calculate the authorized quantity using directions for use. Except for prescriptions transmitted electronically in compliance with 18VAC110-20-285, written prescriptions shall also include the prescriber's manual signature. In cases of failed electronic prescriptions, Schedule VI prescriptions transmitted electronically may be routed to the pharmacy's facsimile machine and may bear an electronic signature.		
19	After the prescription has been prepared and prior to the delivery of the order, a pharmacist shall inspect the prescription product to verify its accuracy in all respects and place his initials on the record of dispensing as a certification of the accuracy of and the responsibility for the entire transaction. **[18VAC110-20-270]**	Compliant	
	If more than one pharmacist is involved in verifying the accuracy of the prescription product, a record shall be maintained identifying the date of dispensing, each pharmacist involved in the process, and the individual task for which each pharmacist is responsible for verifying the accuracy. **[18VAC110-20-270]**	Compliant	

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Deficiency Number			
19	Such record showing verification of accuracy shall be maintained on a pharmacy record and, if necessary, an alternate record consistent with 18VAC110-20-255 for the required time period of two years unless otherwise specified in regulation. If the dispensing involves central or remote processing, records of pharmacist verification shall be maintained in a manner consistent with 18VAC110-20-276 and 18VAC110-20-515. **[18VAC110-20-270]**	Compliant	
	Perpetual Inventory	**Result**	**Notes**
15	Each pharmacy shall maintain a perpetual inventory of all Schedule II drugs received and dispensed that accurately indicates the physical count of each Schedule II drug "on-hand" at the time of performing the inventory. The perpetual inventory shall include a reconciliation of each Schedule II drug at least monthly with a written explanation for any difference between the physical count and the theoretical count. Electronic monitoring at the pharmacy or by another entity that provides alerts for discrepancies between drugs received and drugs dispensed is acceptable provided such alerts are reviewed at least monthly. **[18VAC110-20-240]**	Compliant	Only schedule II drugs in possession is Hydrocodone powder used for compounding.
	All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction. **[18VAC110-20-240]**	Compliant	
	Drug Loss or Theft	**Result**	**Notes**
16	Whenever any registrant or licensee discovers a theft or any other unusual loss of any Schedule II, III, IV or V controlled substance, he shall immediately report such theft or loss to the Board. **[§54.1-3404]**	Compliant	
16	Within 30 days after the discovery of a loss of any Schedule II, III, IV or V drugs, the registrant or licensee shall furnish the Board with a listing of the kind, quantity and strength of such drugs lost. **[§54.1-3404]**	Compliant	
148	All records required pursuant to this section shall be maintained completely and accurately for two years from the date of the transaction recorded. **[§54.1-3404]**	Compliant	
	Prescriptions	**Result**	**Notes**
17	A hard copy prescription shall be placed on file for every initial prescription dispensed and be maintained for two years from the date of last refill. NOTE: See 18VAC110-20-250 Electronic Image **[18VAC110-20-240]**	Compliant	
17	All prescriptions shall be filed chronologically by date of initial dispensing or by date of initial entry into the automated data processing system in compliance with 18VAC110-20-250 if such a system is employed by the pharmacy. **[18VAC110-20-240]**	Compliant	
17	Prescriptions for Schedule II drugs shall be maintained in a separate prescription file. **[18VAC110-20-240]**	Compliant	
17	Prescriptions for Schedules III, IV, and V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. **[18VAC110-20-240]**	Compliant	

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Deficiency Number			
17	**NOTE: . A chart order may serve as the hard-copy prescription for those patients in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia. When a chart order is intended for out-patient dispensing, it shall comply with requirements for a prescription in 18VAC110-20-286. [18VAC110-20-240]**		
	A chart order written for a patient in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia shall be exempt from having to contain all required information of a written prescription provided:	Not Applicable	
	a. This information is contained in other readily retrievable records of the pharmacy; and		
	b. The pharmacy maintains and complies with a current policy and procedure manual that sets out where this information is maintained and how to retrieve it and the minimum requirements for chart orders consistent with state and federal law and accepted standard of care.		
	Requirements for filing of chart orders.	Not Applicable	
	a. Chart orders shall be filed chronologically by date of initial dispensing with the following exception: If dispensing data can be produced showing a complete audit trail for any requested drug for a specified time period and each chart order is readily retrievable upon request, chart orders may be filed using another method. Such alternate method shall be clearly documented in a current policy and procedure manual.		
	b. If a single chart order contains both an order for a Schedule II drug and one or more orders for a drug in another schedule, where the Schedule II drug is not floor stocked, but is dispensed from the pharmacy pursuant to this order for the specific patient, the original order must be filed with records of dispensing of Schedule II drugs and a copy of the order placed in the file for other schedules.		
	Automated Data Processing System	**Result**	**Notes**
18	An automated data processing system may be used for the storage and retrieval of original and refill dispensing information for prescriptions instead of manual record keeping requirements, subject to the following conditions: **[18VAC110-20-250]**	Compliant	
	A prescription shall be placed on file as set forth in 18VAC110-20-240 B with the following provisions:	Compliant	
	a. In lieu of a hard copy file for Schedule VI prescriptions, an electronic image of a prescription may be maintained in an electronic database provided it preserves and provides an exact image of the prescription that is clearly legible and made available within 48 hours of a request by a person authorized by law to have access to prescription information. Storing electronic images of prescriptions for Schedule II through V controlled substances instead of the hard copy shall only be authorized if such storage is allowed by federal law.		
	b. If the pharmacy system's automated data processing system fields are automatically populated by an electronic prescription, the automated record shall constitute the prescription and a hard copy or electronic image is not required.		
	c. For Schedule II through V controlled substances, electronic prescriptions shall be maintained in accordance with federal law and regulation.		
	Any computerized system shall provide retrieval (via computer monitor display or printout) of original prescription information for those prescriptions which are currently authorized for dispensing.	Compliant	

Deficiency Number			
	Any computerized system shall also provide retrieval via computer monitor display or printout of the dispensing history for prescriptions dispensed during the past two years.	Compliant	
	Printout of dispensing data requirements. Any computerized system shall have the capability of producing a printout of any dispensing data which the user pharmacy is responsible for maintaining under the Drug Control Act § 54.1-3400 et seq. of the Code of Virginia) and any data entry of on-hold prescriptions. Such printout shall be provided within 48 hours of a request of an authorized agent.	Compliant	
	Records of Receipt & Invoices	**Result**	**Notes**
114	Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. **[18VAC110-20-240]**	Compliant	
	Inventories and records of drugs listed in Schedules III, IV, and V may be maintained separately or with records of Schedule VI drugs but shall not be maintained with other records of the pharmacy.	Compliant	
	All executed order forms, prescriptions, and inventories of Schedules II through V drugs shall be maintained at the same address as the stock of drugs to which the records pertain. If authorized by DEA, other records pertaining to Schedules II through V drugs, such as invoices, may be maintained in an off-site database or in secured storage. All records in off-site storage shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.	Compliant	
	Invoices or other records showing receipts of Schedule VI drugs shall be maintained but may be stored in an electronic database or record as an electronic image that provides an exact, clearly legible image of the document or in secured storage either on site or off site. All records in off-site storage or database shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.	Compliant	
	All records shall be filed chronologically and maintained for a period of not less than two years from the date of transaction.	Compliant	
	Records - Partial Dispensing	**Result**	**Notes**
119	The pharmacist dispensing any prescription shall record the date of dispensing and his initials on the prescription in (i) an automated data processing system used for the storage and retrieval of dispensing information for prescriptions or (ii) on another record that is accurate from which dispensing information is retrievable and in which the original prescription and any information maintained in such data processing system concerning such prescription can be found. **[§54.1-3412]**	Not Applicable	No Partial dispensing
119	The partial filling of a prescription for a drug listed in Schedule II is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and he makes a notation of the quantity supplied on the face of the written prescription. The remaining portion of the prescription may be dispensed within 72 hours of the first partial dispensing; however, if the remaining portion is not or cannot be dispensed within the 72-hour period, the pharmacist shall so notify the prescribing practitioner. No further quantity may be supplied beyond 72 hours without a new prescription. **[18VAC110-20-310]**	Reviewed	Does not partial C-II

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Deficiency Number			
119	Prescriptions for Schedule II drugs written for patients in long-term care facilities may be dispensed in partial quantities, to include individual dosage units. For each partial dispensing, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial dispensing, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of Schedule II drugs in all partial dispensing shall not exceed the total quantity prescribed. Schedule II prescriptions shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of the drug. **[18VAC110-20-310]**	Reviewed	Does not partial C-II
119	Information pertaining to current Schedule II prescriptions for patients in a long-term care facility may be maintained in a computerized system if this system has the capability to permit: **[18VCA110-20-310]**	Reviewed	Does not partial C-II
	1. Output (display or printout) of the original prescription number, date of issue, identification of prescribing practitioner, identification of patient, identification of the long-term care facility, identification of drug authorized (to include dosage form, strength, and quantity), listing of partial dispensing under each prescription, and the information required in subsection B of this section.		
	2. Immediate (real time) updating of the prescription record each time a partial dispensing of the prescription is conducted.		
119	A prescription for a Schedule II drug may be filled in partial quantities to include individual dosage units for a patient with a medical diagnosis documenting a terminal illness under the following conditions: **[18VAC110-20-310]**	Reviewed	Does not partial C-II
	1. The practitioner shall classify the patient as terminally ill, and the pharmacist shall verify and record such notation on the prescription.		
	2. On each partial filling, the pharmacist shall record the date, quantity dispensed, remaining quantity authorized to be dispensed, and the identity of the dispensing pharmacist.		
	3. Prior to the subsequent partial filling, the pharmacist shall determine that it is necessary. The total quantity of Schedule II drugs dispensed in all partial fillings shall not exceed the total quantity prescribed.		
	4. Schedule II prescriptions for terminally ill patients may be partially filled for a period not to exceed 60 days from the issue date unless terminated sooner.		
	5. Information pertaining to partial filling may be maintained in a computerized system under the conditions set forth in 18VAC110-20-320 subsection C.		
	A prescription for a Schedule II drug may be filled in partial quantities if the partial fill is requested by the patient or by the practitioner who wrote the prescription provided:	Reviewed	Does not partial C-II
	1. The total quantity dispensed in all partial fillings does not exceed the total quantity prescribed;		
	2. The prescription is written and filled in accordance with state and federal law; and		
	3. The remaining portions are filled not later than 30 days after the date on which the prescription is written.		

Deficiency Number			
119	A prescription for a drug listed in Schedule III, IV, or V shall not be dispensed or refilled more than six months after the date on which such prescription was issued, and no such prescription authorized to be filled may be refilled more than five times. **[18VAC110-20-320]**	Compliant	
	1. Each refilling of a prescription shall be entered on the back of the prescription or on another record in accordance with §54.1-3414 of the code of Virginia, and 18VAC110-20-255, initialed, and dated by the pharmacist as of the date of dispensing. If the pharmacist merely initials and dates the prescription, it shall be presumed that the entire quantity ordered was dispensed.	Compliant	
	2. The partial dispensing of a prescription for a drug listed in Schedule III, IV, or V is permissible, provided that:	Compliant	
	a. Each partial dispensing is recorded in the same manner as a refilling;		
	b. The total quantity of drug dispensed in all partial dispensing does not exceed the total quantity prescribed; and		
	c. No dispensing occurs after six months after the date on which the prescription order was issued.		
	Any other record used to record the date of dispensing or the identity of the pharmacist dispensing shall be maintained for a period of two years on premises. **[18VAC11-20-255]**	Compliant	
119	A pharmacy using such an alternative record shall maintain a current policy and procedure manual documenting **[18VAC110-20-255]**	Compliant	
119	1. Procedures for using the record		
	2. How the record is integrated into the total dispensing record system		
	3. How the data included in the record shall be interpreted		
	Prescription Labeling	**Result**	**Notes**
124	Whenever a pharmacist dispenses any drug listed within Schedule II through VI on a prescription issued by a prescriber, he shall affix to the container in which such drug is dispensed, a label showing **[§54.1-3410]**	Compliant	
	1. Prescription serial number or name of the drug		
	2. Date of initial filling		
	3. His name and address, or the name and address of the pharmacy		
	4. Name of the patient or, if the patient is an animal, the name of the owner of the animal and the species of the animal		
	5. Name of the prescriber by whom the prescription was written, except for those drugs dispensed to a patient in a hospital pursuant to a char order		
	6. Directions as may be stated on the prescription		
	7. Drug name and strength, when strength is applicable		
	8. Number of dosage units or, if liquid, the number of milliliters dispensed		
	For any drug product possessing a single active ingredient, the generic name of the drug shall be included on the label. **[18VAC110-20-330]**	Not Compliant	

Deficiency Number			
124	**NOTE: Does not apply to drugs dispensed to patients of a hospital or long term care facility where all drugs are administered by persons licensed to administer.**		
	If a generic drug is dispensed when a prescription is written for a brand name drug, the label shall contain the generic name followed by the words "generic for" followed by the brand name of the drug prescribed, and the label shall also contain the generic's brand name or the manufacturer or distributor of the drug dispensed. **[18VAC110-20-330]**	Not Compliant	
124	**NOTE: Does not apply to drugs dispensed to patients of a hospital or long term care facility where all drugs are administered by persons licensed to administer.**		
	Prescription Order	**Result**	**Notes**
116	A drug listed in Schedule II shall be dispensed only upon receipt of a written prescription. NOTE: See 18VAC110-20-285 for faxing of prescription orders for Schedule II drugs. **[§54.1-3410]**	Compliant	
116	A drug controlled by Schedules III through VI or a device controlled by Schedule VI shall be dispensed upon receipt of a written or oral prescription. **[§54.1-3410]**	Compliant	
116	The agent of the prescriber on his behalf may orally transmit a prescription. The written record of the prescription specifies the full name of the agent of the prescriber. **[§54.1-3410]**	Not Compliant	
116	A written prescription shall be written with ink or individually typed or printed and shall contain: **[§54.1-3408.01]**	Compliant	
	1. Name, address, and telephone number of the prescriber. 2. First and last name of the patient for whom the drug is prescribed. 3. Address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. NOTE: If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. 4. Dated and signed by the prescriber on, the day when issued 5. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber		
	Electronic Transmitted Prescription	**Result**	**Notes**
	Effective July 1, 2020 - Consistent with federal law and in accordance with regulations promulgated by the Board, prescriptions may be transmitted to a pharmacy as an electronic prescription or by facsimile machine and shall be treated as valid original prescriptions. Any prescription for a controlled substance that contains an opiate shall be issued as an electronic prescription. §54.1-3408.02		
116	Unless otherwise prohibited by law, an electronic prescription may be transmitted from the prescriber or an authorized agent as defined in § 54.1-3408.01 C of the Code of Virginia directly to the dispensing pharmacy. Electronic prescriptions of Schedule II-V controlled substances shall comply with any security or other requirements of federal law. All electronic prescriptions shall also comply with all security requirements of state law related to privacy of protected health information. **[18VAC110-20-285]**	Not Applicable	Pharmacy does not receive electronic prescriptions. All their prescriptions are verbally transmitted or received by fax. Schedule II prescriptions are mailed in.
	A pharmacy receiving an electronic prescription shall maintain such prescription record in accordance with 18VAC110-20-250 A.	Not Applicable	

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Deficiency Number			
	Faxed Prescription	**Result**	**Notes**
116	Unless otherwise prohibited by federal law, prescription orders for Schedules III through VI drugs may be transmitted to pharmacies by facsimile (fax) device upon the following conditions: **[18VAC110-20-280]**	Compliant	
	1. The prescription shall be faxed only to the pharmacy of the patient's choice		
	2. A valid faxed prescription shall contain all required information for a prescription. A written prescription shall include the prescriber's signature.		
	3. An authorized agent may transmit an oral prescription by facsimile and shall record on the faxed prescription the agent's full name and wording that clearly indicates that the prescription being transmitted is an oral prescription		
116	A faxed prescription shall be valid only if faxed from the prescriber's practice location, except in the following situations: **[18VAC110-20-280]**	Compliant	
	1. Forwarding a faxed chart order from a long-term care facility or from a hospice, including a home hospice		
	2. Faxing an oral prescription by authorized agent under the conditions set forth in subdivision 3 of this subsection; or		
	3. Forwarding a written prescription by an authorized agent from a long-term care facility, provided		
	a. The provider pharmacy maintains written procedures for such transactions		
	b. The original prescription is obtained by the provider pharmacy within seven days of dispensing		
	c. The original prescription shall be attached to the faxed copy		
116	The following additional information shall be recorded on the faxed prescription: **[18VAC110-20-280]**	Compliant	
	1. Date that the prescription was faxed		
	2. Printed name, address, phone number, and fax number of the authorized prescriber		
	3. The institution, if applicable, from which the prescription was faxed, including address, phone number and fax number		
116	Prescription orders for Schedule II drugs may only be faxed for information purposes and may not serve as the original written prescription authorizing dispensing, except for: **[18VAC110-20-280]**	Compliant	
	1. Orders to be administered to long-term care facility and home infusion patients		
	2. Prescriptions written for a Schedule II narcotic substance for patients residing in a hospice certified by Medicare under Title XVIII or licensed by the state which may include home hospice		
	3. The prescriber shall note on the prescription if the patient is a hospice patient, and the prescription shall meet all requirements for a written prescription, including the prescriber's manual signature		
116	If the faxed prescription is of such quality that the print will fade and not remain legible for the required retention period the receiving pharmacist shall copy or transcribe the faxed prescription on paper of permanent quality. **[18VAC110-20-280]**	Compliant	

Deficiency Number			
116	Authorizations for refills may be faxed by the prescriber to the pharmacy provided the authorization includes: **[18VAC110-20-280]**	Compliant	
	1. Patient's name & address		
	2. Drug name and strength, quantity		
	3. Directions for use,		
	4. Prescriber's name, prescriber's manual signature or agent's name		
	5. Date of authorization		
	Emergency Prescription	**Result**	**Notes**
118	In case of an emergency situation, a pharmacist may dispense a drug listed in Schedule II upon receiving oral authorization of a prescribing practitioner, provided that: **[§54.1-3410] [18VAC110-20-290]**	Reviewed	Does not perform
	1. The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period.		
	2. The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in §54.1-3410 of the Drug Control Act, except for the signature of the prescribing practitioner.		
	3. If the pharmacist does not know the practitioner, he the pharmacist shall make a reasonable effort to determine that the oral authorization came from a practitioner using his the practitioner's phone number as listed in the telephone directory or other good-faith efforts to ensure his the practitioner's identity		
	4. Within seven days after authorizing an emergency oral prescription, the prescribing practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist.		
	5. The prescription shall have written on its face "Authorization for Emergency Dispensing" and the date of the oral order.		
118	6. The dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing.		
	7. The pharmacist shall notify the nearest office of the Drug Enforcement Administration and the board if the prescribing practitioner fails to deliver a written prescription to the pharmacist.		
	Repackaging	**Result**	**Notes**
127	Control records of reconstitution of injectable, bulk compounding or the repackaging or prepackaging of drugs maintained for a period of one year or until the expiration, whichever is greater. **[18VAC110-20-355]**	Not Applicable	
127	Control record includes the following information: **[18VAC110-20-355]**	Not Applicable	
	1. Date repackaged		
	2. Name of the drug(s) used & strength of drug, if any		
	3. Quantity prepared		
	4. Assigned lot or control number		
	5. Manufacturer's or distributor's name and lot or control number		
	6. Expiration date		

Deficiency Number			
20	7. Initials of the pharmacist verifying the process **[18VAC110-20-355]**		
127	The following information shall appear on any subsequently repackaged or reconstituted units: **[18VAC110-20-355]**	Not Applicable	
	1. Drug name & strength of drug, if any		
	2. Assigned lot or control number or the manufacturer's or distributor's name and lot or control number		
	3. Appropriate expiration determined by the pharmacist in accordance with USP guidelines		
	Repackaging of drugs shall be performed in compliance with USP-NF standards.		
127	Pharmacies using automated counting devices or dispensers in which drugs are removed from manufacturer's original packaging and placed in bulk bins shall comply with the following requirements:	Not Applicable	
	A bin filling record shall be maintained, manually or in a computerized record for a period of one year from the date of filling from which information can be readily retrieved, for each bin including: **[18VAC110-20-355]**	Not Applicable	
	1. Drug name and strength, if any		
	2. Name of the manufacturer or distributor		
	3. Manufacturer's control or lot numbers and expiration date for all lots placed into the bin at the time of filling		
	4. Any assigned lot number		
	5. An expiration date determined according to USP guidelines for repackaging		
	6. Date of filling		
20	7. Pharmacist's initials verifying the accuracy of the process **[18VAC110-20-355]**	Not Applicable	
127	If more than one lot is added to a bin at the same time, the lot that expires first shall be used to determine the expiration date if shorter than a calculated date based on USP guidelines. **[18VAC110-20-355]**	Not Applicable	
	Each bin shall be labeled in such a manner as to cross-reference the information on the filling record with the correct expiration date.	Not Applicable	
	If only one lot is added to a bin at one time, but a subsequent lot may be added before the first has cleared, the automated device shall be constructed to reasonably dispense the first lot before the second lot is dispensed and the expiration date on the bin's label shall reflect the expiration date assigned to the earlier lot.	Not Applicable	
	In the event of a drug recall involving one of multiple lots placed in a bin of an automated counting device in the last three months or if a recalled drug is known to remain in the bin, all drugs shall be removed from the bin and not used for patient care. The removal of drugs from the bin is not required if:	Not Applicable	
	a. The technology of the automated counting device can ensure drugs in a particular lot have been cleared; or		
	b. The bin has been "run dry," with a record made of the "run dry" date, since the addition of the recalled lot number in which all drugs were completely removed prior to filling with a subsequent lot number.		

3209

Deficiency Number			
	An automated counting device shall be cleaned and maintained in accordance with recommended manufacturer guidelines and specifications.	Not Applicable	
	Continuous Quality Improvement	**Result**	**Notes**
	§ 54.1-3434.03. Continuous quality improvement program - Each pharmacy shall implement a program for continuous quality improvement, according to regulations of the Board. Such program shall provide for a systematic, ongoing process of analysis of dispensing errors that uses findings to formulate an appropriate response and to develop or improve pharmacy systems and workflow processes designed to prevent or reduce future errors. Any pharmacy that actively reports to a patient safety organization that has as its primary mission continuous quality improvement under the Patient Safety and Quality Improvement Act of 2005 (P.L. 109-41), shall be deemed in compliance with this section.		
142	Pharmacy Actively Reports to Patient Safety Organization **[18VAC110-20-418]**	Not Applicable	
	A record indicating the date a report was submitted to a patient safety organization shall be maintained for 12 months from the date of reporting.		
	Pharmacies not actively reporting to patient safety organizations, consistent with §54.1-3434.03 and 18VAC110-20-10, shall implement a program for continuous quality improvement.		
142	Pharmacy does not actively report to a patient safety organization **[18VAC110-20-418]**	Compliant	
	A separate record shall be maintained and available for inspection to ensure compliance with this section for 12 months from the date of the analysis of dispensing errors and shall include the following information:		
	(1) Dates the analysis was initiated and completed;		
	(2) Names of the participants in the analysis;		
	(3) General description of remedial action taken to prevent or reduce future errors; and		
	(4) A zero report with date shall be recorded on the record if no dispensing errors have occurred within the past 30 days.		

3210

Virginia Board of Pharmacy
Pharmacy Routine Inspection Form

Nonsterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Deficiency Number	General Operations and Information	Result	Notes
29	In accordance with the conditions set forth in §54.1-3410.2 subsections A and B, pharmacists shall not distribute compounded drug products for subsequent distribution or sale to other persons or to commercial entities, including distribution to pharmacies or other entities under common ownership or control with the facility in which such compounding takes place; however, a pharmacist may distribute to a veterinarian in accordance with federal law. **[§54.1-3410.2]**	Compliant	
29	Compounded products for companion animals, as defined in regulations promulgated by the Board of Veterinary Medicine, and distributed by a pharmacy to a veterinarian for further distribution or sale to his own patients shall be limited to drugs necessary to treat an emergent condition when timely access to a compounding pharmacy is not available as determined by the prescribing veterinarian. **[§54.1-3410.2]**	Not Applicable	
29	A pharmacist may provide a reasonable amount of compounded products to practitioners of medicine, osteopathy, podiatry, or dentistry to administer to their patients, either personally or under their direct and immediate supervision, if there is a critical need to treat an emergency condition, or as allowed by federal law or regulations. A pharmacist may also provide compounded products to practitioners of veterinary medicine for office-based administration to their patients. **[§54.1-3410.2]**	Compliant	
27	Pharmacists may use bulk drug substances in compounding when such bulk drug substances: **[§54.1-3410.2]**	Not Applicable	
	1. Comply with the standards of an applicable United States Pharmacopoeia or National Formulary monograph, if such monograph exists, and the United States Pharmacopoeia chapter on pharmacy compounding; or are drug substances that are components of drugs approved by the FDA for use in the United States; or are otherwise approved by the FDA; or are manufactured by an establishment that is registered by the FDA		
	2. Are distributed by a licensed wholesale distributor or registered nonresident wholesale distributor, or are distributed by a supplier otherwise approved by the Board and the FDA to distribute bulk drug substances if the pharmacist can establish purity and safety by reasonable means, such as lot analysis, manufacturer reputation, or reliability of the source.		
27	Pharmacists shall not engage in the following: **[§54.1-3410.2]**	Compliant	
	1. The compounding for human use of a drug product that has been withdrawn or removed from the market by the FDA because such drug product or a component of such drug product has been found to be unsafe. However, this prohibition shall be limited to the scope of the FDA withdrawal		

Deficiency Number			
28	2. The regular compounding or the compounding of inordinate amounts of any drug products that are essentially copies of commercially available drug products. However, this prohibition shall not include (i) the compounding of any commercially available product when there is a change in the product ordered by the prescriber for an individual patient, (ii) the compounding of a commercially manufactured drug only during times when the product is not available from the manufacturer or supplier, (iii) the compounding of a commercially manufactured drug whose manufacturer has notified the FDA that the drug is unavailable due to a current drug shortage, (iv) the compounding of a commercially manufactured drug when the prescriber has indicated in the oral or written prescription for an individual patient that there is an emergent need for a drug that is not readily available within the time medically necessary, or (v) the mixing of two or more commercially available products regardless of whether the end product is a commercially available product		
130a	Pharmacists who provide compounded products for office-based administration for treatment of an emergency condition or as allowed by federal law or regulations shall label all compounded products distributed to practitioners other than veterinarians for administration to their patients with: **[§54.1-3410.2]**	Not Applicable	
	1. the statement "For Administering in Prescriber Practice Location Only"		
	2. the name and strength of the compounded medication or list of the active ingredients and strengths		
	3. the facility's control number		
	4. an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding		
	5. the name and address of the pharmacy		
	6. the quantity		
130a	Pharmacists shall label all compounded products for companion animals, as defined in regulations promulgated by the Board of Veterinary Medicine, and distributed to a veterinarian for either further distribution or sale to his own patient or administration to his own patient with: **[54.1-3410.2]**	Not Applicable	Only patient specific
	1. the statement "For Administering in Prescriber Practice Location Only" 2. the name and strength of the compounded medication or list of the active ingredients and strengths 3. the facility's control number 4. an appropriate beyond-use date as determined by the pharmacist in compliance with 5. the name and address of the pharmacy 6. the quantity		
20a	Pharmacists shall personally perform or personally supervise the compounding process, which shall include a final check for accuracy and conformity to the formula of the product being prepared, correct ingredients and calculations, accurate and precise measurements, appropriate conditions and procedures, and appearance of the final product. **[54.1-3410.2]**	Compliant	
130	Pharmacists shall maintain records of all compounded drug products as part of the prescription, formula record, formula book, or other log or record. Records may be maintained electronically, manually, in a combination of both, or by any other readily retrievable method. **[54.1-3410.2]**	Compliant	

Deficiency Number			
130	In addition to other requirements for prescription records, records for products compounded pursuant to a prescription order for a single patient where only manufacturers' finished products are used as components shall include the: **[§54.1-3410.2]** 1. name and quantity of all components 2. the date of compounding and dispensing 3. the prescription number or other identifier of the prescription order 4. total quantity of finished product 5. signature or initials of the pharmacist or pharmacy technician performing the compounding 6. signature or initials of the pharmacist responsible for supervising the pharmacy technician and verifying the accuracy and integrity of compounded products.	Compliant	
130	In addition to the requirements of §54.1-3410.2 subdivision I 1, records for products compounded in bulk or batch in advance of dispensing or when bulk drug substances are used shall include: **§54.1-3410.2]** 1. the generic name and the name of the manufacturer of each component or the brand name of each component 2. the manufacturer's lot number and expiration date for each component or when the original manufacturer's lot number and expiration date are unknown 3. the source of acquisition of the component 4. the assigned lot number if subdivided 5. the unit or package size and the number of units or packages prepared 6. the beyond-use date. The criteria for establishing the beyond-use date shall be available for inspection by the Board.	Not Applicable	Does not perform
130	A complete compounding formula listing all procedures, necessary equipment, necessary environmental considerations, and other factors in detail shall be maintained where such instructions are necessary to replicate a compounded product or where the compounding is difficult or complex and must be done by a certain process in order to ensure the integrity of the finished product. **[§54.1-3410.2]**	Compliant	
130a	Pharmacists shall label all compounded drug products that are dispensed pursuant to a prescription in accordance with this chapter and the Board's regulations, and shall include on the labeling an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding. **[§54.1-3410.2]**	Reviewed	Reviewed USP <795> BUDs.
130a	A pharmacist may also engage in compounding of drug products in anticipation of receipt of prescriptions based on a routine, regularly observed prescribing pattern. Pharmacists shall label all products compounded prior to dispensing with: **§54.1-3410.2]** 1. the name and strength of the compounded medication or a list of the active ingredients and strengths 2. the pharmacy's assigned control number that corresponds with the compounding record 3. an appropriate beyond-use date as determined by the pharmacist in compliance with USP-NF standards for pharmacy compounding 4. the quantity.	Compliant	

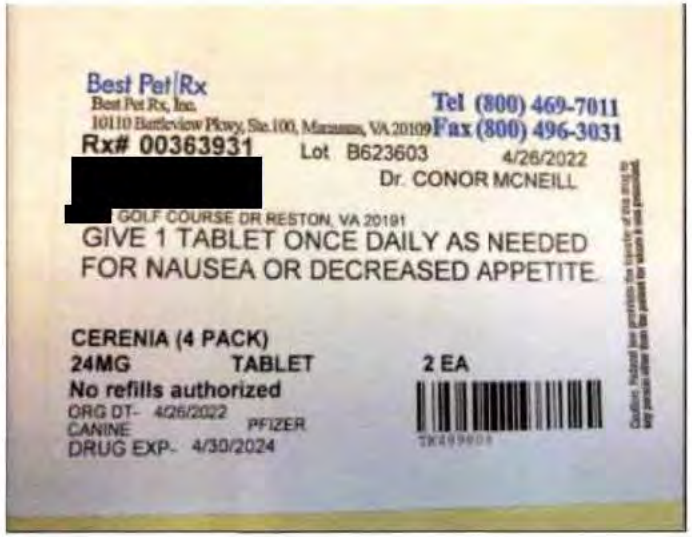
The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

3213

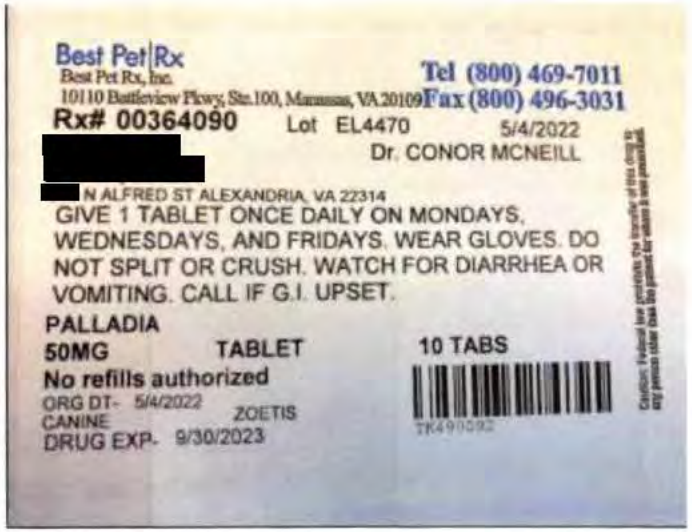
The Virginia Board of Pharmacy
Pharmacy Inspection

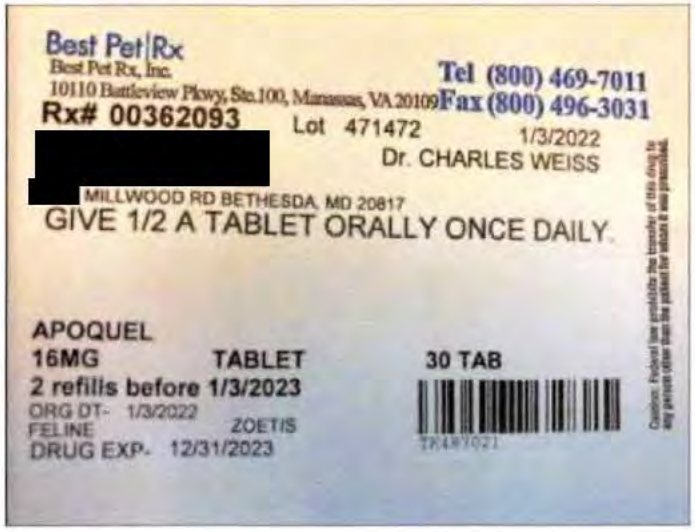
Pharmacy Name	Best Pet Rx, Inc	Permit Number	0201004986	Date	8/8/2022





Labels not in Compliance





Pharmacy Permit Application DHP – MAILROOM Page 1

Virginia Department of Health Professions
Board of Pharmacy

MAR 21 2022

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4456 (Tel)
(804) 527-4472 (Fax)
pharmbd@dhp.virginia.gov
www.dhp.virginia.gov/pharmacy

APPLICATION FOR A PHARMACY PERMIT

Check Appropriate Box(es):

☐ New[3, 4]	$500.00	☒ Change of Pharmacist-In-Charge[2, 4]	$65.00
☐ Change of Ownership[2]	$65.00	☐ Change of Location[3]	$300.00
☐ Change of Pharmacy Name[2]	No Fee	☐ Remodeling of Prescription Dept.[3]	$300.00
☐ Reinstatement[1, possibly 3]	Call Board		

[1] If reinstatement, due to: ☐ Lapse of Permit or ☐ Suspension or Revocation of a Permit

Application fees are not refundable. Applications are valid for one year from the date of receipt. The required fees must accompany the application. Make check payable to "Treasurer of Virginia". Send ORIGINAL application to the Board for processing.

Name of Pharmacy: Best Pet Rx, Inc.		Area Code and Telephone Number: 571-291-1128
Street Address: 10110 Battleview Pkwy Suite 100		Area Code and Fax Number: 800-496-3031
City: Manassas	State: VA	Zip Code: 20109
If a current pharmacy permit is held, indicate the permit number: 0201- 004986	Telephone Number (currently working number): 315-374-0003	Federal Employment Identification Number (FEIN): 84-424-0984
(Print) Name of the Pharmacist-In-Charge (PIC) (if change of PIC, list incoming): Alan Theriault		License Number of the PIC: 0202- 218618
Signature of PIC – if change of PIC, incoming signature: Alan Theriault	[2] Effective Date of Change (if change of PIC, date assuming role as PIC): 10/13/21	
By affixing my signature I acknowledge that I have read and understood Guidance Document 110-27 and associated information regarding the inspection process.	Expected Hours of Operation: 50 per week	

[4] Has the pharmacist obtained a minimum of two years of experience practicing as a pharmacist in Virginia or another U.S. jurisdiction? If yes, please provide the information below (attach separate sheet if needed): Yes ☒ No ☐

Pharmacy name	Pharmacy address	Date range of practice
CVS	11100 Baltimore Ave, Beltsville MD	10/12 - 10/19
Pharmacy Name:	Pharmacy Address:	Date range of practice:

E-mail address for Pharmacist-In-Charge	[3] Expected Opening, Moving, or Completion Date	[3] Requested Inspection Date
atheriault07@gmail.com		

[3] **A 14-day notice is required for scheduling an inspection. Drugs may not be stocked prior to inspection and approval.** An inspector will call prior to the requested date to confirm readiness for inspection. If the inspector does not call to confirm the date, the responsible party should call the Enforcement Division at 804-367-4691 to verify the inspection date with the inspector.

ACCOUNTING UNIT

APPLICANT ID # 1389101 RECEIPT # 5369860

Revised 10-2020

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☐ New
☐ Existing

Patient Name: Daphne Species: _____ Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] Beaumont Drive City/State/Zip: Centreville, Va 20120

Client Telephone: [redacted] Email: _____

Rx COMPOUND PRESCRIPTION

Discount (if any): _____

☐M
☐C

Cytorsw 3mg
1 po qd g AM chew, w/G

Qty: 30 Refills: Ø

Flavor: CAPS
Price: 9.05.99

(3rd)

☐M
☐C

Flavor: _____
Price: AR

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Conor McNeill Called-In by: DAWN

Clinic Name: _____ Clinic Phone: (703) 281-2277

Clinic Address: 140 Park St SE Clinic Fax: _____

City/State/Zip: Vienna Va 22180 Lic. #: _____ DEA#: _____

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: _____ Exp. Date: _____

Security Code: _____ (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card): _____

Prescription Notes:

Delivery Time/Notes:

Not Filled.

MCCRACKEN LABEL CO. • 1-800-331-6959

Best Pet Rx
Best Pet Rx, Inc.
10110 Battleview Pkwy, Ste.100, Manassas, VA 20109
Tel (800) 469-7011
Fax (800) 496-3031

Rx# 00363579 Lot HHBECI@42 4/20/2022
Dr. CONOR MCNEILL

[redacted] GREYMONT DRIVE CENTREVILLE, VA 20120

GIVE 1 CAPSULE BY MOUTH ONCE DAILY IN THE A.M. CHEMO. WEAR GLOVES. DO NOT CRUSH OR SPLIT.

CYCLOPHOSPHAMIDE
3MG CAPSULE 30 CAPS
No refills authorized
ORG DT- 4/1/2022
CANINE
DRUG EXP- 10/17/2022

HAZARDOUS DRUG - WEAR GLOVES

KEEP IN FRIDGE. DO NOT FREEZE

COMPOUNDED AS PRESCRIBED

CYCLOPHOSPHAMIDE
3MG
CAPSULE
30 CAPS
00363579

[redacted] GREYMONT DRIVE CENTREVILLE, VA 20120 4/20/2022

Rx#00363579

CYCLOPHOSPH
CYCLOPHOSPHAMIDE 3MG CAPSULE

ORG DT- 4/1/2022
30 CAPS 105 99
0 REFILLS RPh: AT

GIVE 1 CAPSULE BY

MCNEILL CONOR
140 PARK ST SE VIENNA, VA 22180

FM1501217
(703)281-2277
2050

No refills authorized
CONOR MCNEILL (703)281-2277
140 PARK ST SE VIENNA, VA 22180

[redacted] GREYMONT DRIVE CENTREVILLE, VA 20120

00363579
4/20/2022

IMPORTANT: INFORMATION ABOUT YOUR MEDICATION

DUE TO STATE LAW AND THE CUSTOMIZATION OF OUR PRODUCTS FOR YOUR PET, BEST PET RX IS UNABLE TO OFFER REFUNDS ON MEDICATIONS OR ACCEPT MEDICATION RETURNS ONCE THEY HAVE LEFT THE PHARMACY.

IF YOU HAVE ANY QUESTIONS OR CONCERNS WITH THIS MEDICATION, PLEASE CONTACT A PHARMACIST AT OUR FACILITY.

Best Pet Rx
Best Pet Rx, Inc.
10110 Battleview Pkwy, Ste.100, Manassas, VA 20109
Tel (800) 469-7011
Fax (800) 496-3031

THIS IS YOUR RECEIPT. PLEASE RETAIN FOR YOUR TAX OR INSURANCE.

Rx# 00363579
[redacted] GREYMONT DRIVE
CENTREVILLE, VA
20120
Patient ph#(571)201-5318
CYCLOPHOSPHAMIDE 3MG CAPSULE
30 CAPS

CONOR MCNEILL
4/20/2022
TOTAL $105.99

00363579

Best Pet Rx

As of 6/7/2022, we have completed potency testing on our Cyclophosphamide at summer temperatures that shows it is stable outside of the refrigerator for at least 14 days. We will no longer be shipping this drug on ice, however, we recommend you store it in the refrigerator when you receive it so that it maintains it's potency long-term. If you accidentally leave this drug out of the refrigerator, simply place it back in the refrigerator for storage within 14 days.

CYCLOPHOSPHAMIDE

Key Information

- Cyclophosphamide is a chemotherapy (anticancer) and immunosuppressive drug. Although safe when handled appropriately, this drug and its byproducts have the potential to be hazardous to animals and people who come in direct contact with it.
- On the day your pet gets the drug and for a few days afterward, it is advised to handle any of their bodily fluids (urine, feces, blood, vomit) while wearing disposable gloves. This is to lessen the chance of you being exposed to byproducts of chemotherapy, even if the risk is small.
- Give this drug with food, as cyclophosphamide can cause gastrointestinal upset(eg, loss of appetite, vomiting, diarrhea).
- Bladder damage (hemorrhagic cystitis). As many as one-third of dogs (rare in cats) receiving cyclophosphamide will have damage to the bladder that causes blood in the urine. Your veterinarian may give your dog a diuretic (water pill) to decrease the likelihood of this adverse effect. Your veterinarian may also recommend that you take your dog out more often to encourage urination to prevent this effect.

McCRACKEN LABEL CO. • 1-800-331-8959

Best Pet Rx
Best Pet Rx, Inc.
10110 Battleview Pkwy, Ste.100, Manassas, VA 20109
Tel (800) 469-7011
Fax (800) 496-3031

Rx# 00363579 Lot HHBECI@42 4/20/2022

[redacted] Dr. CONOR MCNEILL

[redacted] GREYMONT DRIVE CENTREVILLE, VA 20120

GIVE 1 CAPSULE BY MOUTH ONCE DAILY IN THE A.M. CHEMO. WEAR GLOVES. DO NOT CRUSH OR SPLIT.

CYCLOPHOSPHAMIDE
3MG CAPSULE
No refills authorized
ORG DT- 4/1/2022
CANINE
DRUG EXP- 10/17/2022

30 CAPS

TK489218

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

HAZARDOUS D
GLOV
KEEP IN FRID
FREI
COMPOU
PRESC

CYCLOPHC
3MG
CAPSULE
30 CAPS
003635

IMPORTANT: INFORMATION ABOUT YOUR MEDICATION

DUE TO STATE LAW AND THE CUSTOMIZATION OF OUR PRODUCTS FOR YOUR PET, BEST PET RX IS UNABLE TO OFFER REFUNDS ON MEDICATIONS OR ACCEPT MEDICATION RETURNS ONCE THEY HAVE LEFT THE PHARMACY.

IF YOU HAVE ANY QUESTIONS OR CONCERNS WITH THIS MEDICATION, PLEASE CONTACT A PHARMACIST AT OUR FACILITY.

Best Pet
Best Pet Rx, Inc.
10110 Battleview

Rx# 003(
[redacted]
[redacted] GRE
CENTREVI
20120
Patient ph#
CYCLOPH
30 CAPS
--

00363579

BEST PET RX, INC.

10110 BATTLEVIEW PARKWAY SUITE 100

MANASSAS, VA 20109

CONTROL SUBSTANCE INVENTORY

10/13/2021

SUPERVISING PHARMACIST

ALAN THERIAULT, RPh



DRUG	FORM	NDC	MFG	QTY/ GM	DISPENSED	LOSS
SCHEDULE 2						
HYDROCODONE BIT, USP	BULK PWDR	38779-0764-05	MEDISCA	96.248GM	0.805GM	2.947GM

DRUG	FORM	NDC	MFG	QTY/ GM	DISPENSED	LOSS
SCHEDULE 3,4,5						
TRAMADOL	BULK PWDR	51927-4763-00	PCCA	24.153GM	0	0.847GM
GABAPENTIN	BULK PWDR	38779-2461-08	MEDISCA	474.542GM	126.63	0
BUPRENORPHINE	BULK PWDR	51927-1012-00	PCCA	1GM	0.064	0
PHENOBARBITAL	BULK PWDR	51927-1015-00	PCCA	25GM	2.85	0

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☐ New
☐ Existing

Patient Name: Princess Species: K-9 Date: 3131122

Client Name (Last, First): [redacted]

Patient Address: [redacted] Suffield Ln City/State/Zip: Warrenton VA 20187

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

Discount (if any): —

Isotretoin 1mg

☐M 1 cap po sid retinoid

☐C wear gloves when handling

(30d) Qty: 30 Refills: x

Flavor: —

Price: 105.99

☐M

☐C

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Conor McNeill Called-In by: Christi M LVT

Clinic Name: Hope Advanced vet Center Clinic Phone: 703 281 2277

Clinic Address: 140 Park St SE Clinic Fax:

City/State/Zip: Vienna VA 22180 Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes: Delivery Time/Notes: Pick up @ 10am 4/1/22

Best Pet Rx

Pharmacy Fax: 212-348-3037

Prescription Refill Request

(This fax contains sensitive patient information. If you are not the intended party, please destroy this fax)

Date printed / faxed 3/31/2022

TO: MARTHA BOEHMAN
436 BELL RD NASHVILLE, TN 37217
Phone (615)361-1844
Fax **1(615)361-2844**

FROM: Best Pet Rx
207 E. 94th St. New York, NY 10128
Phone 212-348-1800
Fax212-348-3037

Patient: [redacted]
[redacted]GLENROCK DRIVE
NASHVILLE, TN
37221
Phone [redacted]

Rx # 387063
Quantity 30
Drug CHLORAMBUCIL 2MG CAPSULE

Date written 12/30/2021
Last refill 12/30/2021 Prescription expiration date 12/30/2022
Directions GIVE 1 CAPSULE ORALLY EVERY 48 HOURS UNTIL DIRECTED. CHEMO. WEAR GLOVES WHEN HANDLING.

Additional note:

(60d) $10.50

Refill Response: Fax back to the pharmacy at 212-348-3037
May Refill:
0 I authorize this refill plus 2 additional refills.
Authorized by _____ Date 3,31,22 @ 3:30pm
Comments or Questions: Best Pet Rx

Danny C

mon-tues 1 RX

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☑ New ☐ Existing

Patient Name: Snapper Species: Canine Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] Oleander Street City/State/Zip: St James City FL 33956

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

Discount (if any): —

prednisone 5mg tab

tpo Q24 h ~~SID~~ SID

☐M

☐C

(45d) Qty: #45 Refills: X

Flavor: —

Price: $157.25

☐M

☐C

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Judy Seltzer Called-In by: Michelle @ 11:05am.

Clinic Name: Blue pearl Clinic Phone: 212 924 3311

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes: fri - tue
4Rx - NoHR.

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☐ New
☐ Existing

Patient Name: Daphne Species: Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] Breumont Drive City/State/Zip: Centreville, Va 20120

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

Discount (if any):

☐M
☐C

Cytorsw 3mg
i po qd g PM Chemo, w/G

Qty: 30 Refills: Ø

(30d)

Flavor: CAPS
Price: 4,05.99

☐M
☐C

Flavor:
Price: AR

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Conor McNeill Called-In by: DAWN

Clinic Name: Clinic Phone: (703) 281-2277

Clinic Address: 140 Park St SE Clinic Fax:

City/State/Zip: Vienna Va 22180 Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes:

Not Filled

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☑ New ☐ Existing

Patient Name: Snapper Species: Canine Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] Oleander Street City/State/Zip: St. James City/FL/33956

Client Telephone: [redacted] Email:

RX COMPOUND PRESCRIPTION

Denamarin 225mg tabs (30ct)

+ po SID.

Discount (if any): —

☑M

☐C

(60d) Qty: #2 Refills: X

Flavor: —

Price: $131.98

☐M

☐C

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Seltzer, Judy Called-In by: Michelle @ 11:05 am

Clinic Name: Blue pearl Clinic Phone: 212 924 3311

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes: Delivery Time/Notes: fri-tues
4 Rx - NOHR

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☐ New
☐ Existing

Patient Name: Gooch Species: Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address [redacted] City/State/Zip:

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

~~Discount~~ (if any):

☐M
☐C

Metronidatole 40mg
÷ po B.i.d prn tabs
(15d)

Qty: 30 Refills:

Flavor: Micros - 96.12
Price: ~~$~~ caps - 89.37

☐M
☐C

Tylosin 30mg
÷ po q.d prn loose stools

Qty: 30 Refills:

Flavor:
Price: $100.50

(30d)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐ DISPENSE AS WRITTEN

Doctors Name: Conor McNeill Called-In by: Dawn

Clinic Name: Clinic Phone: 303-281-5121

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes: Fri - Mon
1RX

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☑ New ☐ Existing

Patient Name: Snapper Species: canine Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] Oleander Street City/State/Zip: St. James City / FL / 33956

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

Discount (if any): —

atopica 25mg ~~caps~~ caps (15 ct)

1 cap po q24h w/food

☐M

☐C

(45d) Qty: #3 Refills: X

Flavor: —

Price: $144.50

☐M

☐C

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Judy Seltzer Called-In by: Michelle @ 11:05am

Clinic Name: Blue Pearl Clinic Phone: 212924 3311

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes: Delivery Time/Notes: fri - tue
4 Rx - NATR.

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☑ New ☐ Existing

Patient Name: Snapper Species: Canine Date: 4/1/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] Oleander Street City/State/Zip: St. James city / FL / 33956

Client Telephone: [redacted] Email:

RX COMPOUND PRESCRIPTION

Discount (if any):

atopica 50mg caps (15ct)
1 cap po q24h w/food.

☐M

☐C

(45g) Qty: # 3 ✓ Refills: x

Flavor:

Price: $199.75

☐M

☐C

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Judy Seltzer Called-In by: Michelle @ 11:05am.

Clinic Name: Blue Pearl Clinic Phone: 212 924 3311

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes: fri-tue
4 Rx - Nat'x.

Best Pet Rx

Pharmacy Fax: 800-496-3031

Prescription Refill Request

(This fax contains sensitive patient information. If you are not the intended party, please destroy this fax)

Date printed / faxed 3/31/2022

TO: JANET PETERSON
808 BESTGATE RD ANNAPOLIS, MD 21401
Phone (410)224-0121
Fax **1(410)849-4042**

FROM: Best Pet Rx
10110 Battleview Pkwy Manassas, VA 20109
Phone 571-281-1128
Fax **800-496-3031**

Patient: [redacted]
[redacted] SANDY WALK WAY
ODENTON, MD
21113
Phone [redacted]

Rx # 00362138
Quantity 6
Drug CHLORAMBUCIL 5MG MICROTAB

Date written 1/6/2022
Last refill 1/6/2022 Prescription expiration date 1/6/2023
Directions GIVE 1 MICROTAB ORALLY EVERY 14 DAYS. CHICKEN FLAVOR

Additional note:

(84ct) $87.99

Refill Response: Fax back to the pharmacy at 800-496-3031

May Refill:
0 I authorize this refill plus 0 additional refills.
Authorized by Victoria Date 3/31/22 @ 3:59pm

Comments or Questions:

mon-tues
1 RX

Best Pet Rx

Pharmacy Fax: 800-496-3031

Prescription Refill Request

(This fax contains sensitive patient information. If you are not the intended party, please destroy this fax)

Date printed / faxed 3/31/2022

TO: ANTHONY CALO
1209 CROMWELL BRIDGE RD TOWSON, MD 21
Phone (410)828-0911
Fax **1(410)828-1074**

FROM: Best Pet Rx
10110 Battleview Pkwy Manassas, VA 20109
Phone 571-281-1128
Fax800-496-3031

Patient: [redacted] EAGLEBEAK ROW
COLUMBIA, MD
21045

Phone [redacted]

Rx # 00363110
Quantity 15
Drug MELPHALAN 3MG CAPSULE

Date written 3/1/2022
Last refill 3/1/2022 Prescription expiration date 3/1/2023
Directions GIVE 1 CAPSULE ORALLY ONCE EVERY OTHER DAY. WEAR GLOVES. CHEMO

Additional note:

30d

15 - $117.75

30 - $136.50

60d

Refill Response: Fax back to the pharmacy at 800-496-3031

May Refill:

X I authorize this refill plus 1 additional refills.

Authorized by Vicki Date 3/31/22

Comments or Questions:

@ 3:57pm

mon. tues 1 Rx

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☒ New ☐ Existing

Patient Name: Dynamr Species: Date: 4/29/22

Client Name (Last, First): Sheltm

Patient Address City/State/Zip:

Client Telephone: Email:

Rx COMPOUND PRESCRIPTION

Discount (if any):

☐M Phenobarb 4mg/mL.
1.8mL PO Q12

☐C

Qty: 110mL Refills: 2

Flavor: ~~BBQ~~ Chicken

Price:

☐M 30d - $194.83
3 RX

☐C

Qty: Refills:

Flavor:

Price:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐ **DISPENSE AS WRITTEN**

Doctors Name: Michael Wong Called-In by: Maria

Clinic Name: SE Vet. Neuro. Clinic Phone: 305-274-2777

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#: FW0327735

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes:

5/6/22 LM a text @ 1:10PM-KV 5/9/22-LM. 100Kat notes in PK-NR
5/9/22-LM a text @ 10:45AM-HL
Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☒ New ☐ Existing

Patient Name: MAIZEY Species: Feline Date: 5/6/22
Client Name (Last, First): [redacted]
Patient Address: [redacted] Nunnerley Ave. SE City/State/Zip: DC. 20003
Client Telephone: [redacted] Email: [redacted]

Rx COMPOUND PRESCRIPTION

Discount (if any): ——

☐M
☐C

Gabapentin 2.5mg/ml
0.25 ml po ~~bid~~ tid
70ml Qty: ~~1 bottle~~ Refills: ~~3~~ 3y

Flavor: ~~Vanilla~~ Chicken ~~Butternut~~
Price: 162.25

(90d)

☐M
☐C

Flavor:
Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐ **DISPENSE AS WRITTEN**

Doctors Name: Nicola Williamson Called-In by: SATA
Clinic Name: Clinic Phone: 804-229-2661
Clinic Address: Clinic Fax:
City/State/Zip: Lic. #: DEA#: BW8035289

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes: Delivery Time/Notes: MON-TUE
1 Rx · NR

Customer Service Notes:

Best Pet|Rx

Phone Prescription Order Form

☐ New
☐ Existing

Patient Name: "Nora" Species: Feline Date: 5/9/22
Client Name (Last, First): [redacted]
Patient Address: [redacted] City/State/Zip:
Client Telephone: [redacted] Email:

Rx Compound Prescription

Discount (If any):

☐ M Gabapentin 26mg/mL Oil
☐ C Give 0.25mL PO q 12 hours

Flavor: Salmon
Price: $91.99

Qty: #10mL Refills: 2 120 Day

Rx Compound Prescription

Discount (If any):

☐ M
☐ C

$91.99 - 20 days

Flavor:
Price:

Qty: _____ Refills: _____

Rx Compound Prescription

Discount (If any):

☐ M
☐ C

Flavor:
Price:

Qty: _____ Refills: _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ DISPENSE AS WRITTEN

Doctor's Name: Nappier, Michael Called-In By: Allison @ 2:57pm
Clinic Name: Virginia Tech Clinic Phone: (540) 231-4621
Clinic Address: Clinic Fax:
City/State/Zip: License #: DEA#: FV2591469

Prescription Notes:

Delivery Time/Notes:

MON-TUES

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☐ New
☐ Existing

Patient Name: PADDIE Species: CANINE Date: 6/15/21

Client Name (Last, First): [redacted]

Patient Address: City/State/Zip:

Client Telephone: [redacted] Email:

RX COMPOUND PRESCRIPTION

Discount (if any):

☐M
☐C

Chloramphenicol 1 gm Tabs
Give 1 ½ tabs po q 8hrs x 7 days.
WEAR GLOVES.

Qty: 23 Refills: Ø

Flavor:
Price: $100.63

☐M
☐C

Flavor:
Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Solel, Keith Called-In by: Angela

Clinic Name: Clinic Phone: (703)281-5121

Clinic Address: Clinic Fax:

City/State/Zip: Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes: Delivery Time/Notes: TUE-WED

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☒ New ☐ Existing

Patient Name: Peanut Species: Canine Date: 4/19/22

Client Name (Last, First): [redacted]

Patient Address [redacted] raging waters dr City/State/Zip: Bristow / VA / 20136

Client Telephone: [redacted] Email:

RX COMPOUND PRESCRIPTION

70 Discount (if any):

☐M

☐C

G # Bopentin Susp/ml

give 0.5ml po q 8-12hr

Qty: 35ml Refills: 0

Flavor: Bacon

Price: 113.05

☐M

☐C

(21dt

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: Jessica Sanders Called-In by: Kate

Clinic Name: Anicira Animal Center Clinic Phone: 571-208-0199

Clinic Address: Clinic Fax:

City/State/Zip: MANASSAS Lic. #: DEA#: FS1570952

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes: wed-thur

1Rx - NATR.

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☐ New ☐ Existing

Patient Name: Boo Species: CANINE Date: 4/14/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] hunters trail City/State/Zip: 24175 TROUTVILLE VA

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

Discount (if any):

☐M

☐C

Buprenorphine 0.5 ml/ml

give 0.2 ml po q8h

Qty: 10ml Refills: 2

(17d)

Flavor: Peanut Butter

Price: 3 9150

Flavor:

Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐

DISPENSE AS WRITTEN

Doctors Name: [redacted] Elektra Called-In by: Angela

Clinic Name: Animal Channel Care/Athanasiadi + Research Center Clinic Phone:

Clinic Address: Clinic Fax:

City/State/Zip: VA Lic. #: DEA#: Fd 9555542243

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card; for all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time Notes: thur - fri
1Rx - NVR

Customer Service Notes:

Best Pet Rx PHONE PRESCRIPTION ORDER FORM

☑ New ☐ Existing

Patient Name: [redacted] Picasso Species: feline Date: 4/7/22

Client Name (Last, First): [redacted]

Patient Address: [redacted] NE 40th terr. apt [redacted] City/State/Zip: Kansas City / MO / 64116

Client Telephone: [redacted] Email:

Rx COMPOUND PRESCRIPTION

Discount (if any):

gabapentin 100mg/1mL oil
0.5mL po q8-12h PRN x pain.

☐M
☑C

(66d) Qty: 100mL Refills: ~~3~~

Flavor: Chicken
Price: $152.32

☐M
☐C

Flavor:
Price:

Qty: Refills:

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "D A W" IN THE BOX BELOW

☐ **DISPENSE AS WRITTEN**

Doctors Name: Tara Ehling Called-In by: Abby @10:54

Clinic Name: Vet. Health Center Uni. of Missouri Clinic Phone: 636 332 5041

Clinic Address: 1092 Wentzville PKWY Clinic Fax: 636 327 6400

City/State/Zip: Wentzville / MO / 63385 Lic. #: DEA#:

BILLING INFORMATION: Credit Card: ☐One Time Use ☐Put On File

Please Check One: ☐Master Card ☐Visa ☐Amex ☐Discover

Credit Card Number: Exp. Date:

Security Code: (For Amex: 4 digits on face of credit card. For all other cards: 3 digits on back of card)

Client Name (As it appears on card):

Prescription Notes:

Delivery Time/Notes: thur - [redacted] fri
1 Rx

0201004986

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Board of Pharmacy
804/367-4456
804-799-7906 (fax)

August 29, 2022

Best Pet Rx, Inc.
Alan Theriault, Pharmacist-in-Charge
Mailed to the legal address of record with the Board of Pharmacy

RE: Case #222412

Dear Alan Theriault:

Enclosed please find a certified true copy of the Inspection Deficiency Notice and Consent Order that was entered by the Board on August 22, 2022. Further, this confirms receipt of the monetary penalty and the documentation indicating the corrective action taken. As all requirements have been satisfied, the case is now closed.

Sincerely,

Rose E. DeMatteo
Compliance Case Manager

Enclosure

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-4456
804-527-4472 (Fax)
pharmbd@dhp.virginia.gov
August 8, 2022

DHP – MAILROOM
AUG 18 2022

Received
VA Board of Pharmacy
AUG 19 2022

Best Pet Rx, Inc
Permit Number: 0201004986

Notice

After an inspection conducted on August 8, 2022 at Best Pet Rx, Inc, the deficiencies identified in the inspection summary that was provided to the facility were found. Those deficiencies constitute violations of the statutes and regulations cited below:

1. ($1000) Deficiency 2. Pharmacist-in-Charge in place, inventory taken, but application not filed with Board within the required timeframe. §54.1-3434

If you wish to contest the violations cited above and in the inspection summary that was provided to the facility, you may submit documentation for the Board's consideration within 14 days of the date of this notice. In the alternative, you may request, in writing, an informal conference to further discuss this matter before a committee of the Board within 30 days of the date of this notice. Documents for consideration or a request for an informal conference should be mailed to:

Virginia Board of Pharmacy
9960 Mayland Drive
Suite 300
Henrico, Virginia 23233

If you do not want to contest the cited violations, in lieu of proceeding to an informal conference, you may sign the Consent Order below, submit a total penalty of $1000 by check or money order, made payable to the Treasurer of Virginia, and provide documentation of corrective action taken to remedy all of the cited violations. The Consent Order, the penalty, and documentation of corrective action should be sent in one mailing to the address provided above within 30 days of the date of this Notice.

Failure to respond to this document within thirty (30) days of the date of this Notice will result in an informal conference being scheduled to determine whether violations of the statutes and regulations of the Board of Pharmacy have occurred. A notice of the informal conference will be mailed to the attention of the facility's Pharmacist-in-Charge [or the Owner if no PIC] with the scheduled date and time. If it is determined at the conclusion of the informal conference that the pharmacy is in violation of the laws and regulations of the Board of Pharmacy, the permit holder may be subject to disciplinary sanctions by the Board in addition to the penalty listed above. If you have any questions, please contact the Board office.

Consent Order

The Virginia Board of Pharmacy ("Board") and Best Pet Rx, Inc ("Pharmacy") enter into the following Consent Order as evidenced by the signature of the Pharmacist-in-Charge [or the Owner if no PIC] hereto. The deficiencies cited in the Notice above and the inspection summary that was provided to the facility constitute violations of the statutes and regulations as cited above in the Notice. These violations were identified during an inspection conducted on August 8, 2022.

DO NOT MAKE ANY CHANGES TO THIS DOCUMENT:

Pharmacy, by affixing the signature of the Pharmacist-in-Charge (or Owner if no PIC) hereon, agrees to the following:

1. The Pharmacist-in-Charge (or Owner if no PIC) has the right to seek advice of counsel prior to signing this document;
2. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that without his consent, no legal action can be taken against the Pharmacy except pursuant to the Virginia Administrative Process Act, § 2.2-4000 *et seq.* of the Code of Virginia;
3. The Pharmacist-in-Charge (or Owner if no PIC) acknowledges that he has the following rights, among others: the right to an informal fact finding conference before the Board, the right to reasonable notice of said hearing, the right to representation by counsel, and the right to cross-examine witnesses;
4. The Pharmacist-in-Charge (or Owner if no PIC) waives all such right to an informal conference;
5. The Pharmacist-in-Charge (or Owner if no PIC) admits to the violations cited herein and waives his right to contest such violations in any subsequent proceeding before the Board;
6. The Pharmacist-in-Charge (or Owner if no PIC) consents to the entry of the following Order affecting the permit of the Pharmacy in Virginia.

WHEREFORE, on the basis of the foregoing, the Board, effective upon entry of this Order, and in lieu of further proceedings, hereby ORDERS as follows:

1. Pharmacy shall pay a monetary penalty of $1000 to the Board within 30 days of the date of the Notice.

2. Pharmacy shall submit documentation of immediate action taken to correct all violations.

3. Any violation of the terms and conditions of this Order or of any law or regulation affecting the conduct of Pharmacy in the Commonwealth of Virginia shall constitute grounds for the suspension or revocation of the permit of Pharmacy, and an administrative proceeding shall be convened to determine whether such permit shall be suspended or revoked.

DEFICIENCY NOTICE AND CONSENT ORDER
Permit Number:0201004986

Pursuant to § 2.2-4023 and § 54.1-2400.2 of the Code of Virginia, the signed original of this Notice and Consent Order shall remain in the custody of the Department of Health Professions as public record and shall be made available for public inspection or copying upon request.

Signature of PIC or Owner — Date: 8/9/22

Printed Name of Person Signing: Alan Theriault — Position/Title: PIC

FOR THE BOARD:

Caroline D. Juran, Executive Director — Entered: 8/22/2022

CERTIFIED TRUE COPY
BY:
VIRGINIA BOARD OF PHARMACY

4LLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☐ Retail/Community
☑ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☑ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: MixMyRx Ventures LLC

Physical Address: 8696 Vineland Ave

City: Orlando State: Fl Zip: 32821

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-649-6979 Toll Free # (NAC 639.708, NRS 639.23286): 855-649-6979

Fax: 339-329-6979 Contact Email: mixmyrxcorp@mixmyrx.com

Website: mixmyrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Meyyappan Ramanathan

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A FL RPH PS43250 23405

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Meyyappan Ramanathan	NV Pharmacist Registration #: N/A FL PS43250
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NR5.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): _____

Corporation/Organization Name: MixMyRx Ventures LLC

Mailing Address: 8696 Vineland Ave

City: Orlando State: Fl Zip: 32821

Telephone: 855-649-6979 Email: mixmyrxcorp@mixmyrx.com

Contact Person Name: Tuan Tran

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

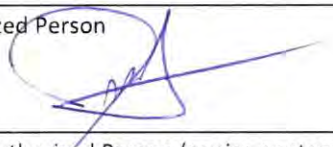
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for MixMyRx Ventures LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Tuan Tran

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

11/29/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tuan Tran hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for MixMyRx Ventures LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29th day of November, 2022

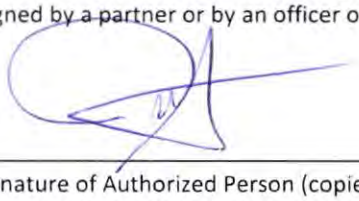
Notary Public

JACQUELINE NGUYEN
MY COMMISSION # HH 271936
EXPIRES: June 5, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tuan Tran

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

11/29/2022

Date

Board Use Only	Date Received: 12-5-22	Amount: 500.00 CK - 1083 ✓

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/15/2023
Amount:
License #: 23405

Meyyappan Ramanathan

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/15/2023
Expires:10/31/2023

Meyyappan Ramanathan

License #
23405
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 23405
Effective Date:03/15/2023

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Meyyappan Ramanathan

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

State of Florida
Department of State

I certify from the records of this office that MIXMYRX VENTURES LLC is a limited liability company organized under the laws of the State of Florida, filed on December 28, 2020, effective December 20, 2020.

The document number of this limited liability company is L21000005555.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on January 25, 2023, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of February, 2023

Secretary of State

Tracking Number: 6423399842CU

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

AC# 11497425

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/15/2023	PH 34102	138938

THE PHARMACY

QUALIFICATION(S):
Community Pharmacy

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: FEBRUARY 28, 2025
MIXMYRX VENTURES LLC
MixMyRx
8696 VINELAND AVE
ORLANDO, FL - 32821

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11497425

STATE OF FLORIDA

Scanned with CamScanner

Department of Health

MEYYAPPAN RAMANATHAN

License Number: PS43250

Data As Of 11/29/2022

Profession	Pharmacist
License	PS43250
License Status	CLEAR/ACTIVE
Qualifications	Certified To Administer Immunizations
License Expiration Date	9/30/2023
License Original Issue Date	12/05/2007
Address of Record	11619 Daryl Carter Parkway ORLANDO, FL 32821
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES

INV355 - Community Pharmacy (New Business / Change of Owner)

www.FloridaHealth.gov

File # 28650
Insp # 186347

NAME		PERMIT NUMBER	DATE OF INSPECTION
Mixmyrx Ventures LLC			08/16/2022
DOING BUSINESS AS			
MIXMYRX			
STREET ADDRESS		TELEPHONE #	EXT
8696 Vineland Ave			
CITY		**COUNTY**	**STATE/ZIP**
ORLANDO		ORANGE	FL/32821

Additional Information

Business Operation Hours

M-T-W-TH-F Y		Weekly Hours 9am-6pm	
Monday Y		Monday Hours 9am-6pm	
Tuesday Y		Tuesday Hours 9am-6pm	
Wednesday Y		Wednesday Hours 9am-6pm	
Thursday Y		Thursday Hours 9am-6pm	
Friday Y		Friday Hours 9am-6pm	
Saturday N		Sunday N	

Registered Pharmacist / Intern / Tech

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # na	

License Relations

Pharmacy Affiliate

TRAN, TUAN	License #

RX DPT MGR/COR/POR

RAMANATHAN, MEYYAPPAN	License # 43250

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.] *Open 9Am-6PM Mondays to Fridays*	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.] *MEYYAPPAN RAMANATHAN PS43250*	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.] *one technician Jacquline M. Duyen Nguyen, Rpt. 59619*	Yes
Continuous Quality Improvement Program described in Policy and Procodure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.]	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 186347 **Mixmyrx Ventures LLC** **File # 28650**

Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.]	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.] *To be purchased from Cardinal*	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

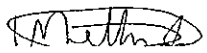
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

MELHADO, WINSTON



Date:8/16/2022

Representative:

Tuan Tran



Date:8/16/2022

Tuan Tran, CEO

[redacted]

DOB: [redacted]

SSN: [redacted]

Home: [redacted] Lake Willis Dr Orlando, Fl 32821

Business: 8696 Vineland Ave Orlando, Fl 32821

MixMyRx Ventures LLC

100% owner

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM2266561	01-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3,3N, 4,5	RETAIL PHARMACY	11-17-2022

MIXMYRX VENTURES LLC
MIXMYRX
8696 VINELAND AVE
ORLANDO, FL 328216400

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM2266561	01-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2N,3,3N, 4,5	RETAIL PHARMACY	11-17-2022

MIXMYRX VENTURES LLC
MIXMYRX
8696 VINELAND AVE
ORLANDO, FL 328216400

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: MixMyRx Ventures LLC

Pharmacy/Wholesaler License # (if applicable): PH34102

Physical Address: 8696 Vineland Ave

City: Orlando State: FL Zip: 32821

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 855-649-6979 Website: mixmyrx.com

Licensing Company Email: mixmyrxcorp@mixmyrx.com

Section 2: Personal Information

First: Tuan Middle: Last: Tran

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lake Willis Dr

City: Orlando State: FL Zip: 32821

Telephone: [redacted] Email: tuantran@mixmyrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dr Phillips Highschool		08/89-05/93	
Address	City	State	Zip
6500 Turkey Lake Rd	Orlando	FL	32819
Diploma/Degree obtained, if any			
Highschool diploma			

School Name		From - To (MM/YY – MM/YY)	
Valencia College		06/93-06/96	
Address	City	State	Zip
1800 S Kirkman RD	Orlando	FL	32811
Diploma/Degree obtained, if any			
Pre-pharmacy requirements			

School Name		From - To (MM/YY – MM/YY)	
Massachusetts College of Pharmacy		08/97-01/2001	
Address	City	State	Zip
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/08-present	[redacted] Lake Willis Dr	Orlando	FL	32821
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY - MM/YY)
TMRX Ventures LLC			05/26/2010-present
Business Address	**City**	**State**	**Zip**
7649 Turkey Lake RD	Orlando	FL	32819
Phone	**Title**	**Number of Employed Hours**	
407-903-1544	Pharmacist	20,000 HRS	
Description of Duties			
CEO, administrator, day to day operations			

Business Name			From - To (MM/YY - MM/YY)
MixMyRx Ventures LLC			12/14/2022-Present
Business Address	**City**	**State**	**Zip**
8696 Vineland ave	Orlanod	FL	32821
Phone	**Title**	**Number of Employed Hours**	
855-649-6979	CEO	800 HOURS	
Description of Duties			
CEO			

Business Name			From - To (MM/YY - MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY - MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY - MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/29/22
Date

I, Tuan Tran **, certify that as the designated representative for**

MixMyRx Ventures LLC ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TT I am at least 21 years of age;
3. TT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tuan Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tuan Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Tuan Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/29/22

Date

Subscribed and Sworn to before me this 29th day of November, 2022

Notary Public Signature

JACQUELINE NGUYEN
MY COMMISSION # HH 271936
EXPIRES: June 5, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MixMyRx Ventures LLC

Physical Address 8696 Vineland Ave

City Orlando State FL Zip 32821

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855-649-6979 Website mixmyrx.com

Licensing Company Email mixmyrxcorp@mixmyrx.com

Section 2: Personal Information

First Tuan Middle _____ Last Tran

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ■ M ☐ F ☐ X

Mailing Addres [redacted] Lake Willis Dr

City Orlando State [redacted] Zip 32821

Telephone [redacted] Email tuantran@mixmyrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY - MM/YY)	
Dr. Phillips Highschool		08/89-05/93	
Address	City	State	Zip
6500 Turkey Lake Rd	Orlando	FL	32819
Diploma/Degree obtained, if any			
Highschool diploma			

School Name		From - To (MM/YY - MM/YY)	
Valencia College		06/93-06-96	
Address	City	State	Zip
1800 S Kirkman RD	Orlando	FL	32811
Diploma/Degree obtained, if any			
Pre-pharmacy requirements			

School Name		From - To (MM/YY - MM/YY)	
Massachusetts College of Pharmacy		08/97-01/2001	
Address	City	State	Zip
179 Longwood Ave	Boston	MA	02115
Diploma/Degree obtained, if any			
Bachlor of Pharmacy			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY - MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY - MM/YY)	Address	City	State	Zip
08/08-present	[redacted] Lake Willis Dr	Orlando	FL	32821
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip
From - To (MM/YY - MM/YY)	Address	City	State	Zip

Applicant's initials TT

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
TMRX Ventures LLC			05/2010-present	
Business Address		**City**	**State**	**Zip**
7649 Turkey Lake Rd		Orlando	FL	32819
Phone	**Title**			
407-903-1544	Pharmacist			
Description of Duties				
CEO, administrator, day to day operations				

Business Name			From - To (MM/YY – MM/YY)	
MIXMYRX VENTURES LLC			12/22-present	
Business Address		**City**	**State**	**Zip**
8696 Vineland Ave		Orlando	FL	32821
Phone	**Title**			
855-649-6979	CEO			
Description of Duties				
CEO				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tuan Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/9/23

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, TUAN TRAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

5/9/23

Date

Subscribed and Sworn to before me this 9TH day of May. 2023

Notary Public Signature

JACQUELINE NGUYEN
MY COMMISSION # HH 271936
EXPIRES: June 5, 2026

(Seal)

Applicant's initials



Detail by Entity Name

Florida Limited Liability Company
MIXMYRX VENTURES LLC

Filing Information

Document Number	L21000005555
FEI/EIN Number	87-2870194
Date Filed	12/28/2020
Effective Date	12/20/2020
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	09/29/2021

Principal Address

8696 VINELAND AVE
ORLANDO, FL 32821 UN

Changed: 04/27/2022

Mailing Address

8696 VINELAND AVE
ORLANDO, FL 32821 UN

Changed: 04/27/2022

Registered Agent Name & Address

TRAN, TUAN M
7204 LAKE WILLIS DR
ORLANDO, FL 32821

Name Changed: 09/29/2021

Authorized Person(s) Detail

Name & Address

Title CEO

TRAN, TUAN M
7204 LAKE WILLIS DR
ORLANDO, FL 32821

Electronic Articles of Organization For Florida Limited Liability Company

L21000005555
FILED 8:00 AM
December 28, 2020
Sec. Of State
jsdennis

Article I

The name of the Limited Liability Company is:

MIXMYRX VENTURES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

7204 LAKE WILLIS DR
ORLANDO, FL. 32821

The mailing address of the Limited Liability Company is:

7204 LAKE WILLIS DR
ORLANDO, FL. 32821

Article III

The name and Florida street address of the registered agent is:

TUAN M TRAN
7204 LAKE WILLIS DR
ORLANDO, FL. 32821

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: TUAN TRAN

L21000005555
FILED 8:00 AM
December 28, 2020
Sec. Of State
jsdennis

Article IV

The name and address of person(s) authorized to manage LLC:

Title: CEO
TUAN M TRAN
7204 LAKE WILLIS DR
ORLANDO, FL. 32821

Article V

The effective date for this Limited Liability Company shall be:

12/20/2020

Signature of member or an authorized representative

Electronic Signature: TUAN TRAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

4MMM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other:	☐ Retail/Community ☑ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday**	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday**	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

**Available for pharmacist consultation

Section 1: General Information

Pharmacy Name: Personalized Skin Solutions, Inc.

Physical Address: 155 Solar Drive

City: Imperial State: PA Zip: 15126

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-210-4777 Toll Free # (NAC 639.708, NRS 639.23286): 888-210-4777

Fax: 724-213-9105 Contact Email: compliance@personalizedskinsolutions.com

Website: not applicable

Nevada Business License # (if applicable) NV20212054929

Supervising/Managing Pharmacist Name (NRS 639.220): Ian Shull, PharmD ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22472 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Please see enclosed list	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Not applicable	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Personalized Skin Solutions, Inc.

Mailing Address: 155 Solar Drive

City: Imperial State: PA Zip: 15126

Telephone: 888-210-4777 Email: compliance@personalizedskinsolutions.com

Contact Person Name: Neal Hansch

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President, CEO, Treasurer (title) for Personalized Skin Solutions, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Neal Hansch

Print Name of Authorized Person

Neal Hansch

Original signature of Authorized Person (copies or stamps not accepted)

11/16/22

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Neal Hansch

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Neal Hansch — 11/16/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: 12-5-22	Amount: 500.00 CC ✓

1277

Commonwealth of Pennsylvania Department of State
Bureau of Professional and Occupational Affairs

Pharmacy

License Number
PP483065

Expiration Date
08/31/2023

Active

PERSONALIZED SKIN SOLUTIONS, INC.
IAN M SHULL
155 SOLAR DRIVE
IMPERIAL, PA 15126

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE:

1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED.
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION.

Pennsylvania Licensing System (PALS)

Visit our website at: www.pals.pa.gov to renew your license, change your personal or license address, or order duplicate licenses.

PERSONALIZED SKIN SOLUTIONS, INC.
IAN M SHULL
155 SOLAR DRIVE
IMPERIAL, PA 15126

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

21 0455198

License Type
Pharmacy

PERSONALIZED SKIN SOLUTIONS, INC.
IAN M SHULL
155 SOLAR DRIVE
IMPERIAL, PA 15126

License Status
Active

Initial License Date
03/21/2022

Expiration Date
08/31/2023

License Number
PP483065

Arion R. Claggett

Acting Commissioner Arion R. Claggett

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.§. 4911

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

12/02/2022

License Information

PERSONALIZED SKIN SOLUTIONS, INC.

155 SOLAR DRIVE
IMPERIAL, Pennsylvania 15126

Board/Commission:	State Board of Pharmacy	Status Effective Date:	03/21/2022
LicenseType:	Pharmacy	Issue Date:	03/21/2022
Specialty Type:		Expiration Date:	08/31/2023
License Number:	PP483065	Last Renewal:	
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
IAN M SHULL	Pharmacist Manager	Pharmacist	RP445030	Active	03/21/2022	09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Personalized Skin Solutions, Inc.
Request Type: Certificate of Registration
Request No.: 008274330
Receipt No.: 339154
Filing Type: Foreign Business Corporation
Initial Filing Date: September 18, 2020
Status: Active

Issuance Date: January 19, 2023
File No: 0007131649

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Personalized Skin Solutions, Inc.

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

Albert Schmidt
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

Personalized Skin Solutions

Pharmacist Licenses - Nevada

Name	NV Pharmacist Registration #:
Ian Shull	22472
Maria Demetriou	22628
Stephanie Mitchell	23100
Justin Martin	22935
Salvatore DeCaria	23233

Personalized Skin Solutions
155 Solar Drive
Imperial, PA 15126

Personalized Skin Solutions

Officers of the Company:

1. Neal Hansch, President, CEO and Treasurer
   Pharmacy address: 155 Solar Dr., Imperial, PA 15126-9778
   Residential address: [redacted] Octavia St., San Francisco, CA 94123-4304
   Business address: 155 Solar Dr., Imperial, PA 15126-9778
   Telephone: [redacted]

2. Ashley Phelps, Secretary
   Pharmacy address: 155 Solar Dr., Imperial, PA 15126-9778
   Residential address: [redacted] Castillo St. Apt. [redacted] Santa Barbara, CA 93105-6216
   Business address: 155 Solar Dr., Imperial, PA 15126-9778
   Telephone: [redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Personalized Skin Solutions, Inc.

Physical Address 155 Solar Drive

City Imperial State PA Zip 15126

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-210-4777 Website not applicable

Licensing Company Email compliance@personalizedskinsolutions.com

Section 2: Personal Information

First Ian Middle Michael Last Shull

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 155 Solar Drive

City Imperial State PA Zip 15126

Telephone 888-210-4777 Email ian.shull.pharmd@personalizedskinsolutions.com; compliance@personalizedskinsolutions.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	not applicable	

Applicant's initials IS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Duquesne University			8/04 - 5/10	
Address		City	State	Zip
600 Forbes Avenue		Pittsburgh	PA	15282
Diploma/Degree obtained, if any				
Doctor of Pharmacy (PharmD)				

School Name			From - To (MM/YY – MM/YY)	
Bethel Park High School			8/00 - 5/04	
Address		City	State	Zip
309 Church Rd.		Bethel Park	PA	15102
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/20 - current	[redacted] Scenic Ridge Dr	Venetia	PA	15367
3/15 - 7/20	[redacted] Wyola St	Pittsburgh	PA	15211
~~4/10 - 7/13~~	~~55~~			
7/13 - 3/15	[redacted] Baywood Ave	Pittsburgh	PA	15226
7/11 - 7/13	[redacted] Tidewater Ln	Wilmington	NC	28403

Applicant's initials _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Personalized Skin Solutions, Inc.			11/21 - current
Business Address	**City**	**State**	**Zip**
155 Solar Drive	Imperial	PA	15126
Phone	**Title**	**Number of Employed Hours**	
888-210-4777	Pharmacist in Charge	40/week; to date 2,080 hours	
Description of Duties			
Managing day to day operations of mail order pharmacy licened in 40 states			

Business Name			From - To (MM/YY – MM/YY)
Pharmerica			1/18 - 11/21
Business Address	**City**	**State**	**Zip**
4000 Hempfield Plaza Blvd	Greensburg	PA	15601
Phone	**Title**	**Number of Employed Hours**	
724-836-8412	Pharmacy Director / Regional Director	7,800	
Description of Duties			
Managed long term care pharmacy servicing 15 different nursing facilities			

Business Name			From - To (MM/YY – MM/YY)
Rite Aid			5/10 - 12/17
Business Address	**City**	**State**	**Zip**
200 Newberry Commons	Etters	PA	17319
Phone	**Title**	**Number of Employed Hours**	
1-800-748-3243	Pharmacist / PIC / Pharmacy District Manager	14,560	
Description of Duties			
Worked and managed numerous retail pharmacy locations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/9/23
Date

Applicant's initials

I, Ian Shull, PharmD, **certify that as the designated representative for**

Personalized Skin Solutions, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ian Shull

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/9/23

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ian Shull
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/9/23
Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Allegheny

I, Ian Shull, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/9/23
Date

Subscribed and Sworn to before me this 9th day of January 2023.

Gail A. Ross
Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Gail A. Ross, Notary Public
Allegheny County
My Commission Expires November 17, 2025
(Seal)
Commission Number 1205427

Applicant's initials IS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Personalized Skin Solutions, Inc.

Physical Address: 155 Solar Drive

City: Imperial State: PA Zip: 15126

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-210-4777 Website: not aplicable

Licensing Company Email: compliance@personalizedskinsolutions.com

Section 2: Personal Information

First: Ashley Middle: Lynne Last: Phelps

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Castillo St. Unit [redacted]

City: Santa Barbara State: CA Zip: 93105

Telephone: [redacted] Email: ashley@globiton.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: AP

50% ownership

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
University of California, Los Angeles		09/22/1987-03/20/1992	
Address 1147 Murphy Hall	City Los Angeles	State CA	Zip 90095
Diploma/Degree obtained, if any Y-Degree [redacted]			

School Name		From - To (MM/YY – MM/YY)	
The York School		8/1/85-5/23/87	
Address 9501 York Rd.	City Monterey	State CA	Zip 93940
Diploma/Degree obtained, if any Y-Diploma			

School Name		From - To (MM/YY – MM/YY)	
Pacific Grove High School		8/1/83-6/1/85	
Address 615 Sunset Dr.	City Pacific Grove	State CA	Zip 93950
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Mar 25, 2022 - CURRENT	[redacted] Castillo St., Unit [redacted]	Santa Barbara	CA	93105
Oct 2021-March 2022	[redacted] Military Ave.	Los Angeles	CA	90034
Oct 14, 2016 - Sep 30, 2021	[redacted] Sawyer Reach Ln, [redacted]	Bend	OR	97703
Feb 2014-Oct 2016	[redacted] Nw Milwaukee Ave #	Bend	OR	97703
Apr 1, 2008 - Apr 3, 2014	[redacted] Dwight Way	Berkeley	CA	94704
Nov 21, 2006 - Jul 6, 2008	[redacted] Emerson St # [redacted]	Berkeley	CA	94705
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials MP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Personalized Skin Solutions, Inc.			06/11/2020 - present
Business Address	**City**	**State**	**Zip**
155 Solar Drive	Imperial	PA	15126
Phone	**Title**		
510-846-2218	Secretary		
Description of Duties			
Secretary			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials AP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/17/22
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ashley Phelps
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/28/22
Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Santa Barbara

I, Ashley Phelps, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/28/22
Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See Attached California Jurat

(Seal)

Applicant's Initials _____

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Santa Barbara

Subscribed and sworn to (or affirmed) before me on this 28th day of December 20 22
Date *Month* *Year*
by
(1) Ashley Phelps
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____
Signature of Notary Public

LORI COLE
Notary Public - California
Santa Barbara County
Commission # 2289458
My Comm. Expires May 20, 2023

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Nevada State Board Pharmacy Personal History Application **Document Date:** _____
Number of Pages: _____ **Signer(s) Other Than Named Above:** _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Personalized Skin Solutions, Inc.

Physical Address: 155 Solar Drive

City: Imperial State: PA Zip: 15126

Mailing Address (if different from physical address):

City: Imperial State: PA Zip: 15126

Telephone: 888-210-4777 Website: not aplicable

Licensing Company Email: compliance@personalizedskinsolutions.com

Section 2: Personal Information

First: Neal Middle: Thomas Last: Hansch

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Octavia Street

City: San Francisco State: CA Zip: 94123

Telephone: [redacted] Email: neal.hansch@personalizeskinsolutions.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: NH

50% Ownership

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
The Bishop's School			9/89-6/93	
Address		City	State	Zip
7607 La Jolla Boulevard		La Jolla	CA	92037
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY)	
Duke University			9/93-6/97	
Address		City	State	Zip
2138 Campus Drive		Durham	NC	27708
Diploma/Degree obtained, if any				
College Degree (BA)				
School Name			From - To (MM/YY – MM/YY)	
UCLA Anderson School of Management			9/02-6/04	
Address		City	State	Zip
110 Westwood Plaza		Los Angeles	CA	90095
Diploma/Degree obtained, if any				
Masters Business Administration				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/21-CURRENT	[redacted] Octavia Street	San Francisco	CA	94123
2/09-5/21	[redacted] Douglass Street	San Francisco	CA	94114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials NH

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Personalized Skin Solutions, Inc.			6/11/2020 - present
Business Address	**City**	**State**	**Zip**
155 Solar Drive	Imperial	PA	15126
Phone	**Title**		
888-210-4777	President, Trasurer, Director		
Description of Duties			
President, Trasurer, Director			

Business Name			From - To (MM/YY – MM/YY)
Silicon Foundry, LLC			2/16 – CURRENT
Business Address	**City**	**State**	**Zip**
505 Howard Street, Suite 201	San Francisco	CA	94105
Phone	**Title**		
415-535-5923	Chief Executive Officer		
Description of Duties			
Senior leadership and executive responsible for all operations of the business.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials NH

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Neal Horsak

Original Signature (electronic, copies or stamps not accepted)

1/3/23

Date

Applicant's initials NH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Neal Hansch

Print Name (First, Last)

Neal Hansch

Original Signature (electronic, copies or stamps not accepted)

1/3/23

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN FRANCISCO

I, NEAL HANSCH, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Neal Hansch

Original Signature

1/3/23

Date

Subscribed and Sworn to before me this _____ day of _____.

Please see attached for CA Gov't Code compliant notary certificate.

Notary Public Signature

(Seal)

Applicant's initials NH

CALIFORNIA ALL PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)

COUNTY OF San Francisco

On January 5, 2023 before me, Matt G Miller Notary Public, personally appeared Neal Thomas Hansch

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____

MATT G. MILLER Comm. #2355268 Notary Public CALIFORNIA San Francisco County My Comm. Exp. May 18, 2025

Seal

OPTIONAL

Though this section is optional, completing this in formation can deter alteration of the document or fraudulent attachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Restated Trust Document Date: 1/3/2023

Number of Pages: 47 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signers Name: Neal Thomas Hansch

☐ Corporate Officer – Title(s) _____

☐ Partner - ☐ Limited ☐ General

☑ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

Other: _____

Signer is Representing: _____

Signers Name: _____

☐ Corporate Officer – Title(s) _____

☐ Partner - ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

Other: _____

Signer is Representing: _____

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PERSONALIZED SKIN SOLUTIONS, INC.

155 SOLAR DRIVE
IMPERIAL, PA, 15126

Phone: 888-210-4777
Owner: IAN M SHULL

LICENSE

License No: AA0003489888
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 03/21/2022
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

CATHERINE LUTZ	3/21/2022 3:09:47 PM	Ian Shull - RP445030
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PERSONALIZED SKIN SOLUTIONS, INC.

155 SOLAR DRIVE

IMPERIAL, PA, 15126

Phone: 888-210-4777

Owner: IAN M SHULL

LICENSE

License No: AA0003489888

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 03/21/2022

Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	1652172		**Inspection Information**
Legal Business Name:	Personalized Skin Solutions, Inc.	**Conference Call Date:**	9/28/2022
Doing Business As (DBA):	N/A	**Start Time: 24-hour format (13:00)**	8:29
Address:	155 Solar Drive	**End Time: 24-hour format (13:00)**	9:40
City:	Imperial	**Onsite Inspection Date:**	9/29/2022
State:	PA	**Start Time: 24-hour format (13:00)**	8:28
Zip Code:	15126	**End Time: 24-hour format (13:00)**	13:45
Telephone number:	888/210-4777	**Inspector Name:**	Howard Kramer, RPh
Toll free number:	888/210-4777	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	724/213-9105	**Observer Name/Affiliation (if applicable):**	Glen Bolyard/NABP
Website:	None	**Observer Name/Affiliation (if applicable):**	N/A

Pharmacy Hours of Operation	**Check if 24/7** ☐		
	Open		**Closed**
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			X
Monday	8:00	16:30	
Tuesday	8:00	16:30	
Wednesday	8:00	16:30	
Thursday	8:00	16:30	
Friday	8:00	16:30	
Saturday			X

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Ian Shull	ian.shull.pharmd@personalizedskinsolutions.com	177009
Nonsterile Compounding Supervisor	Justin Martin	justin.martin.pharmd@personalizedskinsolutions.com	584243
Sterile Compounding Supervisor	N/A	N/A	N/A
Hazardous Compounding Supervisor	Justin Martin	justin.martin.pharmd@personalizedskinsolutions.com	584243

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Ian Shull	PIC	Y
2	Justin Martin	Director of Compounding Operations	Y
3	Maria Demetriou	Director of Fulfillment	Y
4	Michael Salvatore	Pharmacist	Y
5	Kathryn Fogle	Pharmacist	Y
6	Stephanie Mitchell	Pharmacist	Y
7	Garrett Sandidge	Pharmacist	Y
8	Shannon Wollett	Technician	N/A
9	Zach Ali	Technician	N/A
10	Jamie Grego	Technician	N/A

In addition to the above listed personnel there were: 1 pharmacist, 20 technicians, 1 technician in training, and 1 inventory supervisor.

Business Licensure Information for State of Residence and Federal (board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Pennsylvania State Board of Pharmacy	Personalized Skin Solutions, Inc.	Pharmacy/ PP483065	8/31/2023

Inspector Notes: Non-resident licenses are held in the following states: CO, DC, DE, FL, ID, IN, KS, ME, MD, MO, NE, NJ, NM, NY, OR, RI, SD, TN, VA, WA, WV, and WY. This pharmacy operates on a vertically integrated or closed system. All prescribers are known to the pharmacy, as they use a platform named Curology which manages a network of prescribers across the country who have access to the system. Staff states that prescribing is consistent with individual state regulations related to telemedicine. Insulin is not stocked and there was no ReliOn insulin in this facility. There are no biologicals compounded and there is no white bagging. Non-sterile compounding performed at this facility is somewhat similar to a sterile compounding area. There is a line of demarcation upon entering the NS compounding area and full handwashing and garbing is required (gloves are not required for visitors). Safety glasses are worn by staff while compounding and compounding procedures appear to be more than required for non-sterile compounding. Bar code scanning is utilized for all steps of the compounding process where appropriate.

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Doc01_PI_PersonalizedSkinSolutions_Imperial_PA	Certificates of Analysis for APIs
Doc02_GP79.00_PersonalizedSkinSolutions_Imperial_PA	Patient Education Insert
Doc03_NS19.01_PersonalizedSkinSolutions_Imperial_PA.	Scale Information

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	83,000	Total Pharmacists:	8
Nonsterile Compounding Room size:	9,000	Number of Compounding Pharmacists	3
Nonsterile Compounding powder hoods number:	10	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	900	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	2	Total Technicians:	33
Sterile Compounding Ante Room size:	NA	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	NA	Of technicians, how many are certified?	6
Sterile Compounding Number LAFW hoods/areas:	NA	Of technicians, how many are techs-in-training?	1
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	0
Negative Pressure Sterile HD Room size:	NA	Ratio #tech:#RPh present at time of inspection:	3.7:1
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	320
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	1300

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	4,000	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	100%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	38%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Alabama (AL)			
Alaska (AK)			
Arizona (AZ)			
Arkansas (AR)			
California (CA)			
Colorado (CO)	0	0	August 2022
Connecticut (CT)			
Delaware (DE)			
District of Columbia (DC)	999	0	August 2022
Florida (FL)	24,353	0	August 2022
Georgia (GA)			
Hawaii (HI)			
Idaho (ID)	0	0	August 2022
Illinois (IL)			
Indiana (IN)	0	0	August 2022
Iowa (IA)			
Kansas (KS)	0	0	August 2022
Kentucky (KY)			
Louisiana (LA)			
Maine (ME)	1614	0	August 2022
Maryland (MD)	4878	0	August 2022
Massachusetts (MA)	9616	0	August 2022
Michigan (MI)			
Minnesota (MN)			
Mississippi (MS)			
Missouri (MO)	0	0	August 2022
Montana (MT)			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
Nebraska (NE)	0	0	August 2022
Nevada (NV)			
New Hampshire (NH)			
New Jersey (NJ)	0	0	August 2022
New Mexico (NM)			
New York (NY)	24,145	0	August 2022
North Carolina (NC)			
North Dakota (ND)			
Ohio (OH)			
Oklahoma (OK)			
Oregon (OR)	0	0	August 2022
Pennsylvania (PA)	14,492	0	August 2022
Rhode Island (RI)	1,271	0	August 2022
South Carolina (SC)			
South Dakota (SD)	0	0	August 2022
Tennessee (TN)	0	0	August 2022
Texas (TX)			
Utah (UT)			
Vermont (VT)			
Virginia (VA)	10,030	0	August 2022
Washington (WA)	0	0	August 2022
West Virginia (WV)	934	0	August 2022
Wisconsin (WI)			
Wyoming (WY)	0	0	August 2022
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Personalized Skin Solutions, Inc.
e-Profile ID: 1652172
Inspection Date: 09/28/2022 - 09/29/2022

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	The PIC is on-site 40 hours per week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (**no PHI**)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Personnel interviewed included: Justin Martin, Director of Compounding; Maria Demetriou, Director of Fulfillment; Zach Ali, Compounding Lab Technician, Performance Improvement Coordinator; Kayvee Larsun, Pharmacy Technician Trainee.
	Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	N/A	This is a closed door pharmacy.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	The last inspection is dated 3/21/2022. The PIC stated there is normally an annual inspection in PA, however, the facility has not been open for one full year.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	Yes	There are waivers for PMP reporting for all states where required as they have no DEA registration.
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	The pharmacy was surveyed July 24, 2022 by ACHS and accredited for PCAB and Hazardous Drug Handling-USP Chapter <800>.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Prescription records are maintained at least 7 years from the date of the last dispensing, and all other records are maintained for a minimum of 7 years.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	N/A	All prescriptions are received electronically though a portal. As a result, there are no written or verbal prescriptions.
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	All are maintained electronically and kept for the entire retention period.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	These are maintained electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	All records are electronic and cannot be deleted.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	All records are maintained on-site.
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	This is part of the Policy and Procedure.

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		Finding	Notes
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	A spreadsheet is maintained for all personnel, and a monthly primary source verification is completed.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Primary source verification of all licenses is performed monthly.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	There are no patient services provided that require special training.
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	N/A	There is no required ratio in Pennsylvania.
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	The system consists of an electronic badge reader system on all external and internal doors, with a pharmacist required on-site before a technician can enter. Outer doors are electronic badge controlled with door key access managed only by the PIC. There are 29 cameras throughout the building with two cameras, at the loading dock and the main entrance. Those 2 cameras have motion detection sensors. All cameras operate 24/7/365. There are only 2 entrances to the building which are the main entrance and the loading dock. There are 4 alarmed emergency exits.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	There are no controlled substances.
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Drugs would be moved to a separate area of the building which can be secured, based on the Contingency Plan.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	

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		Finding	Notes
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	No	
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Clym Environmental based in Frederick, MD manages all products for destruction.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Clym Environmental manages hazardous waste and picks up every 4 weeks.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	This is a closed door pharmacy.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	The Meraki system manages all temperatures in the facility. CRT is manually thermostatically controlled. There are 5 sensors ranging from 69 to 71 degrees F in the CRT area at the time of this inspection.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Continuous monitoring is used and the system is Meraki. Excursions are notified to the PIC and the Director of Compounding Operations via an email.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Product is evaluated on a case by case basis, using stability data available. The manufacturer may be contacted for stability studies if necessary.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	N/A	There are no refrigerated or frozen pharmaceuticals.
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	There are no refrigerated or frozen pharmaceuticals.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	N/A	
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	There are no refrigerated or frozen pharmaceuticals.
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	

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43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	United Rentals, Oakdale, PA is set up to provide emergency power using a portable generator when required. There are no refrigerated or frozen pharmaceuticals.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	There are multiple HVAC units operating in different areas of the building. Hampton Mechanical is on call 24/7 for the HVAC requirements of the facility.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Product is evaluated on a case by case basis, using stability data available. The manufacturer may be contacted for stability studies if necessary.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory **If any part of a question is no, enter "No" and explain the observation.**		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	All vendors are manufacturers and are vetted to ensure state and federal licensing. There are no wholesale distributors used.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	Yes	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	No	
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	N/A	
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	N/A	All purchases are from a manufacturer.
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	N/A	All purchases are from a manufacturer.

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		Finding	Notes
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	N/A	All purchases are from a manufacturer.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	N/A	
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	N/A	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	N/A	No prescription products received - only APIs and non-prescription cream bases from a manufacturer.
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	N/A	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	There are no controlled substances.
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	There are no controlled substances.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	There are no controlled substances.
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	There are no controlled substances.
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	

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54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	There are weekly cycle counts, and a monthly reconciliation report.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Reports would be made to local law enforcement, and the Board of Pharmacy if appropriate.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	There are no controlled substances.
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	There are no controlled substances.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	There are no controlled substances.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	N/A	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	The expiration dates are maintained systematically, with a daily report to review all expiration dates. Expiring stock is pulled 60 to 80 days from expiration, dependent on the product.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		The expiration dates are maintained systematically, with a daily report to review all expiration dates. Expiring stock is pulled 60 to 80 days from expiration, dependent on the product.

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61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	N/A	All product is shipped to the patient and not returnable. No prescriptions are picked up at the facility.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	
	Prescription Processing **If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	The prescription is entered by the prescriber's office and systematically communicated to the pharmacy system. There is no manual input at the pharmacy. Profile information may be changed at the prescriber level. The pharmacy cannot change or delete patient information; the facility must contact the prescriber to make changes in the profile. The facility may add information such as allergies to the profile.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	The are no veterinary prescriptions.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	The facility relies on Curology to vet all prescribers. They do have the ability to vet prescribers or contact them if necessary. All prescriptions transmitted to the facility must go through the Curology system.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	N/A	This is a closed network and fraudulent prescriptions cannot be submitted.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	N/A	This is a closed network and fraudulent prescriptions cannot be submitted.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	All prescriptions are electronic but must come through the Curology system. There are no controlled substances.

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65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	N/A	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	A pharmacist reviews every prescription at PV1 and any questions or issues are communicated back to the prescriber.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	DUR occurs at PV1 and is completely a manual process. There is no DUR software to assist in this process.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	There are no additional parameters included in the DUR.
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	There is no DUR software, however, there is a complete reference library available including Facts and Comparisons and specific compounding references, and available hard copy and electronically.
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	No	There are no controlled substances and therefore no PMP reporting.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	N/A	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	N/A	As there is no DUR software, all DUR is manual. Notes are made in the patient profile when there are issues with DUR.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	N/A	There is no systematic DUR process.

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Facility Name: Personalized Skin Solutions, Inc.
e-Profile ID: 1652172
Inspection Date: 09/28/2022 - 09/29/2022

		Finding	Notes
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	There are no veterinary prescriptions.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	A pharmacist performs verification at the PV2 station prior to dispensing. Documentation is electronic using the pharmacist's log-on credentials.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	The system prints state specific labels when required, for example, New York, that meet the regulations for that state. Labels for other states are the basic pharmacy label and contain all required information that would be expected and required on a prescription label.
70.00	**Confidentiality**: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	Access is based on employee position and job requirements. The PIC assigns a title and IT assigns access based on the title. ADMIN is the pharmacy system used.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	Clym is the shredding company and they pick up every 4 weeks.
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Packing is in a vinyl pouch placed inside a corrugated box.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	

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		Finding	Notes
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	There are no prescriptions picked up at the pharmacy.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	There are no prescriptions picked up at the pharmacy.
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	There are no prescriptions picked up at the pharmacy.
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	

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		Finding	Notes
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	There are no delivered prescriptions.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	A Patient Education Insert (PEI) is provided with each prescription. The PEI is stored at every packing station and contains patient information for all ingredients used in all compounded prescriptions. The standard PEI goes with every prescription shipped. See Doc02_GP79.00_PersonalizedSkinSolutions_Imperial_PA.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	N/A	There are no products requiring a PPI.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	N/A	There are no products requiring a MedGuide.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	There are no REMS drugs.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	No	A barcode on the Patient Education Insert (PEI) is scanned indicating the PEI was included in the shipment. Shipment is not allowed unless the PEI barcode is scanned. There is no offer to counsel, or documentation of the counseling other than the PEI provided.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	The toll free number is noted on the prescription label and the Patient Education Insert. There is no communication to the patient that there is 24/7 counseling available.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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		Finding	Notes
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	The Performance Improvement Coordinator manages this program on-site.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	P & P for the CQI Program are hard copy and electronic.
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	There is hard copy training for new employees, and when the one year mark is reached, classroom style training will be implemented.
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Documentation is electronic.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	

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		Finding	Notes
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	The Performance Improvement Coordinator reviews the data with the leadership team on a quarterly basis.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	There is no drug formulary used.
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	This is included in the quarterly meeting and also will be done annually.
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	Incidents would be reported to the appropriate Board of Pharmacy if necessary and if appropriate.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	There are none used.
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	No	There are no consumer surveys conducted.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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		Finding	Notes
	General Operations and Information		
1.00	Does the pharmacy **dispense** nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	Profiles reviewed were complete, however, the pharmacy relies on the data input by the prescriber for disease states, medical conditions and other medications taken. Fields were properly completed. One profile displayed allergies and medical conditions, and 2 of the 3 reviewed showed "none" for medical conditions and "none" for allergies.
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	No	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	No	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	
2.00	Does the pharmacy **distribute** nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.*	N/A	
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.*	N/A	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided.*	N/A	

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		Finding	Notes
2.06	If yes, are any of these controlled substances? *List compounds provided.*	N/A	
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	No	
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	Only creams are compounded.
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	No	
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	No	
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
10.00	Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s. 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).*	No	0%

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		Finding	Notes
11.00	Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	100%
12.00	Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	No	0%
13.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	38%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	The pharmacy currently operates meeting the requirements of USP Chapter <800>.
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	All SDS are hard copy and available to all employees.
15.00	Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.*	No	0%
16.00	**APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	The facility purchases only from the manufacturer.
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.*	Yes	The FDA database is used.

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		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	No	
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	Samples are sent to CIAL, Compounders International Analytical Lab in Castle Rock, Colorado. Products are tested for stability and potency over time.
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balanced is used? *List manufacturer and model number*		See Doc03_NS19.01_PersonalizedSkinSolutions_Imperial_PA.
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency*	No	Staff calibrates the balance every morning before compounding using weights. An outside vendor, Cal-tech, also calibrates and certifies the balances every 6 months.
19.03	Describe the pharmacist checks for the measurement of each ingredient		Scales are integrated with ElectricLab, which captures the ingredient weights and integrates the data as well as the operator identification into the compounding record.
20.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include nonsterile compounding measures? **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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Nonsterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Personalized Skin Solutions, Inc.
e-Profile ID: 1652172
Inspection Date: 09/28/2022 - 09/29/2022

		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	These are reported if appropriate.
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	

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		Finding	Notes
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	There is no animal compounding.
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	There have been none at this time.
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	Compliant	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	N/A	There is no water used in compounding.
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	N/A	There are none compounded.
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	N/A	Only APIs and manufactured topical bases are used. There are no manufactured products used.
26.00	For **animal compounding:** The compounding meets the same standards as compounding for human patients.	N/A	There is no animal compounding.

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		Finding	Notes
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	There is no animal compounding.
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	There is no animal compounding.
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	There is no animal compounding.
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	There is no animal compounding.
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	There is no animal compounding.
	Beyond Use Dating (BUD)		
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	Compliant	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	N/A	There are no water-containing formulations.
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	N/A	There are no water-containing formulations.

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		Finding	Notes
Environment			
	Total Non-Compliant (Includes Unknowns)	**0**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	N/A	The entire compounding area (~9000 square feet) is devoted to nonsterile compounding.
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs **hazardous** non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	A BSC is used for hazardous compounding.
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	Certification is every 6 months.
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	N/A	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is **recommended** - not required)*	Compliant	

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		Finding	Notes
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	**Temperature** in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	**Humidity** in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally **recommended** range is 35-60%.	Compliant	
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.03	Humidity monitoring is also performed in **drug storage areas** (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	

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		Finding	Notes
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
	Training *-Verify records of all compounding personnel (up to 10).*		
	Total Non-Compliant (Includes Unknowns)	**0**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	This is part of the orientation process.
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	Three pharmacists and six technician records were reviewed.
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	N/A	The facility has not been open for a full year. Evaluations will be annual.

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		Finding	Notes
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	N/A	The facility has not been open for a full year. Evaluations will be annual.
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	N/A	There are none used.
	Compounding Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	The balance is inspected and calibrated using weights on a daily basis and also are certified by an outside service every 6 months.
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	Compliant	
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed.* ***Recommended*** *rinsed with purified water.*	Compliant	Potable water is used for rinsing.
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
	Documentation		
	Total Non-Compliant (Includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The **master formulation record** includes:		

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		Finding	Notes
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	
62.01	The **compounding record** includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	
62.07	Person performing the quality control procedures	Compliant	

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		Finding	Notes
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	There is a photo of the label in the electronic record. When the record is printed, the label does not print, however, it is fully viewable in the system.
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	Physical characteristics including odor and total weight of the finished product are reviewed.
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	
	Compounding Procedures		
	Total Non-Compliant (Includes Unknowns)	**0**	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	

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69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage.* ***Recommended:*** *compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment.* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization****" form. List individual who signs the Denial of Authorization*		
	Finished Preparation Release Checks and Tests		
	Total Non-Compliant (Includes Unknowns)	**0**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	

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77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	N/A	All are test data supported.
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	N/A	All are test data supported.
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	N/A	All are test data supported.
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials.	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	

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83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation **AND** again immediately prior to dispensing for any signs of instability.	Compliant	
	Patient Counseling and Communication		
	Total Non-Compliant (Includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	N/A	There are none compounded.
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	Only drug information sheets are applicable and they are provided with each prescription.
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review
EMT	Emergency medical technician

EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement
QRE	Quality Related Event
RAM	Radioactive Material

RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

MEDISCA®

Doc 01_ PI_ Personalized Skin Solutions_ Ingredients

CERTIFICATE OF ANALYSIS

NIACINAMIDE, USP (Nicotinamide)

Batch/Lot Number :	185950
Manufacturing Date :	07/01/2021
Expiration Date :	06/30/2026
CAS:	98-92-0

reviewed: 8/12/22
received: 8/12/22

TESTS	SPECIFICATIONS	RESULTS
ASSAY ON DRIED BASIS	98.5 - 101.5 %	99.6 %
DESCRIPTION	White, crystalline powder. Is odorless or practically so.	CONFORMS
IDENTIFICATION A: <197A>*	IR: Reference to standard spectrum.	POSITIVE
IDENTIFICATION B: <197U>*	UV: Reference to standard spectrum, aborbance ratio is 0.63–0.67	0.66 ; POSITIVE
MELTING RANGE <741>	128° - 131°C.	128.9° - 129.6°C
LOSS ON DRYING <731>	<= 0.5 %	0.07 %
RESIDUE ON IGNITION <281>	<= 0.1 %	0.07 %
ELEMENTAL IMPURITIES <232>*	Meets the requirements.	CONFORMS
READILY CARBONIZABLE SUBSTANCES <271>	The solution has no more color than matching fluid A.	CONFORMS
RESIDUAL SOLVENTS <467>	Meets the requirements.	CONFORMS
SOLUBILITY	Freely soluble in water and in alcohol; soluble in glycerin.	
PACKAGING AND STORAGE	Preserve in tight containers.	

*TESTED ON 02/16/2022

Lot number has been changed from B2107-NIA195 to 185950.

LOT TESTED BY:

CED Analytical Laboratory Inc.
8641 N Beltline Rd Unit 130
Irving, TX 75063

PUBLISHED BY:

PUBLISHED DATE:
02/16/2022

ISSUE DATE:
02/17/2022

The above mentioned product conforms to the specifications of USP.

The above test results are a direct transcription of information provided to MEDISCA from the Certificate of Analysis provided by the manufacturer / supplier. Additional testing conducted by MEDISCA is represented by an asterisk.

All dates in this document are in format mm/dd/yyyy unless otherwise specified

This document has been electronically approved through MEDISCA's Quality Management System.

Certificate of Analysis

Fagron
personalizing medicine

Product Name	Kojic Acid	Manufacturers Information:
Item Number	1001357	Mfg. Batch #
Inspection Report #	C224-004047	Ref No.
Batch #	220525-U34197	Fagron, Inc.
Analyzed According to	FAUS	2400 Pilot Knob Road
Expiration Date	1/31/2024	Saint Paul, Minnesota 55120

reviewed : 9/1/22
received : 9/1/22

Test Description	Test Result Description	Requirement	Result	Unit	Test Location
Description	White or almost white powder	Conforms	Conforms ✓		Fagron, Inc 2400 Pilot Knob Road Saint Paul, Minnesota 55120 651-681-9587
Solubility	Soluble in water	Conforms	Conforms ✓		Fagron, Inc 2400 Pilot Knob Road Saint Paul, Minnesota 55120 651-681-9587
Melting Point range (Start)		153-158	153 ✓	°C	Fagron, Inc 2400 Pilot Knob Road Saint Paul, Minnesota 55120 651-681-9587
Melting Point range (Finish)		153-158	155 ✓	°C	Fagron, Inc 2400 Pilot Knob Road Saint Paul, Minnesota 55120 651-681-9587
Heavy Metals		0-20	0 ✓	ppm	Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN
Arsenic		0-2	0 ✓	ppm	Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN
Loss on drying		0.0-0.6	0.1 ✓	%	Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN
Residue on ignition		0.0-0.2	0.1 ✓	%	Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN
Assay		98.0-101.0	99.6 ✓	%	Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN
Total aerobic microbial count		Conforms	Conforms ✓		Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN
Test for specified organism	Pathogenic bacteria	Conforms	Conforms ✓		Vital-Chem Zhuhai Co., LTD Rm. 2205, Guangda International Trade Center No. 47 Haibin South Road 519000 Zhuhai CHN

Release Details
Quality Technician: Julie Lentz
Conclusion Date: 6/13/2022
Conclusion: Approved
This document has been produced electronically from our quality system and is valid without signature.

recieved: 4/4/2022
reviewed: 4/7/2022

Darmerica
198 Wilshire Boulevard
Casselberry, FL 32707
www.darmerica.com

Certificate of Analysis

Tretinoin
(USP2021)

Product Name : Tretinoin
Mfg. Date : Feb 23, 2022
CAS No. : 302-79-4

Lot No. : DL6439
Exp. Date : Feb 22, 2025
Batch Qty : 220 kg

TESTS	SPECIFICATIONS	RESULTS
Appearance	Yellow or light yellow crystalline powder	Yellow crystalline powder
Identification	IR UV	Conforms
Residue on ignition	≤ 0.1%	0.02%
Limit of Isotretinoin	≤ 5.0%	0.2%
Loss on Drying	≤ 0.5%	0.21%
Assay (on dried basis)	97.0 – 103.0%	99.3%
Conclusion: The product meets USP2021 specifications. Long Term Storage: Store in a sealed container at room temperature. ID Test was confirmed by FT-IR on-site. Distributed by Darmerica		

Note: Analytical results transcribed from the original COA provided by Fuzhou Hongyisheng Pharmatech Co., Ltd. (China); Lot No. TTN-20220223-01.

Based on the review of above information the lot stands released.

	Name	Title	Signature	Date
Prepared by	Kamlesh Mistry	Quality Manager	KB Mistry	03/07/2022
Released by	Piper Schroeder	Quality Assistant	Piper Schroeder	03/29/2022

received: 9/27/22
reviewed: 9/27/22 ZA

Letco Medical, LLC.

DATE CREATED	REVISION	PAGE
August 2, 2022	00	1 of 2

CERTIFICATE OF ANALYSIS

Letco Item	696846
Letco Lot	2206200008

DESCRIPTION	SOURCE LOT	DATE OF MANUFACTURE	EXPIRATION DATE
Tranexamic Acid USP	TXAF220350	June 2022	May 2027

TEST	SPECIFICATION	RESULT	METHOD
Description	White crystalline powder	White crystalline powder ✓	<USP>
Solubility	Freely soluble in water and in glacial acetic acid, practically insoluble in acetone and in Alcohol.	Complies ✓	<USP>
Identification			
By Infrared Absorption	The infrared absorption spectrum of the substance being examined should be concordant with the spectrum of standard.	Complies ✓	<USP 197K>
By HPLC	The retention time of the major peak in the Chromatogram of the assay preparation corresponds to that of the standard preparation as obtained in the assay.	Complies ✓	<USP 621>
Loss on drying (At 105°C for 2 hrs)	Not more than 0.5% w/w	0.27% w/w ✓	<USP 731>
Residue on Ignition	Not more than 0.1% w/w	0.05% w/w ✓	<USP 281>
Chloride	Not more than 0.014%	Less than 0.014% ✓	<USP 221>
Related substances (By HPLC)			
Tranexamic acid related compound C	Not more than 0.1%	Below RT ✓	<USP 621>
Aminomethyl benzoic acid	Not more than 0.1%	Below RT ✓	<USP 621>
Cis-Tranexamic acid	Not more than 0.2%	0.03% ✓	<USP 621>
Ditranexamic acid amine	Not more than 0.1%	Below RT ✓	<USP 621>
Impurity E	Not more than 0.05%	Not Detected ✓	<USP 621>
Any individual unspecified impurity	Not more than 0.05%	Below RT ✓	<USP 621>
Total impurities	Not more than 0.2%	0.03% ✓	<USP 621>
Assay by HPLC (on dried basis)	Between 98.0% to 102.0% w/w	99.9% w/w ✓	<USP 621>

Letco Medical certifies that this is a true duplication of the manufacturer's original certificate of analysis

Letco Medical, LLC.

DATE CREATED	REVISION	PAGE
August 2, 2022	00	2 of 2

CERTIFICATE OF ANALYSIS

Letco Item	696846
Letco Lot	2206200008

Microbial limit tests (Additional test parameter)			
Microbial enumeration tests			
Total Aerobic Microbial Count	Not more than 1000 cfu/g	Less than 10 cfu/g ✓	<USP 61>
Total combined Yeast and Mold Count	Not more than 100 cfu/g	Less than 10 cfu/g ✓	<USP 61>
Test for specified microorganisms			
Enterobacteria	Should be absent	Absent ✓	<USP 62>
Escherichia coli	Should be absent	Absent ✓	<USP 62>
Salmonella species	Should be absent	Absent ✓	<USP 62>
Pseudomonas aeruginosa	Should be absent	Absent ✓	<USP 62>
Staphylococcus aureus	Should be absent	Absent ✓	<USP 62>
Clostridia	Should be absent	Absent ✓	<USP 62>
Candida albicans	Should be absent	Absent ✓	<USP 62>
Bacterial endotoxin test	Not more than 0.125 EU/mg	Less 0.125 EU/mg ✓	<USP 85>

ADDITIONAL INFORMATION

Letco Medical performed identification testing of this material using a validated method.

Storage Condition: Preserve in tight containers and store at controlled room temperature (20°C to 25°C)

Manufacturer Remarks: The material complies as per the above respective specifications.
RT: Reporting Threshold (0.025%)

The product is manufactured by Shilpa Pharma Lifesciences Limited, 33, 33A & 40 to 47, Raichur Industrial Growth Centre, Chicksugur, Raichur, Karnataka 584134, India (IND)

LETCO QA REVIEW: Stacie Baker

Digitally signed by Stacie Baker
DN: cn=Stacie Baker, o=Fagron, ou=Quality Assurance, email=Stacie.Baker@Fagron.us, c=US
Date: 2022.09.21 15:51:58 -05'00'

Letco Medical certifies that this is a true duplication of the manufacturer's original certificate of analysis

Doc 02 – GP 79.00 – Personalized Skin Solutions – Imperial PA

00850039766251

Personalized Skin Solutions

PERSONALIZED SKIN SOLUTIONS, INC.

155 Solar Drive
Imperial, PA 15126
888-210-4777

Patient Education Insert

Directions for use of custom formula:

- Wash your face and allow skin to dry.
- Apply a thin layer to affected areas as directed.
- Dab evenly and rub it in.

Directions for use of cleanser:

- Pump nickel size amount.
- Gently massage onto damp face, as directed.
- Rinse off.

Follow the directions for use above for the product you received. Always refer to your medical provider's instructions.

This medication was compounded by a pharmacy per prescriber request. For external use only. Wash hands before and after use, and store in a dry area at room temperature (68 to 77 degrees Fahrenheit). Do not store in a refrigerator and protect the product from direct light. Keep away from children and pets. Unless directed by your prescriber and obstetrician, do not use while pregnant/nursing. Do not flush unused medications or pour down a sink or drain. Dispose of medication or empty container in accordance with local law. Do not swallow and avoid contact with eyes, lips, and mucous membranes. If this drug is swallowed, call a doctor or poison control center right away. Do not use more than your medical provider has instructed you to use. Do not use more often or for longer than you were instructed. Doing any of these things may increase the chance of undesirable side effects. Do not use on cuts, scrapes, damaged (broken/chapped/cut/irritated/scraped) skin, recently shaved areas of the skin, or sunburned skin. Avoid sensitive areas such as eyes, lips, and inside your mouth/nose.

Do not use if an allergic reaction to this medication occurs. Signs of an allergic reaction may include rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat. Contact your medical provider if you experience any of these symptoms. Skin irritation is a common side effect of many active ingredients used. Skin irritation may include burning, stinging, inflammation, redness, and itching. Contact your medical provider or pharmacy if you have concerns about listed side effects or if you experience unexpected irritation or other side effects.

In the event you notice any external particulates or physical changes in your compounded preparation such as grittiness, crystallization, separation, abnormal odor, changes to color or texture, or any other unusual changes please report it to the pharmacy. Notify your medical provider of any medical updates and of all medication changes including over-the-counter and herbal medications. Do not use other prescription or prescription-grade acne or anti-aging products in combination with this product without consulting with your prescriber.

If you miss an application, apply as soon as you remember. If it is close to the next application, skip the missed application. Do not double applications.

We want to offer you the best service possible. In the event that a complaint or issue occurs, you may contact the pharmacist on duty at Personalized Skin Solutions by calling 888-210-4777. If a complaint occurs after regular business hours, a pharmacist will attempt to contact you once the complaint is received.

[redacted]

MedWatch: The FDA Safety Information and Adverse Event Reporting Program

Website address: https://www.fda.gov/Safety/MedWatch/default.htm

Toll free number: 1-888-463-6332

The prescription dispensed to you has been customized in accordance with a medical provider's order which contains a combination of selected active ingredients. Please refer to your prescription label to determine which of these active ingredients are in your prescription and review the following carefully as your formula will not include all ingredients listed:

1. Tretinoin

Drug Use: Used topically to treat acne, hyperpigmentation, reduce fine wrinkles, and improve skin texture.

Side effects: Skin irritation such as stinging, warm sensation upon application, itching, redness, inflammation, blisters, dryness, peeling, and change in color of skin. You may be more sensitive to sun exposure.

Warning: If you are pregnant, breastfeeding, or become pregnant while using tretinoin, discontinue use and contact your medical provider. Tretinoin has been shown to cause harm during pregnancy in animal studies and it is unknown if it may cause harm to an unborn baby if used topically while pregnant.

Avoid sun, sunlamps, and tanning beds. Use sunscreen and wear clothing and eyewear that protects you from the sun.

2. Spironolactone

Drug Use: Used topically to treat acne.

Side Effects: Scaling, stinging, or redness of the skin.

Warning: If you are pregnant, breastfeeding, or become pregnant while using spironolactone, discontinue use and contact your medical provider. Oral Spironolactone has been shown to cause harm during pregnancy in animal studies, and it is unknown if it may cause harm to an unborn baby if used topically while pregnant.

3. Hydroquinone

Drug Use: Used topically to lighten areas of hyperpigmentation (dark spots).

Side effects: Burning, itching, stinging, redness, drying/peeling, and inflammation or rash can occur. Gradual blue/black darkening of skin is rarely seen after prolonged use; discontinue and contact your medical provider if noted.

Warning: Do not use this medicine without a doctor's consent if you are pregnant or breastfeeding. Avoid sun, sunlamps and tanning beds while using this product. Sunscreen should be worn to protect skin. Using hydroquinone topically together with benzoyl peroxide, hydrogen peroxide, or other peroxide products may stain your skin. This staining can usually be removed with soap and water.

4. Ascorbic Acid (Vitamin C)

Drug Use: Used topically as an antioxidant to reduce skin inflammation and protect the skin from UV sun damage.

Side effects: Itching, redness, or tingling sensation upon application.

5. Azelaic Acid

Drug Use: Used topically to treat acne, rosacea, and hyperpigmentation.

Side effects: Burning, stinging/tingling, itching, or redness. Most of the time, skin irritation happens during the first few weeks after starting this medication.

Warning: If you have asthma, in rare cases worsening of asthma has occurred.

6. Clindamycin Phosphate

Drug Use: Used topically as an antibiotic to treat acne.

Side effects: Burning, itching, redness, dryness, or oily skin where applied.

Warning: If you have ever experienced any of the following health problems, contact your medical provider: severe diarrhea called antibiotic associated colitis, Clostridium difficile colitis (also known as C. diff associated diarrhea [CDAD], Clostridium difficile infection [CDI] or pseudomembranous colitis), regional enteritis, ulcerative colitis, or Crohn's disease. A severe form of diarrhea called C diff-associated diarrhea (CDAD) has occurred with most oral or intravenously administered antibiotics. This may happen within several weeks after you stop using an antibiotic and can be deadly.

Use of the topical formulation of clindamycin results in some absorption of the antibiotic from the skin surface. Diarrhea, bloody diarrhea, and colitis (including pseudomembranous colitis) have rarely been reported with the use of topical clindamycin. Call your local doctor right away if you have stomach pain or cramps, very loose or watery stools, or bloody stools.

7. Dexpanthenol (Provitamin B5)

Drug Use: Used topically as an anti-inflammatory agent to provide a moisturizing effect for the skin.

Side effects: The skin reacts very minimally to this medication. Itching or hives may occur.

8. Epigallocatechin Gallate (Green Tea Extract)

Drug Use: Used topically as an antioxidant and anti-inflammatory agent to reduce skin irritation and even-out discoloration.

Side effects: The skin reacts very minimally to this medication. Skin irritation may occur.

9. Hydrocortisone

Drug Use: Used topically as a steroid to relieve redness, itching, and swelling of the skin.

Side Effects: Skin irritation such as burning, itching, or drying, and hypopigmentation (lightening of skin).

10. Ivermectin

Drug Use: Used topically to treat rosacea.

Side effects: Skin irritation such as burning.

11. Ketoconazole

Drug Use: Used topically to treat fungal conditions.

Side effects: Skin irritation may occur.

12. Kojic Acid

Drug Use: Used topically as an antioxidant to treat hyperpigmentation (dark spots).

Side effects: Burning, itching, redness, and inflammation or rash with pain or discomfort can occur.

13. Metronidazole

Drug Use: Used topically to treat rosacea.

Side effects: Burning, itching, stinging, redness, and drying/scaling can occur.

Caution: Although rare, concomitant use of topical metronidazole and systemic alcohol products may result in adverse gastrointestinal reactions. This is typically more common when metronidazole is taken orally.

14. Niacinamide

Drug Use: Used topically to treat hyperpigmentation and provide anti-inflammatory activity.

Side effects: The skin reacts very minimally to this medication.

Side effects, such as irritation, are unusual.

15. Resveratrol

Drug Use: Used topically as an antioxidant to provide an anti-aging and anti-inflammatory effect.

Side effects: The skin reacts very minimally to this drug. Side effects, such as irritation, are unusual.

Caution: This product may act like estrogen. If you have any condition that can worsen with exposure to estrogen consult with your doctor prior to use.

16. Salicylic Acid

Drug Use: Used topically to treat acne.

Side Effects: Peeling, redness, itching, dryness, or skin irritation.

Warning: Patients who are allergic to aspirin or nonsteroidal anti-inflammatory drugs (NSAIDS) should avoid using products that contain salicylic acid.

17. Sulfacetamide Sodium

Drug Use: Used topically to treat acne and rosacea.

Side Effects: Peeling, redness, itching, dryness, or skin irritation.

Warning: Rare but serious reactions including erythema multiforme and Stevens-Johnson Syndrome have been reported in hypersensitive individuals. Call your local doctor right away if you develop flu-like symptoms, with a painful rash that blisters. Patients who have a sulfa or sulfonamide allergy should avoid using products that contain sulfacetamide. If you have kidney disease, speak with your doctor before using sulfacetamide. Products containing sulfacetamide may become yellow / orange over time. The effectiveness of your product remains the same, even if color changes occur.

18. Sulfur

Drug Use: Used topically to treat acne and rosacea.

Side Effects: Peeling, redness, itching, dryness, or skin irritation.

Products containing sulfur may become yellow / orange over time. The effectiveness of your product remains the same, even if color changes occur.

19. Tranexamic Acid

Drug Use: Used topically to treat melasma, post-inflammatory hyperpigmentation, and rosacea.

Side effects: Skin irritation such as burning, itching, redness, and stinging. Most skin irritation will occur in the first few weeks after starting this medication. If irritation is severe, worsens, or does not go away contact your doctor.

20. Zinc Pyrithione

Drug Use: Used topically to treat inflammation, itching, redness, or scaling. Has been shown to have antimicrobial and anti-inflammatory properties.

Side effects: Skin irritation may occur.

The facility compounds using all of the active ingredients listed above. If you have concerns about an allergy or sensitivity, contact your local medical provider or allergist. For a current list of inactive ingredients, contact your prescriber.

State-Specific Information

Certain states require that we provide you with additional information about your prescription. If you live in one of the states listed below, please carefully review the information that corresponds to that state.

California

You have the right to request an oral consultation about your prescription and may contact a pharmacist from Monday-Friday 8am-4:30pm EST at 888-210-4777.

Delaware

Under certain circumstances a prescription drug's effectiveness may be affected by exposure to extremes of heat, cold, or humidity. A toll-free telephone service is available, staffed by a registered pharmacist, to answer questions about the prescription drug.

Georgia

The Board of Pharmacy may be reached at 404-651-8000 or https://pbp.georgia.gov.

Maine

Complaints against Personalized Skin Solutions may be filed with: Complaint Coordinator

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333 207-624-8660

www.MaineProfessionalReg.org

Maryland

Under certain circumstances, a medication's effectiveness may be affected by exposure to extremes of heat, cold, or humidity. If you have questions about your medication, please contact us at our toll-free number, 888-210-4777, to speak to a pharmacist any time from Monday-Friday 8am-4:30pm EST. We will work with you to resolve any issues promptly.

Massachusetts

You have the right to know about the proper use of your medication and its effects. If you need more information, please ask the pharmacist by contacting us at our toll-free number, 888-210-4777. The information furnished with your prescription may not be comprehensive, and you should call if further information is needed.

Missouri, New Jersey, New Mexico, New York, Ohio, and Pennsylvania

If you have any questions about your medication, you may call 888-210-4777 and speak to a pharmacist any time from Monday-Friday 8am-4:30pm EST.

Texas

Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at 888-210-4777.

Complaints concerning the practice of pharmacy may be filed with the Texas State Board of Pharmacy at:

William P. Hobby Building
333 Guadalupe Street, Suite 3-500
Austin, Texas 78701

www.pharmacy.texas.gov (512) 305-8000

Do not flush unused medications or pour down a sink or drain.

Utah

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions.

Virginia

Under certain circumstances, chemical degradation of drugs may occur. If you have any questions about this or other information about your prescription, you may call our toll-free number 888-210-4777, to speak to a pharmacist any time from Monday-Friday 8am-4:30pm EST.

Personalized Skin Solutions, Inc.'s Privacy Notice

THIS NOTICE EXPLAINS HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED.

PLEASE REVIEW IT CAREFULLY.

Revised August 2022

This Privacy Notice (the "Notice") tells you about the ways we may use and share your health information and your rights regarding your health information. This Notice applies to health information Personalized Skin Solutions, Inc.'s, ("PSS") privacy practices with respect to health information about you.

PSS is committed to, protecting your privacy and medical information, such as pregnancy, health conditions, and other sensitive information through our compliance with this Notice.

I. **INTRODUCTION.**

We take seriously the privacy of your health information and will:

- Maintain the privacy of your health information, as required by applicable state and federal law;
- Give you this Notice explaining our privacy practices with respect to health information about you;
- Provide you notice as required by applicable state and federal law if your health information was used or shared in a way that is not permitted by these applicable laws; and
- Follow the terms of the version of this Notice that is currently in effect.

II. **HOW WE USE AND SHARE HEALTH INFORMATION ABOUT YOU.**

The following categories describe the different ways we typically use and share health information about you. These categories are intended to be general descriptions only, and not a list of every instance in which we may use or share your health information.

A. **For Prescription Fulfillment.** We may use and share health information about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may share health information about you to physicians, nurses, other health care providers and personnel who are providing or involved in providing healthcare to you (including service providers).

B. **For Payment.** We may use and share your health information to bill and collect payment from you or third-party service providers.

C. **For Pharmacy Operations.** We may use and share health information about you for our pharmacy operations. These uses are necessary to operate and manage our pharmacy and to promote quality assurance. For example, we may need to use or share your health information in order to assess the quality of care you receive or to conduct certain cost management, business management, administrative, or quality improvement activities or to provide information to our service providers.

D. **Quality Assurance.** We may need to use or share your health information for our internal processes, including those of our service providers, to assess and facilitate the provision of quality care to our patients.

E. **Utilization Review.** We may need to use or disclose your health information to perform a review of the services we provide in order to evaluate whether that the appropriate level of services is received, depending on condition and diagnosis.

F. **Peer Review.** We may need to use or disclose your health information in order for us to assess the credentials, qualifications, and actions of our pharmacists and other personnel.

G. **Treatment Alternatives.** We may use and share health information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

H. **Reminders and Health Related Benefits and Services.** We (either directly or through our service providers) may use and share health information in order to contact you (including, for example, contacting you by email or by phone and leaving a message on an answering machine) to provide information about your prescription's status or to tell you about health-related benefits or services that we believe may be of interest to you.

I. **Service Providers.** There are some services (such as billing or legal services) that may be provided to or on behalf of PSS through contracts with service providers. When these services are contracted, we may share your health information to our service providers so that they can perform the job we have asked them to do. To protect your health information, however, we require the service providers to appropriately safeguard your information.

J. **Individuals Involved In Your Care or Payment for Your Care.** We may share health information about you to a friend or family member who is involved in your health care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

K. **As Required by Law.** We will share health information about you when required to do so by federal, state, or local law or regulations.

L. **Health Oversight Activities.** We may share health information with a pharmacy or health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws.

M. **Legal Matters.** If you are involved in a lawsuit or a legal dispute, we may share health information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or share your health information, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for services.

III. **STEPS YOU CAN TAKE REGARDING YOUR HEALTH INFORMATION**

The following list summarizes steps you can take to review, protect, or alter the health information we keep about you.

A. **Request to Inspect and Copy.** Under most circumstances, you may request to inspect and/or copy your health information that we have in our possession, which generally includes your medical and billing records. To submit a request to inspect or copy your health information, you must submit your request to do so in writing to the address listed in Section VI below.

B. **Request to Amend.** If you feel the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You may request an amendment for as long as the information is kept by PSS. To request an amendment, your request must be in writing and submitted to the address listed in Section VI below. In your request, you must provide a reason as to why you want this amendment. If we accept your request, we will notify you of that in writing.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (i) was not created by us (unless you provide a reasonable basis for asserting that the person or organization that created the information is no longer available to act on the requested amendment), (ii) is not part of the information kept by PSS, (iii) is not part of the information which you would be permitted to inspect and copy, or (iv) is accurate and complete. If we deny your request, we will notify you of that denial in writing.

C. **Improper Disclosure Notification.** In certain instances, we may provide you notice (and potentially other parties) as required by applicable state and federal law if we become aware that your health information has been improperly used or shared in a way not permitted by those applicable laws.

IV. **CHANGES TO THIS NOTICE.**

We reserve the right to change this Notice at any time, along with our privacy policies and practices. All changes will be effective immediately. To the extent permitted by applicable law, we reserve the right to make the revised or changed Notice effective for health information we already have about you as well, as any information we receive in the future. You may obtain a revised copy by sending a letter to PSS at the address listed in Section VI below.

V. **QUESTIONS AND CONCERNS.**

If you have any questions or concerns regarding this Notice, please contact us as follows:

Personalized Skin Solutions, Inc.
Attn: Privacy Officer
155 Solar Drive
Imperial, PA 15126

888-210-4777

PERSONALIZED SKIN SOLUTIONS, INC.

Application of Privacy Notice

Personalized Skin Solutions, Inc. is committed to protecting the privacy of your health information in accordance with applicable state and federal laws and regulations. By obtaining services from Personalized Skin Solutions, Inc., you acknowledge the application of this Privacy Notice.

DOC03_ NS19.01_ Personalized Skin Solutions_ Imperial - PA

Personalized Skin Solutions

Scale Information

Manufacturer: OHAUS

Model Type	*Count*
PR223/E	*1*
PX323/E	*2*
NV621	*9*
PR2201/E	*11*
PX2201/E	*1*
R71MD15	*3*

Personalized Skin Solutions

Scale Information

Manufacturer: OHAUS
Models: **PR223/E, PX323/E, NV621, PR2201/E, PX2201/E, R71MD15**

Compounding Workstations	Serial Number	Calibration Date - Certifier
Bravo Station		
Ohaus Balance 5	C125989911	6/24/2022 - Cal Tec
Ohaus Precision Balance 6	C125989933	6/24/2022 - Cal Tec
Ohaus Compact Scale 13	C110303510	6/24/2022 - Cal Tec
Charlie Station		
Ohaus Balance 3	C106128466	6/24/2022 - Cal Tec
Ohaus Precision Balance 1	C113455965	6/24/2022 - Cal Tec
Ohaus Compact Scale 10	C110303955	6/24/2022 - Cal Tec
Delta Station		
Ohaus Balance 14	C117666009	6/24/2022 - Cal Tec
Main Lab	**Serial Number**	**Calibration Date - Certifier**
Ohaus Portable Balance 8	8342328133	6/24/2022 - Cal Tec
Ohaus Portable Balance 9	8342328084	6/24/2022 - Cal Tec
Ohaus Portable Balance 11	8342328076	6/24/2022 - Cal Tec
Ohaus Portable Balance 12	8342328086	6/24/2022 - Cal Tec

4NNN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☒ New Pharmacy	☐ Retail/Community	☐ Retail/Community
☒ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☒ Other: Specialty	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☒ Other: Specialty Pharmacy

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: AnovoRx Group, LLC

Physical Address: 17500 South 40th St., Building B, Suite B600A

City: Chandler State: AZ Zip: 85226

Mailing Address (if different from physical address): 1710 N Shelby Oaks Drive, Suite 2

City: Memphis State: TN Zip: 38134

Telephone: 901-201-5470 Toll Free # (NAC 639.708, NRS 639.23286): 844-288-5007

Fax: 901-201-5465 Contact Email: Officialcontact@anovorx.com

Website: anovorx.com

Nevada Business License # (if applicable) NV20131161181

Supervising/Managing Pharmacist Name (NRS 639.220): Samuel Webster

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22436

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Sam Webster	NV Pharmacist Registration #: 22436
Name: N/A	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NONE	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Tennessee

Parent Company (if any): AnovoRx Holdings, Inc.

Corporation/Organization Name: Applicant AnovoRx Group, LLC

Mailing Address: 1710 N Shelby Oaks Drive, Suite 2

City: Memphis State: TN Zip: 38134

Telephone: 901-201-5470 Email: Officialcontact@anovorx.com

Contact Person Name: Cathy Bellehumeur

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President/CEO (title) for AnovoRx Group, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jon B. Peters, President CEO

Print Name of Authorized Person

AnovoRx Group, LLC

By: Jon B. Peters

Original signature of Authorized Person (copies or stamps not accepted)

01/17/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jon B. Peters hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President/CEO (title) for AnovoRx Group, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

J B. Peters
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 29 day of March, 2023

Notary Public

EMILY ERVIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
My Commission Expires March 11, 2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jon B. Peters, President/CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

AnovoRx Group, LLC

By: Jon B. Peters 01/17/2023

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: 4-17-23	Amount: 500.00 CK- 5403

STATEMENT AS TO DISCIPLINARY AND LEGAL ACTIONS OF PAST EMPLOYERS

It is in the context of having previously been affiliated with Accredo Health Group, Inc. and Medco Health Solutions, Inc. that I respond with a 'yes' to of your questions about whether they incurred disciplinary actions or were involved in litigation.

I was previously employed by Accredo Health Group, Inc. Accredo Health Group, Inc. was acquired by Medco Health Solutions, Inc., a Fortune 50 Company. Medco had one or more subsidiaries in the Medco Health Solutions, Inc. family of companies including Accredo Health, Inc. Medco Health Solutions, Inc. itself, together with one or more subsidiaries in the Medco Health Solutions, Inc. family of companies, owned and operated over 100 licensed pharmacies, holding in the aggregate hundreds of non-resident licenses, throughout the United States. Medco has since been acquired by Express Scripts.

I recall that commencing about 2003, Accredo Health Group, Inc. and certain of its officers and directors were named as defendants in several substantially similar putative class action lawsuits filed in the United States District Court. The lawsuits alleged violations of the Securities Exchange Act. In addition, two purported derivative lawsuits were filed in the Circuit Court. The lawsuits were resolved.

Also, from time to time, Medco and Accredo were involved in lawsuits, claims, audits and investigations arising in the normal course of their business. I recall in general that from time-to time, and over time, one or more of the pharmacies in the Medco family incurred disciplinary action inclusive of imposition of fines, for deficiencies or failures to comply with applicable pharmacy law. I do not recall any of these disciplinary actions with specificity, and do not know if any action resulted in suspension, revocation, or restriction of a pharmacy or other license.

I also recall in general that Medco from time-to time, and over time, closed one or more pharmacies for business reasons, voluntarily surrendering the pertinent license and DEA permit. I do not recall which locations voluntarily surrendered licenses or permits. I do not recall any involuntary license surrender or any license surrender while an action or investigation was pending or any surrender to avoid a further action.

I have a general recollection of Medco Health Solutions entering into a corporate integrity agreement with the federal government and another agreement with attorneys general, but do not recall any specifics.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	AnovoRx Group, LLC
Address :	17500 South 40 Street Building B Suite B-600A Chandler AZ 85226
License No :	Y009511
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	03/24/2023
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2624422	06-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-27-2023

ANOVORX GROUP, LLC
17500 S 40TH ST, BUILDING B
SUITE B600A
CHANDLER, AZ 852262572

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA2624422	06-30-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-27-2023

ANOVORX GROUP, LLC
17500 S 40TH ST, BUILDING B
SUITE B600A
CHANDLER, AZ 852262572

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/23/2023 for AnovoRx Group, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# : Y009511

AZ Permit Exp.Date : 10/31/2024

Business Name : AnovoRx Group, LLC

Address : 17500 South 40 Street Building B

Zip : 85226

City : Chandler

State : AZ

Phone : (844) 288-5007

Fax : (901) 201-5465

Email :

Inspection Date : 03/23/2023

PIC : Samuel E. Webster

Pic License Exp Date : 10/31/2023

DEA # : Pending

Inspection Reviewed With : PIC

Reviewers License# : S017587

Inspection type : Opening

Inspection Conducted By : Steve Haiber

ACTIVITIES

1	Nonsterile Compounding	○YES ◉NO
2	Nonsterile Hazardous Compounding	○YES ◉NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

Licensed Beds

DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel 4200 sq ft / max employees w/in pharmacy = 68	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/23/2023 for AnovoRx Group, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

3	Design-efficient, safe pharmacy practice Clear line of sight - all areas	◉S ○C/P ○U ○N/A	R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)
4	Counter	◉S ○C/P ○U ○N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles > 36 inches	◉S ○C/P ○U ○N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Separate room available to perform consultation for the occasional walk up patient	◉S ○C/P ○U ○N/A	R4-23-609(D)
7	Enclosed (barrier) Solid sheet rock floor to roof deck - all sides	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors Main door into the pharmacy currently secured with a RFID badge reader lock system / Door entry by badged non-pharmacist personnel possible/ PIC to install keyed deadbolt lock to secure door prior to issuance of RFID badges to additional non-pharmacist staff / PIC to forward images of installed deadb olt lock to compliance officer	○S ◉C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting Adequate	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation HVAC	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier No face to face activities	◉S ○C/P ○U ○N/A	R4-23-609(H)
12	Receiving/checking area	◉S ○C/P ○U ○N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

13	Opening for Rx receipt when closed Not used	◉S ○C/P ○U ○N/A	R4-23-610(F)
14	Walls Solid	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings Drop	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows Fixed	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors Poured concrete	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom Located outside permitted space w/in 100 ft of pharmacy	◉S ○C/P ○U ○N/A	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
20	Nonsterile compounding area Pharmacy will not perform this activity	○S ○C/P ○U ◉N/A	R4-23-410(E)

SECURITY

1	Controlled substances Pharmacy does not hold a DEA registration at this time	○S ○C/P ○U ◉N/A	R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

3	Additional pharmacy drug storage areas None	OS OC/P OU ◉N/A R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage Filled orders will proceed to packing line and after manifesting performed move to shipping for delivery to patient residence	◉S OC/P OU ON/A R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	OS OC/P OU ◉N/A R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference On line Lexicomp suite	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference On line Lexicomp suite	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference On line Lexicomp suite	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference On line Lexicomp suite	◉S OC/P OU ON/A R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference Pharmacy will not perform sterile compounding activities	OS OC/P OU ◉N/A R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
6	Policy and procedure manual-pharmacy operations Pharmacy SOP documents - on line	◉S OC/P OU ON/A R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
7	Policy and procedure manual-technicians Technician training modules - on line	◉S OC/P OU ON/A R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)

8	Policy and procedure manual-automation Not employed	OS OC/P OU ◉N/A	R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04
9	Policy and procedure manual-compounding Pharmacy does not perform this activity	OS OC/P OU ◉N/A	R4-23-410; R4-23-670
10	Arizona statutes/rules Hardcopy maintained / updated rules accessible via board website	◉S OC/P OU ON/A	R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Current antidote/drug interaction information On line	◉S OC/P OU ON/A	R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
12	Poison Control # displayed Posted	◉S OC/P OU ON/A	R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

PHARMACY EQUIPMENT/FORMS

1	Refrigerator +40F	◉S OC/P OU ON/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Freezer - 4 F	◉S OC/P OU ON/A	R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Computer-security/data storage CPR plus system	◉S OC/P OU ON/A	R4-23-408
4	Computer-patient profiles CPR plus system	◉S OC/P OU ON/A	R4-23-408(B)(3)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/23/2023 for AnovoRx Group, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

5	Computer-single drug usage report CPR plus system	◉S ○C/P ○U ○N/A	R4-23-408(B)(4)
6	Computer-pharmacist log book/hard copy print out	◉S ○C/P ○U ○N/A	R4-23-408(C)(4)
7	Prescription label Sample provided	◉S ○C/P ○U ○N/A	ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels CPR plus generated on Rx label	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels CPR plus generated ** REMINDER TO PIC TO CHECK LABEL OUTPUT ALIGNMENT **	○S ◉C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information Sample pending	○S ◉C/P ○U ○N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log Closed door / log will be maintained to document any walk up dispensing activity that may take place / majority of filled orders will be delivered to the p atient residence.	◉S ○C/P ○U ○N/A	R4-23-402(G)
12	Federal medication guides Sample pending	○S ◉C/P ○U ○N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks No verbal orders received at this pharmacy / all verbal orders will be transcribed at AnovoRx Group facility (Y005790) at 1710 Shelby Oaks Drive Suite 1 Memphis, TN and accessible via shared services	◉S ○C/P ○U ○N/A	R4-23-402(A); R4-23-407(D)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/23/2023 for AnovoRx Group, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

15	Immunization administration recordkeeping Pharmacy will not perform this activity	OS OC/P OU ◉N/A	R4-23-411(F)
16	Schedule V register Not stocked	OS OC/P OU ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log PSE product not stocked	OS OC/P OU ◉N/A	ARS 32-1977
18	Red C stamp 3 file / computer record	◉S OC/P OU ON/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting Pharmacy does not have a DEA number at this time ** PIC reminded to ensure zero reporting is provided to AZ PMP once DEA registration obtained	◉S OC/P OU ON/A	R4-23-502
20	Graduates Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
24	Approved Rx balance Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

25	Weights for Rx balance Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
26	Ointment tile Non compounding pharmacy	OS OC/P OU ◉N/A	R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	OS OC/P OU ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	OS OC/P OU ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device Not used	OS OC/P OU ◉N/A	R4-23-615
30	Mechanical counting device Not used	OS OC/P OU ◉N/A	R4-23-616
31	Emergency drug supply units (LTC)	OS OC/P OU ◉N/A	R4-23-701.02
32	Automated emergency drug supply units (LTC)	OS OC/P OU ◉N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	OS OC/P OU ◉N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size Pharmacy does not perform this activity	OS OC/P OU ◉N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	OS OC/P OU ◉N/A	R4-23-670(A)(1); R4-23-656(5)
3	Isolated from other pharmacy functions	OS OC/P OU ◉N/A	R4-23-670(A)(2)
4	Restricts entry/access	OS OC/P OU ◉N/A	R4-23-670(A)(3)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 03/23/2023 for AnovoRx Group, LLC

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

5	Free from unnecessary disturbances airflow	OS OC/P OU ◉N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	OS OC/P OU ◉N/A	R4-23-670(A)(5)
7	Nonporous and cleanable walls	OS OC/P OU ◉N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	OS OC/P OU ◉N/A	R4-23-670(A)(5)
9	Environment ISO 7	OS OC/P OU ◉N/A	R4-23-670(A)(6)
10	Hood ISO 5	OS OC/P OU ◉N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	OS OC/P OU ◉N/A	R4-23-110; R4-23-670(E)(F)

NOTES

Opening Inspection for Anovo Rx Group, LLC located at 17500 S. 40th Street B-600A Chandler, AZ 85226 conducted on 3/23/2023

Overall Inspection - satisfactory

Open permit issued Y009511 to PIC on 3/24/2023

PIC to forward the following to the compliance officer by close on 3/31/2023

Image of keyed deadbolt lock on pharmacy entry door
Patient information sheet
FDA medication guide

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ANOVORX GROUP, LLC OFFICER and DIRECTOR LIST

AnovoRx Group, LLC is a TN Limited Liability Company. Its Tax ID # 45-5299748.
It is owned 100% by AnovoRx Holdings, Inc., Tax ID # 46-1775496.
AnovoRx Group, LLC has three Officers and there is only one member of its Board of Directors.
The Officers of AnovoRx Group, LLC are Jon B. Peters, President and CEO; Kyle P. Truitt, SVP and COO; Jason T. Shackelford, VP and CFO. The sole member of the Board of Directors of AnovoRx Group, LLC is Jon B. Peters.

NAME	ROLE	HOME ADDRESS	CELL PHONE	DOB	EMAIL	SSN	WORK ADDRESS	WORK PHONE	Pharmacist or Prescriber?	% ownership of Applicant
Jon B. Peters	President/ CEO/Sole Member Board of Directors	[redacted] Barfield Rd Memphis TN 38117	[redacted]	[redacted]	Jon.peters @anovorx.com	[redacted]	1710 N Shelby Oaks DR STE 2 Memphis TN 38134	901-201-5484	no	0%
Kyle P. Truitt	Sr. VP and COO	[redacted] Latting Rd Eads TN 38028	[redacted]	[redacted]	Kyle.truitt @anovorx.com	[redacted]	1710 N Shelby Oaks DR STE 2 Memphis TN 38134	901-979-1020	no	0%
Jason T Shackelford	VP and CFO	[redacted] Wentworth Ln Germantown TN 38139	[redacted]	[redacted]	Jason.shackelford @anovorx.com		1710 N Shelby Oaks DR STE 2 Memphis TN 38134	901-390-4539	no	0%

IN WITNESS WHEREOF, I Jon B. Peters attest that this is a true and correct list of the Officers and Directors of AnovoRx Group, LLC.

Jon B. Peters

Jon B. Peters, President and CEO AnovoRx Group, LLC

anovo

AnovoRx Group, LLC
OWNERS LIST

Name of Owner	% Ownership Of AnovoRx Group, LLC
AnovoRx Holdings, Inc. Address: 1710 N Shelby Oaks Dr STE 2 Memphis TN 38134 PH: 901-201-5470 FEIN: 46-1775496 No Trade name	100%
TOTAL	100%

IN WITNESS WHEREOF, I Jon B. Peters attest that this is a true and correct list of the direct owners of the Applicant, AnovoRx Group, LLC.

Jon B. Peters, President AnovoRx Group, LLC

Item 3

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ANOVORX GROUP, LLC - LEGAL DEPT
LEGAL DEPARTMENT
2
1710 N SHELBY OAKS DR
MEMPHIS, TN 38134

January 17, 2023

Request Type: Certificate of Existence/Authorization
Request #: 0511763

Issuance Date: 01/17/2023
Copies Requested: 1

Document Receipt

Receipt # : 007701484 Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3843531529 $20.00

Regarding: **AnovoRx Group, LLC**
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 05/02/2012
Status: Active
Duration Term: Perpetual
Business County: SHELBY COUNTY

Control # : 685324
Date Formed: 05/02/2012
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

AnovoRx Group, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 058327527

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler AnovoRx Group, LLC

Physical Address 17500 South 40th street Buidling B Suite B-600A

City Chandler State AZ Zip 85226

Mailing Address (if different from physical address) 1710 N Shelby Oaks Dr Ste 2

City Memphis State TN Zip 38134

Telephone 901-201-5470 Website anovorx.com

Licensing Company Email OfficialContact@anovorx.com

Section 2: Personal Information

First Samuel Middle Elliott Last Webster

Alias(es, nicknames, name changes, etc.) None

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N 26th Street

City Mesa State AZ Zip 85213

Telephone [redacted] Email sam.webster@anovorx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
GILBERT HIGH	08/86-05/90

Address	City	State	Zip
1101 E ELLIOT RD	GILBERT	AZ	85234

Diploma/Degree obtained, if any: HIGH SCHOOL DIPLOMA

School Name	From - To (MM/YY – MM/YY)
ARIZONA STATE UNIVERSITY	08/94 – 12/99

Address	City	State	Zip
	TEMPE	AZ	85281

Diploma/Degree obtained, if any: B.S. MICROBIOLOGY

School Name	From - To (MM/YY – MM/YY)
U OF ARIZONA PHARMACY SCHOOL	08/05 - 05/09

Address	City	State	Zip
1295 N MARTIN AVE PO BOX 210207	TUCSON	AZ	85721

Diploma/Degree obtained, if any: PHARM D

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 - PRESENT	[redacted] N 26TH ST	MESA	AZ	85213
12/18 - 05/21	[redacted] N SABINO DRIVE	GILBERT	AZ	85296
5/13 - 12/18	[redacted] N BRUSH DR	GILBERT	AZ	85296
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Anora Rx		09/22 – present

Business Address	City	State	Zip
1730 N Sherry Oaks Dr #2	Memphis	TN	38134

Phone	Title	Number of Employed Hours
814-288-5007	PIC Pharmacist for Anora Rx of AZ while setting up	800

Description of Duties: PIC -

Business Name		From - To (MM/YY – MM/YY)
Another Rx		12/21 – 09/22

Business Address	City	State	Zip
1343 N Colorado St Ste 189	Gilbert	AZ	85233

Phone	Title	Number of Employed Hours
866 463 5550	PIC	1800

Description of Duties: Day to day pharmacy operations (Hiring (Pharm & Tech staff) Dispensing Compounding)

Business Name		From - To (MM/YY – MM/YY)
TC Script		11/19 – 12/21

Business Address	City	State	Zip
17255 N 82nd St	Scottsdale	AZ	85255

Phone	Title	Number of Employed Hours
855 584 6189	Pharmacist	4320

Description of Duties: Mail order pharmacy that works with manufacturers to provide medications via prescription.

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title	Number of Employed Hours

Description of Duties:

Business Name		From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title	Number of Employed Hours

Description of Duties:

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials SW

I, Samuel Webster, **certify that as the designated representative for**

AnovoRx Group, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Samuel Webster

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/31/2023

Date

Applicant's initials SW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SAMUEL WEBSTER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/28/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, Samuel Webster, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/28/2023

Date

Subscribed and Sworn to before me this 28 day of March.

Notary Public Signature

EMILY ERVIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY

My Commission Expires
March 11, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler AnovoRx Group, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) applied for-New Pharmacy

Physical Address 17500 South 40th street Buidling B Suite B-600A

City Chandler State AZ Zip 85226

Mailing Address (if different from physical address) 1710 N Shelby Oaks Dr Ste 2

City Memphis State TN Zip 38134-7403

Telephone 901-201-5470 Website anovorx.com

Licensing Company Email OfficialContact@anovorx.com

Section 2: Personal Information

First Joel Middle Ray Last Kimbrough

Alias(es, nicknames, name changes, etc.) None

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]Chapel Woods Cove

City Germantown[redacted] State TN Zip 38139-2502

Telephone [redacted] Email joel.kimbrough@anovorx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? n/a		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Alabama		09/76 - 05/80	
Address	**City**	**State**	**Zip**
1 Harrison Plaza	Florence	AL	35632
Diploma/Degree obtained, if any			
BS Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Cherokee Vocational High School		09/72 - 05/76	
Address	**City**	**State**	**Zip**
850 High School Drive	Cherokee	AL	35616
Diploma/Degree obtained, if any			
Academic High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/20 - Present	[redacted] Chapel Woods Cove	Germantown	TN	38139-2502
03/18 - 12/20	[redacted] Chapel Woods Cv	Germantown	TN	38139
07/14 - 02/18	[redacted] Raleigh Lagrange Rd	Eads	TN	38028
10/11 - 06/14	[redacted] Greyhill Cove	Cordova	TN	38018
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Anovofx | From - To (MM/YY – MM/YY): 5/12 - Present
Business Address: 1710 N. Shelby Oaks Drive #1 | City: Memphis | State: TN | Zip: 38134
Phone: 1-844-288-5007 | Title: Director
Description of Duties:
Member of Board of Directors

Business Name: The Barnett Group | From - To (MM/YY – MM/YY): 01/09-09/17
Business Address: 7906 Players Forest Drive | City: Memphis | State: TN | Zip: 38113
Phone: 901-365-3447 | Title: V/P of Business Development
Description of Duties:
Member of LLC and developed Pharmacy benefit practice

Business Name: Veritas Collaborative | From - To (MM/YY – MM/YY): 09/12-01/19
Business Address: 4024 Stirrup Creek Drive | City: Durham | State: NC | Zip: 27703
Phone: 1-855-875-5812 | Title: Director
Description of Duties:
Member of Board of Directors

Business Name: Cellaeon, Inc | From - To (MM/YY – MM/YY): 05/14-09/18
Business Address: 111 Vision Park Blvd Suite 100 | City: Shenandoah | State: TX | Zip: 77384
Phone: 1-866-766-6310 | Title: Director
Description of Duties:
Member of Board of Directors

Business Name: Essential Health Solutions | From - To (MM/YY – MM/YY): 05/14-09/18
Business Address: 1500 Sunday Drive Suite 300 | City: Raleigh | State: NC | Zip: 27607
Phone: 1-919-323-9914 | Title: Director
Description of Duties: Type text here
Member of the Board of Directors

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Kimbrough
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/23/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, ~~[illegible]~~ JK Joel Kimbrough, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/23/2023
Date

Subscribed and Sworn to before me this 23rd day of 2023.

Notary Public Signature

EMILY ERVIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
My Commission Expires March 11, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler AnovoRx Group, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) applied for-New Pharmacy

Physical Address 17500 South 40th street Buidling B Suite B-600A

City Chandler State AZ Zip 85226

Mailing Address (if different from physical address) 1710 N Shelby Oaks Dr Ste 2

City Memphis State TN Zip 38134-7403

Telephone 901-201-5470 Website anovorx.com

Licensing Company Email OfficialContact@anovorx.com

Section 2: Personal Information

First Jon Middle Burrow Last Peters

Alias(es, nicknames, name changes, etc.) None

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Barfield Rd

City Memphis State TN Zip 38117-2418

Telephone [redacted] Email jon.peters@anovorx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? n/a		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi		08/84 to 05/88	
Address	**City**	**State**	**Zip**
P.O. Box 1848	University	MS	38677
Diploma/Degree obtained, if any			
Bachelor Accountancy			
School Name		**From - To (MM/YY – MM/YY)**	
Memphis University School		08/80 to 05/84	
Address	**City**	**State**	**Zip**
6191 Park Ave	Memphis	TN	38119
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Barfield Rd	Memphis	TN	38117-2418
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: AnovoRx			From - To (MM/YY – MM/YY): 08/12 to 04/13 - current
Business Address: 1710 N. Shelby Oaks Drive, Ste 1	City: Memphis	State: TN	Zip: 38134
Phone: 901-201-5484	Title: President		
Description of Duties: Management of all company operations and activities.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties Type text here			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

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Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

J. B. Peters
Original Signature (electronic, copies or stamps not accepted)

03/31/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jon B. Peters
Print Name (First, Last)

Jon B. Peters
Original Signature (electronic, copies or stamps not accepted)

03/31/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Shelby

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Jon B. Peters
Original Signature

3/31/2023
Date

Subscribed and Sworn to before me this 31 day of March.

Emily Ervin
Notary Public Signature

EMILY ERVIN
STATE OF TENNESSEE NOTARY PUBLIC
SHELBY COUNTY
My Commission Expires March 11, 2026

(Seal)

4000

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Mail Order	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CenterWell Pharmacy, Inc.

Physical Address: 11010 Florida Crown Drive, Suite 200, Orlando

City: Orlando State: Florida Zip: 32824

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 689-206-6230 Toll Free # (NAC 639.708, NRS 639.23286): 800-379-009& 800 486-2668

Fax: 513-442-7575 Contact Email: taddington@humana.com

Website: www.centerwellpharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Timothy Addington

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20938

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Timothy Addington	NV Pharmacist Registration #: 20938
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Humana Inc.

Corporation Name: CenterWell Pharmacy, Inc.

Mailing Address: 500 W Main Street

City: Louisville State: KY Zip: 40202

Telephone: 502-580-1000 Email: khouston1@humana,com

Contact Person Name: Scott Greenwell

Date of SEC Registration: 5/18/1971 | SEC Registration Number: 444859-102 | Stock Exchange Symbol: HUM

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

**Humana Inc. owns 100% of CenterWell Pharmacy, Inc. Humana Inc. is the only stockholder

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for CenterWell Pharmacy, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Scott Greenwell

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3/23/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Scott Greenwell hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for CenterWell Pharmacy, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of March, 2023

Notary Public

Kristin G. Houston
Notary Public, ID No. 635354
State at Large, Kentucky
My Commission Expires on Nov. 30, 2023

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Scott Greenwell

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/23/2023

Date

Board Use Only	Date Received: 3·27·23	Amount: 510.00 CC

Please note: CenterWell Pharmacy, Inc., the pharmacy located in Orlando, Florida and applying for a new license/registration, has not been disciplined by any state or federal agencies.

Maine Board of Pharmacy Complaint 2008-PHA-4787

In 2008, Humana Pharmacy, Inc. (formerly RightSource) located at 4302 W. Buckeye Rd., Phoenix, AZ 85043 admitted to a violation as a result of a complaint 2008-PHA-4787 where a prescription order was shipped to a patient who did not order the medication. There was no ingestion of the medication, and no patient harm. The root cause of the issue was Human Error. The Maine Board of Pharmacy offered a Consent Agreement where there was an admitted violation, a warning from the Board, and a $100 fine. This Agreement was previously reported to the Board.

Colorado Department of Commerce and Consumer Affair's Regulated Industries Complaints Office

Humana Pharmacy, Inc. (formerly RightSource) located at 4302 W. Buckeye Rd., Phoenix, AZ 85043 entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy on 5/19/2011. RightSource admitted to a violation of Board Rule 5.00.70 in which the pharmacy failed to timely submit the required applications and fees to the Colorado Board detailing a change in Pharmacist Managers. The violation was unintentional and root cause of the error was investigated and found to be an administrative error. The error was corrected, and imposed fees were paid. This Order was previously reported to the Board.

Hawaii Board of Pharmacy (PHA 2011-21-L and PHA 2010-32-L)

In December 2008, Humana Pharmacy, Inc. (formerly RightSource) located at 4302 W. Buckeye Rd., Phoenix, AZ 85043 entered into a Consent Agreement with the Maine Board of Pharmacy. Per Hawaii Revised Statutes, disciplinary decisions must be reported within 30 days. It is important to note that Humana Pharmacy, Inc. did notify the Hawaii Board of Pharmacy of the Consent Agreement. However, the notification exceeded the timeframe required by HRS 436B-19(15). PHA 2011-21-L is due to Humana Pharmacy, Inc. (formerly RightSource) receiving disciplinary action by another state agency. These agreements were previously reported to the Board.

Iowa Board of Pharmacy

Humana Pharmacy, Inc. (formerly RightSource) located at 4302 W. Buckeye Rd., Phoenix, AZ 85043 entered into a Settlement Agreement and Final Order with the Iowa Board of Pharmacy in August 2013. Pursuant to this Settlement Agreement and Final Order, the Iowa Board of Pharmacy cited RightSource for having disciplinary action taken against it by another state licensing board. This action taken by the Iowa Board of Pharmacy is based entirely on the Settlement Agreement with the Hawaii Board of Pharmacy, and no new violations occurred. The Agreement was previously reported to the Board.

Michigan Board of Pharmacy

Humana Pharmacy, Inc. (formerly RightSource) located at 4302 W. Buckeye Rd., Phoenix, AZ 85043 entered into a Consent Order and Stipulation with the Michigan Department of Licensing and Regulatory Affairs which was received by RightSource in April 2014. The Administrative Complaint resulting in the Consent Order is in response to RightSource having violated section 17768(2) (d) of the Public Health Code due to receiving disciplinary action by other Regulatory Agencies. The Consent Order is based entirely on previously reported Settlement Agreements, and no new violations have occurred. The Order was previously reported to the Board.

Alaska Board of Pharmacy

Humana Pharmacy, Inc. (formerly RightSource) located at 4302 W. Buckeye Rd., Phoenix, AZ 85043 accepted an Imposition of Civil Fine without reprimand from the Alaska Board of Pharmacy in August 2014 due to a misinterpretation of a question on a 2010 renewal application. RightSource did not intentionally answer the question incorrectly, and it was answered based off of the interpretation of the question at that time. The action was previously reported to the Board.

Scott Greenwell, President

Directors/Officers Report

CenterWell Pharmacy, Inc.

Directors

Bruce Dale Broussard

Director

BirthDate: [redacted]
Primary Phone 502-[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] Cherokee Road, [redacted] Louisville, Kentucky 40205

William Kevin Fleming

Director

BirthDate: [redacted]
Primary Phone 502[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] Rose Wycombe Road, Prospect, Kentucky 40059

Joseph Matthew Ruschell

Director

BirthDate: [redacted]
Primary Phone 502-[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] Mockingbird Hill Road, Louisville, KY 40207

Officers

Scott Andrew Greenwell

President

BirthDate: [redacted]
Primary Phone 502 [redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] River Farm Cove, Prospect, Kentucky 40059

Sean Michael Lysinger

Vice President, Chief Financial Officer, Pharmacy

BirthDate: [redacted]
Primary Phone 502-[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] Locust Creek Blvd, Louisville, KY 40245

Robert Martin Marcoux, Jr.

Vice President & Treasurer

BirthDate: [redacted]
Primary Phone 917[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] W 72nd Street, New York, NY 10023

Donald Hank Robinson

Senior Vice President, Tax

BirthDate: [redacted]
Primary Phone 502-[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] Elmwood Avenue, Louisville, Kentucky 40207

Douglas Allen Edwards

Senior Vice President, Enterprise Associate & Business Solutions

BirthDate: [redacted]
Primary Phone 502-[redacted]
Primary Address
500 West Main Street, Louisville, Kentucky 40202
Home Address
[redacted] Alta Avenue, Louisville, Kentucky 40205

Directors/Officers Report

CenterWell Pharmacy, Inc.

Sean Joseph O'Reilly

Senior Vice President, Chief Compliance Officer

BirthDate: [redacted]
Primary Phone 502-[redacted]

Primary Address	Home Address
500 West Main Street, Louisville, Kentucky 40202	[redacted]Lime Kiln Lane, Louisville, Kentucky 40222

Ralph Martin Wilson

Vice President

BirthDate: [redacted]
Primary Phone 502-[redacted]

Primary Address	Home Address
500 West Main Street, Louisville, Kentucky 40202	6405 Keith Springs Circle, Louisville, Kentucky 40207

Joseph Matthew Ruschell

Vice President, Associate General Counsel & Corporate Secretary

BirthDate: [redacted]
Primary Phone 502[redacted]

Primary Address	Home Address
500 West Main Street, Louisville, Kentucky 40202	[redacted]Mockingbird Hill Road, Louisville, KY 40207

Courtney Danielle Durall

Assistant Corporate Secretary & Legal Advisor

BirthDate: [redacted]
Primary Phone 502-[redacted]

Primary Address	Home Address
500 West Main Street, Louisville, Kentucky 40202	[redacted]Erin Circle, Mt. Washington, Kentucky 40047

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CENTERWELL PHARMACY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2824695 8300

SR# 20230682995

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202782172

Date: 02-24-23

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV355 - Community Pharmacy (New Business / Change of Owner)

File # 28960
Insp # 188910

NAME	PERMIT NUMBER	DATE OF INSPECTION
CenterWell Pharmacy, Inc.		02/02/2023
DOING BUSINESS AS		
STREET ADDRESS 11010 Florida Crown Drive Suite 200	**TELEPHONE #** 513-824-5485	**EXT**
CITY ORLANDO	**COUNTY** ORANGE	**STATE/ZIP** FL/32824

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 8:00AM-11:00PM
Monday N	Monday Hours
Tuesday N	Tuesday Hours
Wednesday N	Wednesday Hours
Thursday N	Thursday Hours
Friday N	Friday Hours
Saturday Y	Saturday Hours 8:00AM-6:30PM
Sunday N	Sunday Hours

Registered Pharmacist / Intern / Tech

License # PS 62035	Licensee Name Timothy Addington
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # N/A	

License Relations

Pharmacy Affiliate

ADDINGTON, TIMOTHY LOWELL	License # 62035

RX DPT MGR/COR/POR

ADDINGTON, TIMOTHY LOWELL	License # 62035

INV355 - Community Pharmacy (New Business / Change of Owner)

COMMUNITY REQUIREMENTS GENERAL SECTION

Rx Department is open for a minimum of 20 hours per week and signage stating the hours the pharmacy department is open. [64B16-28.1081, F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-28.1035, F.A.C]	Yes
Private Consultation Area available. [64B16-28.1035, F.A.C]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes
Prescription department is clean and safe, has a sink with running water convenient to the prescription department, and references and equipment necessary for the practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy has a designated Prescription Department manager with a current and active Florida license. [465.018, F.S.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16 -27.410(2)(a) F.A.C.]	Yes

INV355 - Community Pharmacy (New Business / Change of Owner)

Insp # 188910

CenterWell Pharmacy, Inc.

File # 28960

Continuous Quality Improvement Program described in Policy and Procedure manual [64B16-27.300 F.A.C.] [766.101(1)(a)(l) F.S.] *Is set up to use.*	Yes
Policy and Procedure to prevent the fraudulent dispensing or controlled substances. [465.022 (4) F.S]	Yes
Prescription Department is securable from unauthorized access. [64B16-28.109 F.A.C.] *There is a security center at the front door and a electronic gate at the entry.*	Yes
All medications to be purchased from a Florida licensed wholesaler [499-F.S.] *Amerasource Bergen*	Yes
The following rules have been reviewed with the applicant: 64B16-30.003, F.A.C. (Citations), 64B16-28.140(4) F.A.C. (Compounding Records), 64B16-28.1081, F.A.C. (Regulation of Daily Operating Hours; Commencement of Operation-s), 64B16-28.202, F.A.C (Closing of a Pharmacy)	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Remarks:

Today's inspection met the requirement for a new community pharmacy.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

BLAKE, ELLEN

Date:2/2/2023

Representative:

Timothy Addington

Date:2/2/2023

AC# 11502982

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/16/2023	PH 34358	139383

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: **FEBRUARY 28, 2025**
CENTERWELL PHARMACY, INC.
11010 FLORIDA CROWN DRIVE
SUITE 200
ORLANDO, FL - 32824

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
AC# 11502982
DATE 02/16/2023 | LICENSE NO. PH 34358 | CONTROL NO. 139383
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date: FEBRUARY 28, 2025
CENTERWELL PHARMACY, INC.
QUALIFICATION(S): Schedule II & III Community Pharmacy

EXPIRATION DATE: **FEBRUARY 28, 2025**

Your license number is PH 34358. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

February 17, 2023

Centerwell Pharmacy, Inc.
11010 Florida Crown Drive, Suite 200
Orlando, FL 32824

RE: License Certification for Centerwell Pharmacy, Inc.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH34358
ORIGINAL CERTIFICATION:	02/03/2023
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Timothy L. Addington

Date: 11/04/2021
Amount:
License #: 20938

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Timothy L. Addington

License #
20938
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 20938

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Timothy L. Addington

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4PPP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: PH 03256	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Lehigh Pharmacy and Supplies Inc, DBA CerebralRx

Physical Address: 307 Del Prado Boulevard North Suite 3

City: Cape Coral State: Florida Zip: 33909

Mailing Address (if different from physical address): /

City: / State: / Zip: /

Telephone: 800·268·7036 Toll Free # (NAC 639.708, NRS 639.23286): 800·268·7036

Fax: 732·676·4770 Contact Email: CerebralRx@Cerebral.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Bryan Jones

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22434

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Bryan Jones	NV Pharmacist Registration #: 22434
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	X	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required. Attached

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: /

Parent Company (if any): /

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A (LLC)

Parent Company (if any): Cerebral Pharmacy Group, LLC.

Corporation/Organization Name:

Mailing Address: 340 S. Lemon Avenue #9892

City: Walnut State: CA Zip: 91789

Telephone: N/A Email: CerebralRx@Cerebral.com

Contact Person Name: Michael Ceballos

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: /

Mailing Address: /

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: /

Business Name: /

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Lehigh pharmacy and supplies inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf. DBA CerebralRx
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Ceballos

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/27/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bryan Jones hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Lehigh Pharmacy and Supplies, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf. DBA CentralRx
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of January, 2023

Notary Public

CRYSTAL DULICHAN
Notary Public - State of Florida
Commission # HH 49430
My Comm. Expires Oct 1, 2024
Bonded through National Notary Assn.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Ceballos

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/27/23

Date

Board Use Only	Date Received: 4.3.23	Amount: 500.00 CC

Disciplinary action information

Cerebral

340 S Lemon Ave
#9892
Walnut, CA 91789

To whom it may concern,

Please see attached documentation of prior disciplinary action and descriptions below.

Texas State Board of Pharmacy Order (February 6, 2018)
On December 14, 2017, the Texas State Board of Pharmacy (the "TX BOP") notified Lehigh Pharmacy & Supplies, Inc. (formerly known as Cape Pharmacy & Supplies) (the "Pharmacy") of allegations that the Pharmacy engaged in the operation of a non-resident pharmacy that was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas. The Pharmacy neither admitted nor denied any allegation, but in the interest of resolving the matter, entered into an Agreed Board Order with the TX BOP, dated February 6, 2018, pursuant to a $1,000 administrative penalty was imposed. The Pharmacy's Texas pharmacy license 30940 is currently inactive. The pharmacy's current Texas pharmacy license 34296 is active and in good standing.

Maine Consent Agreement (July 2, 2020)
The Pharmacy failed to report the Texas disciplinary action described above to the Maine Board of Pharmacy (the "ME BOP") within 10 days as required and instead reported it on November 7, 2018, with its renewal application. The Pharmacy entered into a Consent Agreement with the ME BOP, dated July 2, 2020, pursuant to which a reprimand and civil penalty of $250 was imposed. The Pharmacy's Maine pharmacy license MO40001706 is currently inactive. The pharmacy's current Maine pharmacy license MO4003199 is active and in good standing.

Best Regards,

Bryan Jones

CerebralRx

24 STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
Lehigh Pharmacy & Supplies, Inc.	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-16198	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Lehigh Pharmacy & Supplies, Inc., for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Lehigh Pharmacy & Supplies, Inc. ("LPS"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since September 25, 2014, LPS has been licensed in Maine as a mail order prescription pharmacy with a registered location of 307 Del Prado Boulevard N, Suite 3, Cape Coral, Florida (license number **MO40001706**).

2. On February 6, 2018, the Texas State Board of Pharmacy issued Agreed Board Order #K-17-033, which imposed discipline against LPS's Texas pharmacy license (#30940).

3. LPS then failed to report the Texas disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On November 7, 2018, LPS submitted a renewal application and reported to the Board for the first time that it had been disciplined by the Texas State Board of Pharmacy.

5. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

6. At its meeting on November 7, 2019, the Board reviewed the above information and voted to preliminarily deny LPS's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer LPS this Consent Agreement. Unless LPS either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Jessica Gowell, Licensing Supervisor, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333, by **June 15, 2020,** the preliminary denial of LPS's application for licensure as a mail order prescription pharmacy will become final.

COVENANTS

7. LPS admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

8. As discipline for the violation admitted to in paragraph 7 above, LPS agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of two hundred fifty dollars ($250.00), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Jessica Gowell, Licensing Supervisor,

Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation,, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement;

9. Violation of any of the terms or conditions of this Consent Agreement by LPS shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

10. The Board and LPS agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless LPS fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against LPS, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving LPS. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against LPS.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

13. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew LPS's license contingent upon it meeting all other eligibility criteria.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. LPS acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 6/22/20

LEHIGH PHARMACY & SUPPLIES, INC.

By: _____

Print Name: Steve Krause

Title: Owner/Officer

DATED: 7/2/2020

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 7/2/2020

ANDREW L. BLACK
Assistant Attorney General

0066681 / Office AU # — 11-24 / 1210(8)

CASHIER'S CHECK

SERIAL #: 6668101236

ACCOUNT#: 4861-513232

Remitter: CAPE PHARMACY AND SUPPLIES
Purchaser: STEPHEN KRAUSE
Purchaser Account: 3135032989
Operator I.D.: u410116
Funding Source: Cash, Paper Items(s)

May 23, 2018

PAY TO THE ORDER OF ***TAXES STATE BOARD OF PHARMACY***

$1,000.00

One thousand dollars and no cents

Payee Address:
Memo:

VOID IF OVER US $ 1,000.00

WELLS FARGO BANK, N.A.
9162 GLADES RD
BOCA RATON, FL 33434
FOR INQUIRIES CALL (480) 394-3122

NOTICE TO PURCHASER--IF THIS INSTRUMENT IS LOST, STOLEN OR DESTROYED, YOU MAY REQUEST CANCELLATION AND REISSUANCE. AS A CONDITION TO CANCELLATION AND REISSUANCE, WELLS FARGO & COMPANY MAY IMPOSE A FEE AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

NON-NEGOTIABLE

Purchaser Copy

FB004 70146346

PRINTED ON LINEMARK PAPER - HOLD TO LIGHT TO VIEW. FOR ADDITIONAL SECURITY FEATURES SEE BACK.

0066681 / Office AU # — 11-24 / 1210(8)

CASHIER'S CHECK

6668101236

Remitter: CAPE PHARMACY AND SUPPLIES
Operator I.D.: u410116

May 23, 2018

PAY TO THE ORDER OF ***TAXES STATE BOARD OF PHARMACY***

$1,000.00

One thousand dollars and no cents

Payee Address:
Memo:

VOID IF OVER US $ 1,000.00

WELLS FARGO BANK, N.A.
9162 GLADES RD
BOCA RATON, FL 33434
FOR INQUIRIES CALL (480) 394-3122

CONTROLLER

Security Features Included. Details on Back.

⑈6668101236⑈ ⑆121000248⑆4861 513232⑈

3437

*We did have a Texas Non-Resident Pharmacy License at this time, but absolutely did not service any patients in Texas, as our pharmacist did not hold a TX license, and that is requirement to provide service. Management personnel did not research the complaint and simply paid the fine erroneously.

TEXAS STATE BOARD OF PHARMACY

February 22, 2018

CAPE PHARMACY & SUPPLIES
C/O MARK WALKER RPH
PHARMACIST-IN-CHARGE
307 DEL PRADO BLVD N STE 3
CAPE CORAL, FL 33909

RE: In the Matter of Cape Pharmacy & Supplies

Dear Mr. Walker:

Enclosed is a copy of Agreed Board Order (ABO) #K-17-033 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on February 6, 2018. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below:

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, Cape Pharmacy & Supplies (pharmacy license #30940) must pay an administrative penalty (fine) of $1,000.00. This fine is due on or before June 6, 2018. Please make your cashier's check or money order payable to the Texas State Board of Pharmacy, and submit to the TSBP office by the due date. Please include your ABO number (#K-17-033) on the cashier's check or money order. Note: TSBP will **not** accept partial payments. You must submit payment for the full amount by the due date.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #30940, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

> "Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #K-17-033, Cape Pharmacy & Supplies must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a Cape Pharmacy & Supplies representative must answer "yes" to this question on any renewal applications submitted beginning February 6, 2018, and ending June 6, 2021.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Robert Rivera
Enforcement Program Manager

RR: cg

Enclosure: Agreed Board Order #K-17-033

c: Lehigh Pharmacy & Supplies, Inc.
Stephen Martin Krause
Corporate President
307 Del Prado Blvd N Ste 3
Cape Coral, FL 33909

AGREED BOARD ORDER #K-17-033

RE: IN THE MATTER OF
CAPE PHARMACY & SUPPLIES
(PHARMACY LICENSE #30940)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 30940 issued to Cape Pharmacy & Supplies (Respondent), 307 Del Prado Boulevard North, Suite 3, Cape Coral, Florida 33909.

By letter dated December 14, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNT

On or about September 1, 2016, through on or about December 14, 2017, Cape Pharmacy & Supplies, 307 Del Prado Boulevard North, Suite 3, Cape Coral, Florida 33909, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated December 14, 2017, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Stephen Martin Krause, Corporate President, Lehigh Pharmacy & Supplies, Inc., on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of February, 2018.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Stephen Martin Krause, Corporate President, Lehigh Pharmacy & Supplies, Inc.
On behalf of Cape Pharmacy & Supplies

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

WE WANT TO HEAR FROM YOU!

The Texas State Board of Pharmacy is committed to providing exceptional customer service for all of our customers. As the director of the agency, I ask you to let me know how we are doing. Please take a moment and complete our customer survey by following the instructions below. Thank you in advance for your time and opinion.

Gay Dodson, R.Ph. - Executive Director

TO ACCESS THE INTERNET SURVEY:
Please enter the following address:
www.survey.utexas.edu/tsbp
and use this code: 858651

Texas State Board of Pharmacy



This certifies that the pharmacy named below is hereby licensed to operate as a Class E pharmacy.

License No. **30940** Expiration Date: **7/31/2018**

Balances: 0

CAPE PHARMACY & SUPPLIES
307 DEL PRADO BLVD N STE 3
CAPE CORAL FL 33909

Gay Dodson, R.Ph.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 11/09/2022
Amount:
License #: 22434

Bryan R. Jones

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:11/09/2022
Expires:10/31/2023

Bryan R. Jones

License #
22434
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22434
Effective Date:11/09/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Bryan R. Jones

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

A

List of officers and Directors

Lehigh Pharmacy and Supplies Inc. DBA CerebralRx (Corporation)

- Director: Jessica Muse
- Officers: Jessica Muse (President and CEO) and Michael Ceballos (Secretary).
- Sole shareholder: Cerebral Pharmacy Group LLC (100%)

B

State of Florida
Department of State

I certify from the records of this office that LEHIGH PHARMACY & SUPPLIES, INC. is a corporation organized under the laws of the State of Florida, filed on August 4, 2011, effective August 5, 2011.

The document number of this corporation is P11000070131.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on February 3, 2023, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Third day of February, 2023



Secretary of State

Tracking Number: 1369231634CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Lehigh Pharmacy and Supplies Inc, DBA CerebralRx

Pharmacy/Wholesaler License # (if applicable): PH02356

Physical Address: 307 Del Prado Boulevard North Suite 3

City: Cape Coral State: Florida Zip: 33909

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-268-7036 Website: NA

Licensing Company Email: CerebralRx@Cerebral.com

Section 2: Personal Information

First: Bryan Middle: Richard Last: Jones

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Montilla Drive

City: Fort Myers State: FL Zip: 33919

Telephone: [redacted] Email: Bryan.Jones@Cerebral.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Albany College of Pharmacy and Health Sciences		08/2005-05/2011	
Address	**City**	**State**	**Zip**
106 New Scotland Avenue	Albany	NY	12208
Diploma/Degree obtained, if any			
PharmD			
School Name		From - To (MM/YY – MM/YY)	
Gouverneur High School		08/2001-06/2011	
Address	**City**	**State**	**Zip**
133 E Barney St	Gouverneur	NY	13642
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2021 -Present	[redacted] Montilla Drive	Fort Myers	FL	33919
02/2017 - 08/2021	[redacted] Manderson Road	Syracuse	NY	13224
03/2014-02/2017	[redacted] Fargo Road	Baldwinsville	NY	13027
06/2013-03/2014	[redacted] East Washington Street	Syracuse	NY	13202
-06/2013	[redacted] West Babcock Street	Gouverneur	NY	13642
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Cerebral			01/2022-Present	
Business Address		**City**	**State**	**Zip**
307 Del Prado Boulevard North Suite 3		Cape Coral	FL	33909
Phone	**Title**		**Number of Employed Hours**	
800-268-7036	Pharmacist in Charge		2,000	
Description of Duties				
Oversee all operations relating to the pharmacy operations including staff, inventory, record management dispensing and workflow. Manage licensing, contracting, OKRs, financials and vendor relations.				

Business Name			From - To (MM/YY – MM/YY)	
Publix Supermarkets				
Business Address		**City**	**State**	**Zip**
3300 Publix Corporate Parkway		Lakeland	FL	33811
Phone	**Title**		**Number of Employed Hours**	
NA	Pharmacist		1,000	
Description of Duties				
Oversee all operations relating to the pharmacy, including staff and best practices, Responsible for multiple pharmacy locations within assigned district.				

Business Name			From - To (MM/YY – MM/YY)	
KPH Healthcare Services, Inc			07/2011-06/2021	
Business Address		**City**	**State**	**Zip**
520 E Main Street		Gouverneur	FL	13642
Phone	**Title**		**Number of Employed Hours**	
NA	Pharmacist		20,000	
Description of Duties				
Oversee all operations relating to the pharmacy including staff, inventory, record management, dispensing and workflow.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below: N/A

Original Signature (electronic, copies or stamps not accepted)

Date 3/8/23

I, Bryan Jones, **certify that as the designated representative for**

Lehigh Pharmacy and Supplies Inc, DBA CerebralRx,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. BJ I am at least 21 years of age;
3. BJ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BJ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Bryan Jones

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/8/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bryan Jones

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/17/23

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Lee

I, Bryan Jones, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/17/2023

Date

Subscribed and Sworn to before me this 17th day of March.

Kelli Ruffino

Notary Public Signature

KELLI RUFFINO
Notary Public - State of Florida
Commission # HH 175079
My Comm. Expires Jan 2, 2026
Bonded through National Notary Assn.

KELLI RUFFINO
Notary Public - State of Florida
Commission # HH 175079
My Comm. Expires Jan 2, 2026
Bonded through National Notary Assn.

(Seal)

D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Lehigh Pharmacy and Supplies Inc, DBA CerebalRx

Pharmacy/MDEG/Wholesaler License # (if applicable) PH03256

Physical Address 307 Del Prado Boulevard North Suite 3

City Cape Coral State Florida Zip 33909

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Please see attached Middle _____ Last _____

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☐ F ☐ X

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Lehigh Pharmacy and Supplies inc, DBA is wholly owned by Cerebral Pharmacy Group LLC. There are no "person" stockholders or shareholders.

E

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 18893
Insp # 189668

NAME	PERMIT NUMBER	DATE OF INSPECTION
LEHIGH PHARMACY & SUPPLIES, INC.	26002	02/15/2023
DOING BUSINESS AS CEREBRALRX		
STREET ADDRESS 307 DEL PRADO BLVD North STE 3	**TELEPHONE #**	**EXT**
CITY CAPE CORAL	**COUNTY** LEE	**STATE/ZIP** FL/33909

Additional Information

Business Operation Hours

Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday N
Sunday N	M-T-W-TH-F Y
Weekly Hours 9 AM to 5 PM	

Registered Pharmacist / Intern / Tech

License # 62280	Licensee Name Bryan Jones
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FL3226936	

License Relations

Pharmacy Affiliate

MOU, DAVID	License #
MUSE, JESSICA	License #
ROBERTSON, KYLE	License #

RX DPT MGR/COR/POR

JONES, BRYAN RICHARD	License # 62280

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes

INV359 - Community Requirements

Insp # 189668

LEHIGH PHARMACY & SUPPLIES, INC.

File # 18893

Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	N/A
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substences. [64B16-28.303, F.A.C.] *Does not carry controlled substances*	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *No one came in while inspection was going on.*	N/A
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	N/A
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	Yes
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	Yes
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.] *Has a contract that they do not have to report on a daily basis*	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *McKesson*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	Yes
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-26.10801, F.A.C]

Pharmacy hes policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	

INV359 - Community Requirements

Insp # 189668

LEHIGH PHARMACY & SUPPLIES, INC.

File # 18893

The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

GANIM, MAUREEN

Date:2/15/2023

Representative:

Bryan Jones

Date:2/15/2023

C#1143416

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/21/2023	PH 26002	136058

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
2:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2025**
LEHIGH PHARMACY & SUPPLIES, INC.
CerebralRx
307 DEL PRADO BLVD NORTH
STE 3
CAPE CORAL, FL - 33909

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **FEBRUARY 28, 2025**

Your license number is PH 26002. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

AC# 1143416

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/21/2023	PH 26002	136058

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : FEBRUARY 28, 2025
LEHIGH PHARMACY & SUPPLIES, INC.
CerebralRx

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
2:1 Pharmacy Technician Ratio Approved

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

G

February 15, 2023

Cerebralrx
307 Del Prado Boulevard North Suite 3
Cape Coral, FL 333919

RE: License Certification for Lehigh Pharmacy & Supplies, Inc.

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH26002
ORIGINAL CERTIFICATION:	03/15/2012
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

4QQQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Central Fill	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Central Fill

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CF #11507

Physical Address: 909 East Collins Blvd., Suite 102

City: Richardson State: TX Zip: 75081

Mailing Address (if different from physical address): One CVS Dr., MC #1160

City: Woonsocket State: RI Zip: 02895

Telephone: 972-619-8130 Toll Free # (NAC 639.708, NRS 639.23286): 888-378-5644

Fax: 972-850-0801 Contact Email: permitinfo@cvshealth.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Griselda Kimberly Noris

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23470

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Griselda Kimberly Noris	NV Pharmacist Registration #: 23470
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Rhode Island

Parent Company (if any): CVS Health Corporation

Corporation/Organization Name: CVS Pharmacy, Inc.

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: permitinfo@cvshealth.com

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary (title) for ~~CF~~ #11507 (CF # 11507) (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Linda M. Cimbron

Print Name of Authorized Person

Linda M. Cimbron

Original signature of Authorized Person (copies or stamps not accepted)

3/14/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Linda M. Cimbron hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Assistant Secretary (title) for CF #11507 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

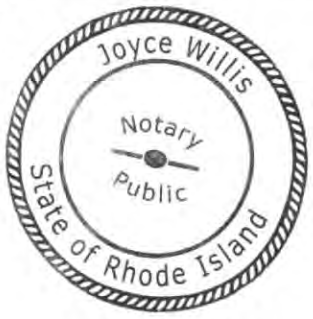
Linda M. Cimbron

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14th day of March, 20 23

Joyce Willis

Notary Public



Joyce Willis
Notary Public
State of Rhode Island
Comm Exp. 10/14/2023

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda M. Cimbron, Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Linda M. Cimbron

Original signature of Authorized Person (copies or stamps not accepted)

3/14/23

Date

Board Use Only	Date Received: 3-20-23	Amount: 500.00 CK-5103156O

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 02/01/2023
Amount:
License #: 23470

Griselda K. Noris

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:02/01/2023
Expires:08/01/2023

Griselda K. Noris

License #
23470
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 23470
Effective Date:02/01/2023

Expires: 08/01/2023
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Griselda K. Noris

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34360** Expiration Date: **01/31/2024**

Balances: **1**

CF #11507
909 E COLLINS BLVD STE 102
RICHARDSON, TX 75081

Timothy L. Tucker, Pharm.D.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

CVS Pharmacy, Inc.
CF #11507
909 East Collins Blvd., Ste 102
Richardson, TX 75081

CVS Pharmacy, Inc.
One CVS Drive
Woonsocket, RI 02895
Ownership - 100 %

Personnel Name	Management Title	Business Address	Phone
Carol A. DeNale	President/Treasurer - Director	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Thomas S. Moffatt	Vice President/ Secretary - Director	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Joshua C. Cole	Assistant Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Sheelagh M. Beaulieu	Assistant Treasurer	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Linda M. Cimbron	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Melanie K. St Angelo	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Kimberley M. DeSousa	Assistant Secretary	One CVS Drive, Woonsocket, RI 02895	401-765-1500

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Certificate of Authority for CVS Pharmacy, Inc. (file number 800032459), a RHODE ISLAND, USA, Foreign For-Profit Corporation, was filed in this office on December 03, 2001.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 15, 2023.

Jane Nelson
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34360

CF #11507

License Information

License Status Active
License # 34360
Expiration Date 01/31/2024
Date License Issued 07/11/2022

Address

909 E COLLINS BLVD STE 102
RICHARDSON, TX 75081
County DALLAS
Phone

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
NORIS, GRISELDA KIMBERLY

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below If Available)	

Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 3251401 34360 CF11507 2022-10 10-2027.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No

Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	Yes

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ALRABABAH, ISLAM MOHAMMAD	70308	04/14/2022	08/31/2024	Staff	Active
MALHOTRA, NISHA	56219	02/19/2015	05/31/2023	Staff	Active
MIRZA, SHAZIA HAREEM	51298	05/03/2012	08/31/2023	Staff	Active
NORIS, GRISELDA KIMBERLY	65295	08/08/2019	01/31/2024	PIC	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ARIF, OZLIM	345856	10/04/2022	10/31/2024	Staff	Active
CAMPOS, MICHAEL A	290897	11/27/2018	11/30/2024	Staff	Active
CAPUCHINO, NAYELI GUADALUPE	346088	10/07/2022	10/31/2024	Staff	Active
CRUZ, GUADALUPE	198493	06/29/2011	06/30/2023	Staff	Active
DEATON, RACHEL	264402	12/06/2016	05/31/2023	Staff	Active
DIXON , ALAYSHIOUS J	316187	01/01/2021	01/31/2023	Staff	Expired
GONZALEZ, ERICK ESAU	104555	08/12/2004	08/31/2024	Staff	Active
HOSSAIN, MAKSUD	347982	11/15/2022	12/31/2024	Staff	Active
LOYST, MARISSA LEIGH	238396	12/19/2014	01/31/2025	Staff	Active
MCGHEE, VALARIE	309402	07/14/2020	07/31/2024	Staff	Active
PRADO, ANABEL	336347	02/22/2022	02/29/2024	Staff	Active
RODRIGUEZ, WALTER ALEJANDRO	277648	12/06/2017	10/31/2024	Staff	Active
TITANJI, JUGHA	264813	12/15/2016	12/31/2024	Staff	Active
WHITE, SONYA ELAINE	152998	09/26/2008	04/30/2024	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
CVS PHARMACY, INC.	OWNER	ONE CVS DRIVE,	WOONSOCKET	RI	02895
ST ANGELO, MELANIE K	OFFICER	,			
CIMBRON, LINDA M	OFFICER	,			
BEAULIEU, SHEELAGH	OFFICER	,			
DESOUSA, KIMBERLEY M	OFFICER	,			
COLE, JOSHUA	OFFICER	,			
DENALE, CAROL A	OFFICER	,			
MOFFATT, THOMAS S	OFFICER	,			

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Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *CF #11507* **License Number:** *34360*

Class of License: *A*

Inspection Information

Type: *Compliance* **Purpose:** *Licensee Request*

Date: *10/06/2022* **Arrival Time:** *9:15 AM* **Departure Time:** *11:15 AM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Not Applicable*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Not Applicable*
59. Proper drug destruction	*Not Applicable*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

No controlled substances on site. Documented a zero initial controlled substances inventory during the inspection.

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Not Applicable*

76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Not Applicable*

Controlled Substances

10. Prescriptions separated	*Not Applicable*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Not Applicable*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*

61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
21. Data processing records complete	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Not Applicable*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Not Applicable*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Not Applicable*
82. Patient Medication Records	*Not Applicable*
84. Drug regimen review	*Not Applicable*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*

Comment

Advised to maintain a list of name, address, telephone number and license number of the pharmacies involved in centralized dispensing as part of the Centralized Dispensing Policies and Procedures (see TSBP Rule 291.125(c)(4)(B)).

92. Automated dispensing policy & procedures	*Satisfactory*

291.33(i)(2)(C).
Automated devices and systems in a pharmacy. Automated pharmacy dispensing systems. Quality assurance program. A pharmacy which uses an automated pharmacy dispensing system to fill prescription drug orders shall operate according to a quality assurance program of the automated pharmacy dispensing system which:

(i) requires continuous monitoring of the automated pharmacy dispensing system; and

(ii) establishes mechanisms and procedures to test the accuracy of the automated pharmacy dispensing system at least every twelve months and whenever any upgrade or change is made to the system and documents each such activity.

291.33(i)(2)(D).
Automated devices and systems in a pharmacy. Automated pharmacy dispensing systems. Policies and procedures of operation.

(i) When an automated pharmacy dispensing system is used to fill prescription drug orders, it shall be operated according to written policies and procedures of operation. The policies and procedures of operation shall:

(I) provide for a pharmacist's review, approval, and accountability for the transmission of each original or new prescription drug order to the automated pharmacy dispensing system before the transmission is made;

(II) provide for access to the automated pharmacy dispensing system for stocking and retrieval of medications which is limited to licensed healthcare professionals or pharmacy technicians acting under the supervision of

92. Automated dispensing policy & procedures *(continued)* *Satisfactory*

a pharmacist;

(III) require that a pharmacist checks, verifies, and documents that the correct medication and strength of bulk drugs, prepackaged containers, or manufacturer's unit of use packages were properly stocked, filled, and loaded in the automated pharmacy dispensing system prior to initiating the fill process; alternatively, an electronic verification system may be used for verification of manufacturer's unit of use packages or prepacked medication previously verified by a pharmacist;

(IV) provide for an accountability record to be maintained that documents all transactions relative to stocking and removing medications from the automated pharmacy dispensing system;

(V) require a prospective drug regimen review is conducted as specified in subsection (c)(2) of this section; and

(VI) establish and make provisions for documentation of a preventative maintenance program for the automated pharmacy dispensing system.

(ii) A pharmacy that uses an automated pharmacy dispensing system to fill prescription drug orders shall, at least annually, review its written policies and procedures, revise them if necessary, and document the review.

Comment

Advised to develop and implement a Q/A program and policies & procedures for the Automated Pharmacy Dispensing System (i.e., Parata) that meets the TSBP Rule requirements.

Non-Sterile Compounding

38. Area for non-sterile compounding *Not Applicable*

43. Records for non-sterile compounding *Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- **Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and**
- **Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).**

Nisha Malhotra PIC

Terri Burrows

4RRR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: PH 02628	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: CUSTOM FORMULARY INC.

Physical Address: 1341 W. MOCKINGBIRD LANE, SUITE 304W

City: DALLAS State: TX Zip: 75247

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 214-220-0007 Toll Free # (NAC 639.708, NRS 639.23286): 1-866-696-5045

Fax: 214-220-2850 Contact Email: PHARMACIST@LIFESPANPHARMACY.COM

Website: WWW.LIFESPANPHARMACY.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): CINDY SHAU

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23541

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: CINDY SHAU	NV Pharmacist Registration #: 23541
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: TEXAS

Parent Company (if any): NONE

Corporation Name: CUSTOM FORMULARY INC.

Mailing Address: 1341 W. MOCKINGBIRD LANE, SUITE 304W

City: DALLAS State: TX Zip: 75247

Telephone: 214-220-0007 Email: PHARMACIST@LIFESPANPHARMACY.COM

Contact Person Name: CINDY SHAU

Date of SEC Registration: 2/11/2004 | SEC Registration Number: 800303650 | Stock Exchange Symbol: PRIVATE

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for CUSTOM FORMULARY, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

GINA RENNA

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

03/22/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, GINA RENNA hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for CUSTOM FORMULARY, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of March, 2023

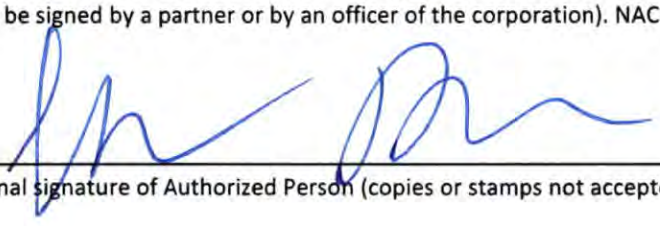
Notary Public

JENNIFER D. ROLLINS
Notary Public, State of Texas
Comm. Expires 03-12-2026
Notary ID 128209384

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GINA RENNA

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

03/22/2023

Date

Board Use Only	Date Received: 3.27.23	Amount: 500.00 CC

List of Officers and Directors and their percent ownership for Custom Formulary, Inc

Giovanna Renna, Owner/Officer, 91%

Christian Renna, Owner, 9%

Franchise Tax Account Status

As of : 01/25/2023 16:46:43

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

CUSTOM FORMULARY, INC.	
Texas Taxpayer Number	17527866424
Mailing Address	1341 W MOCKINGBIRD LN STE 304W DALLAS, TX 75247-4400
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	02/11/2004
Texas SOS File Number	0800303650
Registered Agent Name	CHRISTIAN J. RENNA
Registered Office Street Address	2706 FAIRMOUNT ST. DALLAS, TX 75201

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

MR I am the Pharmacist-in-Charge (PIC) of *LIFESPAN PHARMACY, INC.*, pharmacy license number *24217*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *01/28/2022*.

MR I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

MR I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

MR If applicable, the Warning Notice issued contains 2 deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

MR I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin, Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: Monique Robinson Date: 01/28/22

Printed Name: *MONIQUE ROBINSON* License No.(if applicable): *53994*

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *LIFESPAN PHARMACY, INC.* License Number: *24217*

Address: *1341 W MOCKINGBIRD LANE STE 304W, DALLAS, TX 75247* Phone: *(214) 220-0007*

Email:

Class of License: *A* License Expiration: *07/31/2023*

DEA #: *BL9516292* DEA Expiration: *03/31/2023*

Inspection Information

Type: *Compliance* Purpose: *Routine*

Date: *01/28/2022* Arrival Time: *11:00 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Monique Robinson

MONIQUE ROBINSON, PIC, 53994

Witnesses

ADRIENNE M. BAUER

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *LIFESPAN PHARMACY, INC.* License Number: *24217*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Routine*
Date: *01/28/2022* Arrival Time: *11:00 AM* Departure Time: *12:00 PM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Comment

Advised to wear identification tag or badge with name and title at all times.

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 6/4/2021

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 12/30/2021 O

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) — *Satisfactory*

34. Notifications — *Satisfactory*

Comment
See Code 22

76. PIC (Does the pharmacy have a pharmacist-in-charge?) — *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean — *Satisfactory*

04. Balance inspection — *Satisfactory*

05. Equipment Inspection — *Satisfactory*

07. Security — *Satisfactory*

08. Environment — *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) — *Satisfactory*

90. TSBP complaint notification — *Satisfactory*

Controlled Substances

10. Prescriptions separated — *Satisfactory*

24. Theft/Loss — *Satisfactory*

Comment
No theft or loss has occurred.

26. Controlled substance prescription compliance — *Satisfactory*

30. Controlled substance invoices dated/initialed by pharmacist — *Satisfactory*

35. Controlled substance invoices separated — *Satisfactory*

46. Drug distribution — *Not Applicable*

53. Possession of controlled substances — *Satisfactory*

57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) — *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) *Satisfactory*

45. Proper dispensing/labeling *Satisfactory*

54. Proper prepackaging procedures *Not Applicable*

Library

06. Required Library *Satisfactory*

Training

60. Documentation of required training *Satisfactory*

61. Supervision of supportive personnel *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available *Satisfactory*

21. Data processing records complete ***Unsatisfactory***

291.34(i)(1).

Other records. Other records to be maintained by a pharmacy:
A log of the initials or identification codes that will identify each pharmacist, pharmacy technician, and pharmacy technician trainee who is involved in the dispensing process, in the pharmacy's data processing system (the initials or identification code shall be unique to ensure that each individual can be identified, i.e., identical initials or identification codes shall not be used). Such log shall be maintained at the pharmacy for at least seven years from the date of the transaction.

Warning Notice. Due Date for Completed Correction: *02/27/2022*

Failure to assign unique initials or ID codes to each pharmacist. Correct/resolve deficiency by date noted.

22. Data processing system compliance ***Unsatisfactory***

291.34(e).

Prescription drug order records maintained in a data processing system.

(1) General requirements for records maintained in a data processing system.

(A) Compliance with data processing system requirements. If a Class A pharmacy's data processing system is not in compliance with this subsection, the pharmacy must maintain a manual record keeping system as specified in subsection (d) of this section.

(B) Original prescriptions. Original prescriptions shall be maintained in three files as specified in subsection (b)(6)(D) of this section.

(C) Requirements for backup systems.

(i) The pharmacy shall maintain a backup copy of information stored in the data processing system using disk, tape, or other electronic backup system and update this backup copy on a regular basis, at least monthly, to assure that data is not lost due to system failure.

(ii) Data processing systems shall have a workable (electronic) data retention system that can produce an audit trail of drug usage for the preceding two years as specified in paragraph (2)(H) of this subsection.

(D) Change or discontinuance of a data processing system.

(i) Records of dispensing. A pharmacy that changes or discontinues use of a data processing system must:

(I) transfer the records of dispensing to the new data processing system; or

(II) purge the records of dispensing to a printout that contains the same information required on the daily printout as specified in paragraph (2)(C) of this subsection. The information on this hard copy printout shall be sorted and printed by prescription number and list each dispensing for this prescription chronologically.

(ii) Other records. A pharmacy that changes or discontinues use of a data processing system must:

(I) transfer the records to the new data processing system; or

(II) purge the records to a printout that contains all of the information required on the original document.

(iii) Maintenance of purged records. Information purged from a data processing system must be

22. Data processing system compliance *(continued)* **Unsatisfactory**

maintained by the pharmacy for two years from the date of initial entry into the data processing system.

(E) Loss of data. The pharmacist-in-charge shall report to the board in writing any significant loss of information from the data processing system within 10 days of discovery of the loss.

(2) Records of dispensing.

(A) Each time a prescription drug order is filled or refilled, a record of such dispensing shall be entered into the data processing system.

(B) Each time a modification, change or manipulation is made to a record of dispensing, documentation of such change shall be recorded in the data processing system. The documentation of any modification, change, or manipulation to a record of dispensing shall include the identification of the individual responsible for the alteration. Should the data processing system not be able to record a modification, change, or manipulation to a record of dispensing, the information should be clearly documented on the hard copy prescription.

(C) The data processing system shall have the capacity to produce a daily hard copy printout of all original prescriptions dispensed and refilled. This hard copy printout shall contain the following information:

(i) unique identification number of the prescription;

(ii) date of dispensing;

(iii) patient name;

(iv) prescribing practitioner's name and the supervising physician's name if the prescription was issued by an advanced practice registered nurse, physician assistant or pharmacist;

(v) name and strength of the drug product actually dispensed; if generic name, the brand name or manufacturer of drug dispensed;

(vi) quantity dispensed;

(vii) initials or an identification code of the dispensing pharmacist;

(viii) initials or an identification code of the pharmacy technician or pharmacy technician trainee performing data entry of the prescription, if applicable;

(ix) if not immediately retrievable via computer display, the following shall also be included on the hard copy printout:

(I) patient's address;

(II) prescribing practitioner's address;

(III) practitioner's DEA registration number, if the prescription drug order is for a controlled substance;

(IV) quantity prescribed, if different from the quantity dispensed;

(V) date of issuance of the prescription drug order, if different from the date of dispensing; and

(VI) total number of refills dispensed to date for that prescription drug order; and

(x) any changes made to a record of dispensing.

(D) The daily hard copy printout shall be produced within 72 hours of the date on which the prescription drug orders were dispensed and shall be maintained in a separate file at the pharmacy. Records of controlled substances shall be readily retrievable from records of non-controlled substances.

(E) Each individual pharmacist who dispenses or refills a prescription drug order shall verify that the data indicated on the daily hard copy printout is correct, by dating and signing such document in the same manner as signing a check or legal document (e.g., J.H. Smith, or John H. Smith) within seven days from the date of dispensing.

(F) In lieu of the printout described in subparagraph (C) of this paragraph, the pharmacy shall maintain a log book in which each individual pharmacist using the data processing system shall sign a statement each day, attesting to the fact that the information entered into the data processing system that day has been reviewed by him or her and is correct as entered. Such log book shall be maintained at the pharmacy employing such a system for a period of two years after the date of dispensing; provided, however, that the data processing system can produce the hard copy printout on demand by an authorized agent of the Texas State Board of Pharmacy. If no printer is available on site, the hard copy printout shall be available within 72 hours with a certification by the individual providing the printout, stating that the printout is true and correct as of the date of entry and such information has not been altered, amended, or modified.

(G) The pharmacist-in-charge is responsible for the proper maintenance of such records, for ensuring that such data processing system can produce the records outlined in this section, and that such system is in compliance with this subsection.

(H) The data processing system shall be capable of producing a hard copy printout of an audit trail for all dispensing (original and refill) of any specified strength and dosage form of a drug (by either brand or generic name or both) during a specified time period.

(i) Such audit trail shall contain all of the information required on the daily printout as set out in subparagraph (C) of this paragraph.

(ii) The audit trail required in this subparagraph shall be supplied by the pharmacy within 72 hours, if requested by an authorized agent of the Texas State Board of Pharmacy.

(I) Failure to provide the records set out in this subsection, either on site or within 72 hours constitutes prima facie evidence of failure to keep and maintain records in violation of the Act.

(J) The data processing system shall provide online retrieval (via computer display or hard copy printout) of the information set out in subparagraph (C) of this paragraph of:

(i) the original controlled substance prescription drug orders currently authorized for refilling; and

(ii) the current refill history for Schedules III, IV, and V controlled substances for the immediately preceding six-month period.

(K) In the event that a pharmacy using a data processing system experiences system downtime, the following is applicable:

(i) an auxiliary procedure shall ensure that refills are authorized by the original prescription drug order and that the maximum number of refills has not been exceeded, or authorization from the prescribing practitioner shall be obtained prior to dispensing a refill; and

22. Data processing system compliance *(continued)* ***Unsatisfactory***

(ii) all of the appropriate data shall be retained for online data entry as soon as the system is available for use again.

(3) Authorization of refills. Practitioner authorization for additional refills of a prescription drug order shall be noted as follows:

(A) on the hard copy prescription drug order;
(B) on the daily hard copy printout; or
(C) via the computer display.

Warning Notice	Due Date for Completed Correction: *02/07/2022*
Failure to notify TSBP of loss of data from the processing system (6/2021-12/2021). Notify TSBP as required.	

Comment

Review requirements for backup systems:

(C) Requirements for backup systems.
(i) The pharmacy shall maintain a backup copy of information stored in the data processing system using disk, tape, or other electronic backup system and update this backup copy on a regular basis, at least monthly, to assure that data is not lost due to system failure.
(ii) Data processing systems shall have a workable (electronic) data retention system that can produce an audit trail of drug usage for the preceding two years as specified in paragraph (2)(H) of this subsection.

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*
92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

MONIQUE ROBINSON, PIC, 53994

Adrienne M Bauer

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility/Inspection Information

Name: *LIFESPAN PHARMACY, INC.* License Number: *24217*
Class of License: *A*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

Monique Robinson
MONIQUE ROBINSON, PIC, 53994

Date 01/28/22

Warning Notice

1. Rule/Law/Code: 291.34(i)(1).

   Explanation of Violation and Correction Needed:
   Failure to assign unique initials or ID codes to each pharmacist. Correct/resolve deficiency by date noted.

   Due Date for Completed Correction: *02/27/2022*

2. Rule/Law/Code: 291.34(e).

   Explanation of Violation and Correction Needed:
   Failure to notify TSBP of loss of data from the processing system (6/2021-12/2021). Notify TSBP as required.

   Due Date for Completed Correction: *02/07/2022*

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 24217

CUSTOM FORMULARY INC.

License Information

License Status Active
License # 24217
Expiration Date 07/31/2023
Date License Issued 07/22/2005

Address

1341 W MOCKINGBIRD LANE STE 304W
DALLAS, TX 75247
County DALLAS
Phone (214) 220-0007

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds 0

Employment Information

Pharmacist in Charge
SHAU, CINDY YOON

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 280554 24217 LIFESPANPHARMACYINC 2018-08 08-2023.pdf
- 280554 24217 V LIFESPANPHARMACYINC 2022-01 01-2027.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	Yes
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No

Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
SHAU, CINDY YOON	68374	04/08/2021	09/30/2023	PIC	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ROLLINS, JENNIFER DIANE	177644	04/14/2011	01/31/2025	Staff	Active

Page 1 of 0 20 View 1 - 1 of 1

Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
LIFESPAN PHARMACY, INC	OWNER	2311 CEDAR SPRINGS RD S	DALLAS	TX	75201
RENNA, GINA	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BL9516292	08-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-15-2023

CUSTOM FORMULARY, INC
1341 W MOCKINGBIRD LN STE 304W
DALLAS, TX 752474400

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BL9516292	08-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-15-2023

CUSTOM FORMULARY, INC
1341 W MOCKINGBIRD LN STE 304W
DALLAS, TX 752474400

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/15/2023
Amount:
License #: 23541

Cindy Y. Shau

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/15/2023
Expires:09/15/2023

Cindy Y. Shau

License #
23541
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 23541
Effective Date:03/15/2023

Expires: 09/15/2023
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Cindy Y. Shau

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4SSS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Ivation Pharmacy LLC

Physical Address: 305 N Heatherwilde Blvd. Ste 220

City: Pflugerville State: TX Zip: 78660

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (512) 549-8519 Toll Free # (NAC 639.708, NRS 639.23286): (844) 224-1101

Fax: (866) 676-5890 Contact Email: licensing@ivationrx.com

Website: www.ivationrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Amanda Larson

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23510

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Amanda Larson	NV Pharmacist Registration #: 23510
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Ivation Pharmacy Holdco LLC

Corporation/Organization Name: Ivation Pharmacy LLC

Mailing Address: 1407 Broadway Ave. Suite 1910

City: New York State: NY Zip: 10018

Telephone: 201-341-2373 Email: licensing@ivationrx.com

Contact Person Name: Tom Vigdal

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the EVP, Cloud and Specialty Pharmacy (title) for Ivation Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Nameth

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/10/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Michael Nameth hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the EVP, Cloud and Specialty Pharmacy (title) for Ivation Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23 day of March, 2023

Notary Public

CARA LANE
Notary Public - State of Florida
Commission # HH 339744
My Comm. Expires Dec 20, 2026
Bonded through National Notary Assn.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Nameth, EVP, Cloud and Specialty Pharmacy

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/10/2023
Date

Board Use Only	Date Received: 4-13-23	Amount: 500.00 CK - 2661

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVATION PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IVATION PHARMACY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6190219 8300

SR# 20231391486

Authentication: 203117880

Date: 04-11-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

3510



This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **34351** Expiration Date: **07/31/2024**

Balances: **0**

IVATION PHARMACY LLC
305 N HEATHERWILDE BLVD STE 220
PFLUGERVILLE TX 78660

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34351

IVATION PHARMACY LLC

License Information

License Status Active
License # 34351
Expiration Date 07/31/2024
Date License Issued 07/08/2022

Address

305 N HEATHERWILDE BLVD STE 220
PFLUGERVILLE, TX 78660
County TRAVIS
Phone (844) 224-1101

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
LARSON, AMANDA LYNN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No

Translating services (Listed Below If Available)

Spanish
Vietnamese
Other

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 3233559 34351 IVATIONPHARMACYLLC 2022-07 07-2027.pdf
- 3233559 34351 IVATIONPHARMACYLLC 2023-03 03-2028.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	No
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No

Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
COSTELLO, DEANNA BETH	59341	08/25/2016	08/31/2024	Staff	Active
LARSON, AMANDA LYNN	43872	11/03/2005	02/28/2025	PIC	Active

Page 1 of 1 20 View 1 - 2 of 2

Texas Registered Technician Trainee Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 20 No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
IVATION PHARMACY LLC	OWNER	,			
NAMETH, MICHAEL A	OFFICER	,			
CHAIKEN, GEOFFREY EDWARD	OFFICER	,			
VIGDAL, THOMAS JOGN	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Ivation Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): new application

Physical Address: 305 N Heatherwilde Blvd. Ste 220

City: Pflugerville State: TX Zip: 78660

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (512) 549-8519 Website: www.ivationrx.com

Licensing Company Email: licensing@ivationrx.com

Section 2: Personal Information

First: Amanda Middle: Lynn Last: Larson

Alias(es, nicknames, name changes, etc.): Amanda Moran

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]N Heatherwilde Blvd. Ste[redacted]

City: Pflugerville State: TX Zip: 78660

Telephone: (512) 549-8519 Email: amanda.larson@ivationrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		City	State	Zip	From - To (MM/YY – MM/YY)
Roncalli High School					08/94 - 06/98
Address: 3300 Prague Rd		Indianapolis	IN	46227	
Diploma/Degree obtained, if any: High School Diploma					
School Name: Butler University					From - To (MM/YY – MM/YY): 08/98 - 05/04
Address: 4600 Sunset Ave.		Indianapolis	IN	46208	
Diploma/Degree obtained, if any: PharmD					
School Name					From - To (MM/YY – MM/YY)
Address		City	State	Zip	
Diploma/Degree obtained, if any					
School Name					From - To (MM/YY – MM/YY)
Address		City	State	Zip	
Diploma/Degree obtained, if any					
School Name					From - To (MM/YY – MM/YY)
Address		City	State	Zip	
Diploma/Degree obtained, if any					

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/18 - Current	[redacted] W. 14th St	Austin	TX	78703
07/15 - 09/18	[redacted] Barton Springs Rd.	Austin	TX	78704
09/13 - 07/15	[redacted] Glass Canyon	San Antonio	TX	78260
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Ivation Pharmacy LLC			04/2022 - Present
Business Address	**City**	**State**	**Zip**
305 N Heatherwilde Blvd. Ste 220	Pflugerville	TX	76880
Phone	**Title**		**Number of Employed Hours**
(512) 549-8519	Pharmacist in Charge		40 Hrs/Wk ~1,880
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Tarrytown Expocare Pharmacy			04/2019 - 03/2022
Business Address	**City**	**State**	**Zip**
8500 Shoal Creek Boulevard, Suite 200	Austin	TX	78757
Phone	**Title**		**Number of Employed Hours**
	Staff Pharmacist		40 Hrs/Wk ~6,080
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Sam's Club			11/2007 - 04/2019
Business Address	**City**	**State**	**Zip**
2101 SC Simple Savings Drive	Bentonville	AR	72716
Phone	**Title**		**Number of Employed Hours**
	Pharmacy Manager		40 Hrs/Wk ~23,800
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			06/2004 - 11/2007
Business Address	**City**	**State**	**Zip**
200 Wilmot Road	Deerfield	IL	60015
Phone	**Title**		**Number of Employed Hours**
	Pharmacy Manager		40 Hrs/Wk ~7,120
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			05/2000 - 06/2004
Business Address	**City**	**State**	**Zip**
200 Wilmot Road	Deerfield	IL	60015
Phone	**Title**		**Number of Employed Hours**
	Pharmacy Intern		40 Hrs/Wk ~8,520
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Amanda Lee

Original Signature (electronic, copies or stamps not accepted)

3/30/23

Date

I, Amanda Larson, certify that as the designated representative for

Ivation Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AL I am at least 21 years of age;
3. AL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Amanda Larson
Print Name (First, Last)

Amanda Larson
Original Signature (electronic, copies or stamps not accepted)

3/30/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amanda Larson

Print Name (First, Last)

Amanda Larson — 3/30/23

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Travis

I, Amanda Larson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Larson — 3/30/23

Original Signature — Date

Subscribed and Sworn to before me this 30 day of March 2023.

Wendy M Foster

Notary Public Signature

WENDY M. FOSTER
Notary Public, State of Texas
Comm. Expires 02-12-2024
Notary ID 124802410

(Seal)

Ivation Pharmacy LLC
1407 Broadway, Suite 1910
New York, NY 10018
FEIN #87-3528704

Ownership Information
Ivation Pharmacy Holdco LLC
1407 Broadway, Suite 1910
New York, NY 10018
FEIN: 87-3542888
Ownership: 100% of Ivation Pharmacy LLC

Geoffrey Chaiken
Chief Executive Officer

Business Address:
1407 Broadway, Suite 1910
New York, NY 10018

Home Address:
[redacted] SE 16th Street
Bellevue, WA 98004

Phone: [redacted]

Date of Birth: [redacted]
Social Security # [redacted]

Michael Nameth
Executive Vice President, Cloud and Specialty Pharmacy

Business Address:
1407 Broadway, Suite 1910
New York, NY 10018

Home Address:
[redacted] McDaniel Lane
Sarasota, FL 34240

Phone: [redacted]

Date of Birth: [redacted]
Social Security [redacted]

Ohio Pharmacist #03311863 Issued 8/4/1976
West Virginia Pharmacist #RP0003476 Issued 6/5/1978

Thomas Vigdal
General Counsel and Secretary

Business Address:
1407 Broadway, Suite 1910
New York, NY 10018

Home Address:
[redacted] Primrose Lane
San Carlos, CA 94070

Phone: [redacted]

Date of Birth: [redacted]
Social Security # [redacted]

CA Bar #252814 Issued 12/04/2007

No Officer has an ownership interest in the entity.

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *IVATION PHARMACY LLC*

License Number: *34351*

Address: *305 N HEATHERWILDE BLVD STE 220, PFLUGERVILLE, TX 78660*

Phone: *(844) 224-1101*

Email:

Class of License: *A*

License Expiration: *07/31/2024*

DEA #: *N/A*

DEA Expiration:

Inspection Information

Type: *Compliance*

Purpose: *New Pharmacy*

Date: *03/01/2023*

Arrival Time: *10:00 AM*

Acknowledgment

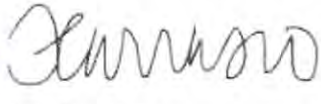
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



Amanda Lynn Larson *PIC* *43872*

Witness



Felicia Carrasco

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *IVATION PHARMACY LLC* License Number: *34351*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *New Pharmacy*

Date: *03/01/2023* Arrival Time: *10:00 AM* Departure Time: *10:45 AM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Not Applicable*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Not Applicable*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Initial controlled substance inventory completed on: 3/1/2023 (opening date was 11/15/22), zero c/s inventory completed during inspection

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Not Applicable*

IVATION PHARMACY LLC 34351

34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Not Applicable*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Not Applicable*
30. Controlled substance invoices dated/initialed by pharmacist	*Not Applicable*
35. Controlled substance invoices separated	*Not Applicable*
46. Drug distribution	*Not Applicable*
53. Possession of controlled substances	*Not Applicable*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactory*

Training

IVATION PHARMACY LLC 34351

60. Documentation of required training	*Not Applicable*
61. Supervision of supportive personnel	*Not Applicable*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Not Applicable*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Amanda Larson



Felicia Carrasco

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

I am the Pharmacist-in-Charge (PIC) of *IVATION PHARMACY LLC*, pharmacy license number *34351*, and I ✔ was/ ___ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *03/01/2023*.

I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: 

Date: *03/01/2023*

Printed Name: *Amanda Larson*

License No.(if applicable): *43872*

4TTT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: PH PH 04322	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service (non controlled no compounds) ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday 9-7	☑ Friday 9-7	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday 9-7	☑ Saturday 9-3	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday 9-7	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday 9-7	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Live Well Pharmacy

Physical Address: 4001 Long Prairie Rd Ste 100

City: Flower Mound State: TX Zip: 75028

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 469-771-4117 Toll Free # (NAC 639.708, NRS 639.23286): 833-827-3477

Fax: 469.771-4118 Contact Email: livewellpharmacytx@gmail.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Lara Golwas

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21103

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____
Name: _____ NV Pharmacist Registration #: _____

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____
Name: _____ Credentials: _____ %: _____

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company (LLC)

State of Incorporation/Organization: Texas

Parent Company (if any): N/A

Corporation/Organization Name: Live Well Rx, LLC

Mailing Address: 4001 Long Prairie Rd Ste 100

City: Flower Mound State: TX Zip: 75028

Telephone: 469-771-4117 Email: livewellpharmacytx@gmail.com

Contact Person Name: Linda Tran

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☑ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist (title) for Live Well Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Lora C Golucs

Print Name of Authorized Person

Lora Golucs

Original signature of Authorized Person (copies or stamps not accepted)

3/21/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Lara Golvas hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist (title) for LiveWell Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22 day of March, 20 23

Notary Public

VICTORIA DUNG NGUYEN
Notary ID #134134863
My Commission Expires
January 9, 2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda Tran

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/20/23

Date

Board Use Only	Date Received: 3-29-23	Amount: 500.00 MO-19-4661575844

Live Well Pharmacy LLC

Linda Tran (Registered RPh in Texas)	Sole Officer	100%

Home Address: [redacted] Palamedes St, Lewisville, Tx 75056

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Live Well Rx, LLC (file number 804740736), a Domestic Limited Liability Company (LLC), was filed in this office on September 22, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 13, 2023.

Jane Nelson
Secretary of State

Franchise Tax Account Status

As of : 03/07/2023 12:26:13

This page is valid for most business transactions but is not sufficient for filings with the Secretary of State

LIVE WELL RX, LLC	
Texas Taxpayer Number	32086454348
Mailing Address	512 PALAMEDES ST LEWISVILLE, TX 75056-6247
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	09/22/2022
Texas SOS File Number	0804740736
Registered Agent Name	LINDA TRAN
Registered Office Street Address	512 PALAMEDES ST. LEWISVILLE, TX 75056

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Live Well Rx, LLC
File Number: 804740736

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 09/22/2022

Effective: 09/22/2022

John B. Scott
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	Live Well Pharmacy
Address:	4001 Prairie Road, Suite 100 Flower Mound, Texas 75028
License No.:	34617
Date Issued:	February 22, 2023
Licensure Status:	Active
Expiration Date:	February 28, 2025
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Live Well Pharmacy (Texas Pharmacy License #34617) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

March 27, 2023
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

March 27, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
Email: pharmacy@pharmacy.nv.gov

RE: Live Well Pharmacy (Texas Pharmacy License #34617)

Hello:

On March 21, 2023, the Texas State Board of Pharmacy (TSBP) received a request for information regarding the above-described licensee.

We have enclosed documents responsive to the request.

The Texas State Board of Pharmacy would like to request your assistance in assessing the customer service you received. We appreciate your time and input. Please use https://www.surveymonkey.com/r/WYGCJKS to access the survey.

If you need additional information, please contact Sandra Chatham, Senior Administrative Assistant, at (512) 305-8073.

Sincerely,

Open Records
Texas State Board of Pharmacy

Enclosures

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Live Well Pharmacy

Pharmacy/Wholesaler License # (if applicable) Bristol Pharmacy (old ownership) #PH04322

Physical Address 4001 Long Prairie Rd Ste 100

City Flower Mound State TX Zip 75028

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 469-791-4117 Website N/A

Licensing Company Email livewellpharmacy[redacted]tx@gmail.com

Section 2: Personal Information

First Lara Middle Casey Last Golwas

Alias(es, nicknames, name changes, etc.) Casey (Maiden name)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Wolcott Drive

City Flower Mound State TX Zip 75028

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
UT Austin - College of Pharmacy			08/92 - 12/94	
Address		City	State	Zip
2409 University Ave		Austin	TX	78712
Diploma/Degree obtained, if any				
B.S. Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Texas A&M University			08/88 - 05/92	
Address		City	State	Zip
400 Bizzell St.		College Station	TX	77843
Diploma/Degree obtained, if any				
B.S. Biomedical Science				
School Name			From - To (MM/YY – MM/YY)	
Plano Senior High School			08/86 - 05/88	
Address		City	State	Zip
2200 Independence Pkwy		Plano	TX	75075
Diploma/Degree obtained, if any				
High school diploma				
School Name			From - To (MM/YY – MM/YY)	
Vines High School			08/84 - 05/86	
Address		City	State	Zip
1401 Highedge Dr.		Plano	TX	75075
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2013-current	[redacted] Wolcott Drive	Flower Mound	TX	75028
05/2005 08/13	[redacted] Westwego Trail	Cypress	TX	77429
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Bristol Pharmacy			12/19 - Present	
Business Address		**City**	**State**	**Zip**
4001 Long Prairie Rd Ste 100		Flower Mound	TX	75028
Phone	**Title**		**Number of Employed Hours**	
469-771-4117	Staff Pharmacist		6,720	
Description of Duties				
Verify Rx's, type rx's, counsel pt's on rx's, perform drug inventories				

Business Name			From - To (MM/YY – MM/YY)	
Market Street Pharmacy			5/2014 - 12/2019	
Business Address		**City**	**State**	**Zip**
985 W. Bethany Dr.		Allen	TX	75013
Phone	**Title**		**Number of Employed Hours**	
972 908 3830	Staff Pharmacist		4295	
Description of Duties				
Verify Rx's, counseling pt's on rx's, perform drug inventories				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Lara Golves, **certify that as the designated representative for** Live Well Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5805, NAC 639.5935):

1. LG I am at least 21 years of age;
3. LG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. LG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. LG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. LG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. LG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Lara C- Golves

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/21/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara Caldwell

Print Name (First, Last)

Lara Caldwell

Original Signature (electronic, copies or stamps not accepted)

Date 3/22/2023

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Lara Caldwell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lara Caldwell

Original Signature

Date 3/22/2023

Subscribed and Sworn to before me this 22 day of March.

Victoria Dung Nguyen

Notary Public Signature

VICTORIA DUNG NGUYEN
Notary ID #134134863
My Commission Expires
January 9, 2027

(Seal)

Applicant's initials LC

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/03/2022
Amount:
License #: 21163

Lara C. Golwas

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/02/2022
Expires:10/31/2023

Lara C. Golwas

License #
21163
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21163
Effective Date:03/02/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Lara C. Golwas

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Live Well Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) Tx # 34617

Physical Address 4001 Long Prairie Rd Ste 100

City Flower Mound State TX Zip 75028

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 469-771-4117 Website N/A

Licensing Company Email livewell pharmacy tx @gmail.com

Section 2: Personal Information

First Linda Middle _____ Last Tran

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Palamedes St

City Lewisville State TX Zip 75056

Telephone [redacted] Email livewellpharmacy@yahoo.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Abramson High School	2000 - 2004

Address	City	State	Zip
5552 Read Blvd	New Orleans	LA	70127

Diploma/Degree obtained, if any: High School diploma

School Name	From - To (MM/YY – MM/YY)
Xavier University College of Pharmacy	2004 - 2011

Address	City	State	Zip
1 Drexel Dr.	New Orleans	LA	70125

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/16 – present	[redacted] Palamedes St.	Lewisville	TX	75056
05/11 - 5/16	[redacted] Legend Ln	The Colony	TX	75056

Personal History Application (Applicant's Initials LT) 2 of 7

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name NA			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/22/23

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Denton

I, Linda Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/22/23

Date

Subscribed and Sworn to before me this 22 day of March.

Notary Public Signature

VICTORIA DUNG NGUYEN
Notary ID #134134863
My Commission Expires
January 9, 2027

(Seal)

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *LIVE WELL PHARMACY* License Number: *34617*

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*

Date: *03/20/2023* Arrival Time: *10:30 AM* Departure Time: *12:15 PM*

Action Taken: *Inspection*

General Comments:

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Satisfactory*

Comment

CHOW controlled substance inventory completed on: 3/6/2023 @7pm

69. Annual controlled substance inventory	*Not Applicable*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	***Unsatisfactory***

34. Notifications *(continued)* ***Unsatisfactory***

297.9.

(a) Change of Address and/or Name.

(1) Change of address. A pharmacy technician or pharmacy technician trainee shall notify the board electronically or in writing within 10 days of a change of address, giving the old and new address and registration number.

(2) Change of name.

(A) A pharmacy technician or pharmacy technician trainee shall notify the board in writing within 10 days of a change of name by sending a copy of the official document reflecting the name change (e.g., marriage certificate, divorce decree, etc.).

(B) An amended registration and/or certificate reflecting the new name of the pharmacy technician or pharmacy technician trainee will be issued by the board.

(b) Change of Employment. A pharmacy technician or pharmacy technician trainee shall report electronically or in writing to the board within 10 days of a change of employment giving the name and license number of the old and new pharmacy and registration number.

315.6.

(a) Not later than the next business day after the date a controlled substance prescription is dispensed, a pharmacy must electronically submit to the board the following data elements:

(1) the prescribing practitioner's DEA registration number including the prescriber's identifying suffix of the authorizing hospital or other institution's DEA number when applicable;

(2) the official prescription form control number if dispensed from a written official prescription form for a Schedule II controlled substance;

(3) the board's designated placeholder entered into the control number field if the prescription is electronic and meets the requirements of Code of Federal Regulations, Title 21, Part 1311;

(4) the patient's name, date of birth, and address including city, state, and zip code; or such information on the animal's owner if the prescription is for an animal;

(5) the date the prescription was issued and dispensed;

(6) the NDC # of the controlled substance dispensed;

(7) the quantity of controlled substance dispensed;

(8) the pharmacy's prescription number; and

(9) the pharmacy's DEA registration number.

(b) A pharmacy must electronically correct dispensing data submitted to the board within seven business days of identifying an omission, error, or inaccuracy in previously submitted dispensing data.

(c) If a pharmacy does not dispense any controlled substance prescriptions, the pharmacy must electronically submit to the board a zero report indicating that no controlled substances were dispensed every seven days. If the pharmacy subsequently begins dispensing controlled substances, the pharmacy must begin reporting as specified in subsection (a) of this section.

(d) A pharmacy that does not dispense controlled substances may request a waiver of the zero reporting requirements by submitting a waiver request form and providing any information requested on the form. If the pharmacy subsequently begins dispensing controlled substances, the waiver is no longer valid, and the pharmacy must begin reporting as specified in subsection (a) of this section.

Comment

Notify all affected entities of new TSBP license number, name and new DEA number.

Warning Notice Due Date for Completed Correction: *04/19/2023*

Failure to have signage with pharmacy's new name. Update all signage to pharmacy's new name. See 560.002,

34. Notifications (continued) **Unsatisfactory**

565.001(5), 281.8(c)(3).

Warning Notice — Due Date for Completed Correction: 04/19/2023

Failure to electronically submit controlled substance prescription information to TSBP with new DEA number. Correct/resolve deficiency by date noted.

76. PIC (Does the pharmacy have a pharmacist-in-charge?) *Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean *Satisfactory*

04. Balance inspection *Satisfactory*

Comment

Number of balances: 0

05. Equipment Inspection *Satisfactory*

07. Security *Satisfactory*

08. Environment *Satisfactory*

48. Drugs (procurement, temperature, security, out-of-date, samples) *Satisfactory*

90. TSBP complaint notification *Satisfactory*

Controlled Substances

10. Prescriptions separated *Satisfactory*

24. Theft/Loss *Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance *Satisfactory*

30. Controlled substance invoices dated/initialed by pharmacist *Satisfactory*

35. Controlled substance invoices separated *Satisfactory*

46. Drug distribution *Not Applicable*

53. Possession of controlled substances *Satisfactory*

57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) *Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?) **Unsatisfactory**

32. Prescription label (Is prescription label complete?) *(continued)* **Unsatisfactory**

291.33(c)(7).

Labeling.

(A) At the time of delivery of the drug, the dispensing container shall bear a label in plain language and printed in an easily readable font size, unless otherwise specified, with at least the following information:

(i) name, address and phone number of the pharmacy;

(ii) unique identification number of the prescription that is printed in an easily readable font size comparable to but no smaller than ten-point Times Roman;

(iii) date the prescription is dispensed;

(iv) initials or an identification code of the dispensing pharmacist;

(v) name of the prescribing practitioner;

(vi) if the prescription was signed by a pharmacist, the name of the pharmacist who signed the prescription for a dangerous drug under delegated authority of a physician as specified in Subtitle B, Chapter 157, Occupations Code;

(vii) name of the patient or if such drug was prescribed for an animal, the species of the animal and the name of the owner that is printed in an easily readable font size comparable to but no smaller than ten-point Times Roman. The name of the patient's partner or family member is not required to be on the label of a drug prescribed for a partner for a sexually transmitted disease or for a patient's family members if the patient has an illness determined by the Centers for Disease Control and Prevention, the World Health Organization, or the Governor's office to be pandemic;

(viii) instructions for use that are printed in an easily readable font size comparable to but no smaller than ten-point Times Roman;

(ix) quantity dispensed;

(x) appropriate ancillary instructions such as storage instructions or cautionary statements such as warnings of potential harmful effects of combining the drug product with any product containing alcohol;

(xi) if the prescription is for a Schedule II - IV controlled substance, the statement "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed";

(xii) if the pharmacist has selected a generically equivalent drug or interchangeable biological product pursuant to the provisions of the Act, Chapter 562, the statement "Substituted for Brand Prescribed" or "Substituted for 'Brand Name'" where "Brand Name" is the actual name of the brand name product prescribed;

(xiii) the name and strength of the actual drug or biological product dispensed that is printed in an easily readable size comparable to but no smaller than ten-point Times Roman, unless otherwise directed by the prescribing practitioner;

(I) The name shall be either:

(-a-) the brand name; or

(-b-) if no brand name, then the generic drug or interchangeable biological product name and name of the manufacturer or distributor of such generic drug or interchangeable biological product. (The name of the manufacturer or distributor may be reduced to an abbreviation or initials, provided the abbreviation or initials are sufficient to identify the manufacturer or distributor. For combination drug products or non-sterile compounded drug preparations having no brand name, the principal active ingredients shall be indicated on the label.)

(II) Except as provided in clause (xii) of this subparagraph, the brand name of the prescribed drug or biological product shall not appear on the prescription container label unless it is the drug product actually dispensed.

(xiv) if the drug is dispensed in a container other than the manufacturer's original container, the date after which the prescription should not be used or beyond-use-date. Unless otherwise specified by the manufacturer, the

32. Prescription label (Is prescription label complete?) *(continued)* **Unsatisfactory**

beyond-use-date shall be one year from the date the drug is dispensed or the manufacturer's expiration date, whichever is earlier. The beyond-use-date may be placed on the prescription label or on a flag label attached to the bottle. A beyond-use-date is not required on the label of a prescription dispensed to a person at the time of release from prison or jail if the prescription is for not more than a 10-day supply of medication; and

(xv) either on the prescription label or the written information accompanying the prescription, the statement "Do not flush unused medications or pour down a sink or drain." A drug product on a list developed by the Federal Food and Drug Administration of medicines recommended for disposal by flushing is not required to bear this statement.

(B) If the prescription label required in subparagraph (A) of this paragraph is printed in a type size smaller than ten-point Times Roman, the pharmacy shall provide the patient written information containing the information as specified in subparagraph (A) of this paragraph in an easily readable font size comparable to but no smaller than ten-point Times Roman.

(C) The label is not required to include the initials or identification code of the dispensing pharmacist as specified in subparagraph (A) of this paragraph if the identity of the dispensing pharmacist is recorded in the pharmacy's data processing system. The record of the identity of the dispensing pharmacist shall not be altered in the pharmacy's data processing system.

(D) The dispensing container is not required to bear the label as specified in subparagraph (A) of this paragraph if:

(i) the drug is prescribed for administration to an ultimate user who is institutionalized in a licensed health care institution (e.g., nursing home, hospice, hospital);

(ii) no more than a 90-day supply is dispensed at one time;

(iii) the drug is not in the possession of the ultimate user prior to administration;

(iv) the pharmacist-in-charge has determined that the institution:

(I) maintains medication administration records which include adequate directions for use for the drug(s) prescribed;

(II) maintains records of ordering, receipt, and administration of the drug(s); and

(III) provides for appropriate safeguards for the control and storage of the drug(s); and

(v) the dispensing container bears a label that adequately:

(I) identifies the:

(-a-) pharmacy by name and address;

(-b-) unique identification number of the prescription;

(-c-) name and strength of the drug dispensed;

(-d-) name of the patient; and

(-e-) name of the prescribing practitioner or, if applicable, the name of the pharmacist who signed the prescription drug order;

(II) if the drug is dispensed in a container other than the manufacturer's original container, specifies the date after which the prescription should not be used or beyond-use-date. Unless otherwise specified by the manufacturer, the beyond-use-date shall be one year from the date the drug is dispensed or the manufacturer's expiration date, whichever is earlier. The beyond-use-date may be placed on the prescription label or on a flag label attached to the bottle. A beyond-use-date is not required on the label of a prescription dispensed to a person at the time of release from prison or jail if the prescription is for not more than a 10-day supply of medication; and

(III) sets forth the directions for use and cautionary statements, if any, contained on the prescription drug order or required by law.

Warning Notice **Due Date for Completed Correction:** *04/19/2023*

32. Prescription label (Is prescription label complete?) *(continued)*	***Unsatisfactory***
Failure to have pharmacy name on prescription label. Prescription labels shall bear pharmacy's new licensed name.	
45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Not Applicable*

Library

06. Required Library	*Satisfactary*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures/SOPs

70. Required policies & procedures/SOPs	*Satisfactory*
92. Automated dispensing policy & procedures/SOPs	*Not Applicable*

Non-Sterile Compounding

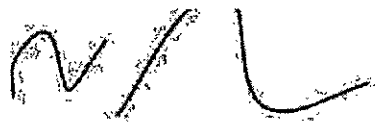
38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

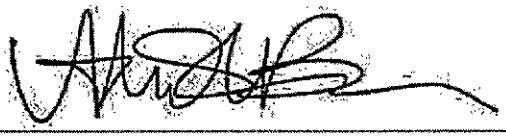
An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



VIVI NGUYEN



Adrienne M Bauer

TEXAS STATE BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class A pharmacy.

License No. **34617** Expiration Date: **02/28/2025**

Balances: 0

LIVE WELL PHARMACY
4001 LONG PRAIRIE RD STE 100
FLOWER MOUND TX 75028

Julie R. Spier, R.Ph.
President

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

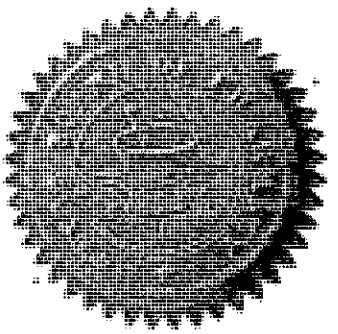
Re:	Live Well Pharmacy
Address:	4001 Long Prairie Road, Suite 100 Flower Mound, Texas 75028
License No.:	34617
Date Issued:	February 22, 2023
Licensure Status:	Active
Expiration Date:	February 28, 2025
Type of Pharmacy:	Community – Class A
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Live Well Pharmacy (Texas Pharmacy License #34617) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Deputy General Counsel
Texas State Board of Pharmacy

March 3, 2023
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL2527856	03-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-28-2023

LIVE WELL PHARMACY
4001 LONG PRAIRIE RD STE 100
FLOWER MOUND, TX 75028

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL2527856	03-31-2026	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	02-28-2023

LIVE WELL PHARMACY
4001 LONG PRAIRIE RD STE 100
FLOWER MOUND, TX 75028

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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4UUU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 02006	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: - Specialty - mail order	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☑ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Magellan Rx Pharmacy, LLC

Physical Address: 6870 Shadowridge Dr. Ste 111

City: Orlando State: FL Zip: 32812

Mailing Address (if different from physical address): 2900 Ames Crossing Rd.

City: Eagan State: MN Zip: 55121

Telephone: 866-554-2673 Toll Free # (NAC 639.708, NRS 639.23286): 866-554-2673

Fax: _____ Contact Email: pjohns@magellanhealth.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Isaac McGee ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21902 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Isaac McGee	NV Pharmacist Registration #: 21902
Name: Paras Priyadarshi	NV Pharmacist Registration #: 21758
Name: Maureen Jackson	NV Pharmacist Registration #: 22164
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration: _____ SEC Registration Number: _____ Stock Exchange Symbol: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): Prime Therapeutics LLC

Corporation/Organization Name: Morocco Acquisitions, LLC

Mailing Address: 2900 Ames Crossing Rd.

City: Eagan State: MN Zip: 55121

Telephone: 866-469-1257 Email: PJohns@magellanhealth.com

Contact Person Name: Paige Johns

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP, Pharmacy Operations (title) for Magellan Rx Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Gaurang Gandhi

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/22/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Gaurang Gandhi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP, Pharmacy Operations (title) for Magellan Rx Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30th day of November, 2022

Notary Public

PAMELA M. WHELAN
Notary Public - State of Maryland
Howard County
My Commission Expires Aug 7, 2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gaurang Gandhi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

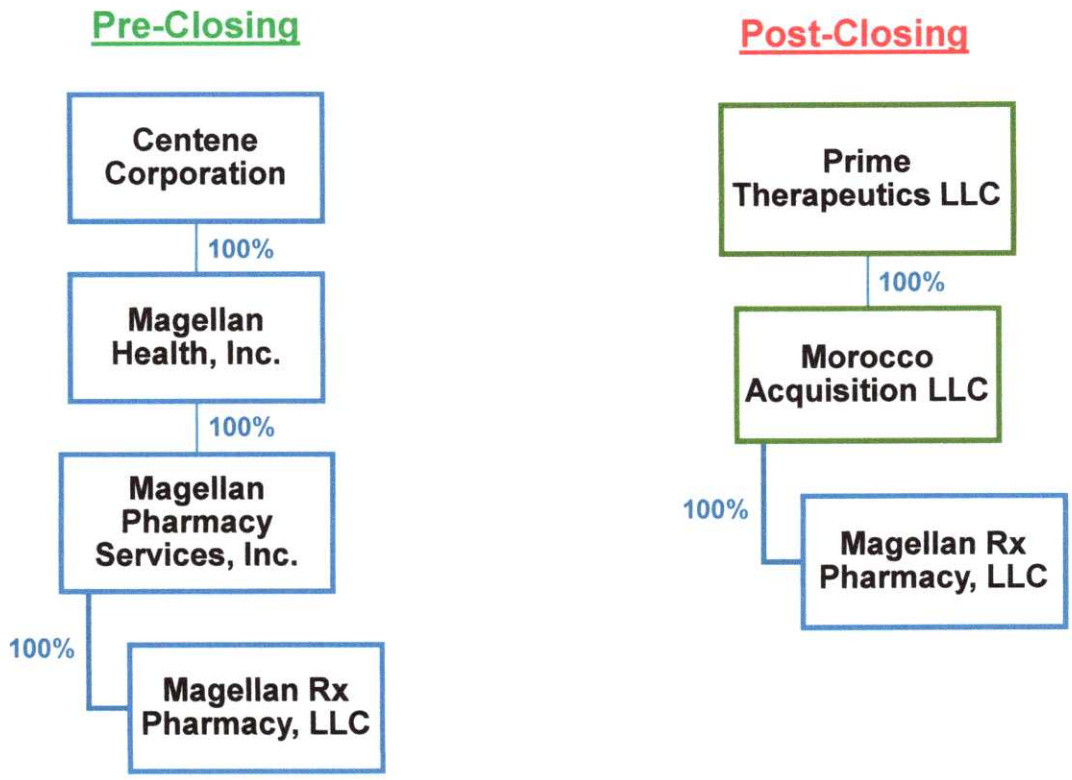
11/22/2022

Date

12/29/22

Board Use Only	Date Received: 12.22.22	Amount: 500.00 CK- 0713004752

Magellan Rx Pharmacy, LLC
Organizational Structure Chart



Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGELLAN RX PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3617243 8300

SR# 20222718183

Authentication: 203675201

Date: 06-14-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Department of Health

Magellan Rx Pharmacy, LLC Magellan Rx Pharmacy, LLC

License Number: PH19541

Data As Of 4/7/2023

Profession	Pharmacy	
License	PH19541	
License Status	CLEAR/	
Qualifications	Schedule II & III	Community Pharmacy
License Expiration Date	2/28/2025	
License Original Issue Date	09/25/2003	
Address of Record	6870 SHADOWRIDGE DRIVE SUITE 111 ORLANDO, FL 32812	
Discipline on File	No	
Public Complaint	No	

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 11667
Insp # 162979

NAME Magellan Rx Pharmacy LLC ✓	PERMIT NUMBER 19541	DATE OF INSPECTION 05-06-2021 ✓
DOING BUSINESS AS		
STREET ADDRESS 6870 Shadowridge Drive Suite # 111 ✓	TELEPHONE #	EXT
CITY Orlando ✓	COUNTY Orange ✓	STATE/ZIP FL 32812 ✓

Additional Information

Basic License Data - PSD

DEA Reg #	

Optional Information

Business Operation Hours

M-T-W-TH-F	Weekly Hours
Monday	Tuesday
Wednesday	Thursday
Friday	Saturday
Saturday Hours	Sunday
Sunday Hours	

License Relations

Pharmacy Affiliate

	License #
	License #
	License #
	License #
	License #
	License #

RX DPT MGR/COR/POR

	License #

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109 F.A.C.]	n/a
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05] 3-5	yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	yes

Insp # 162979

INV359 - Community Requirements

File # 11667

Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] 3-5 only	yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	n/a
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.] 3-5	yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	n/a
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	n/a
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	n/a
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	n/a
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	n/a
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	n/a
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895 (6) F.S.]	n/a
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	n/a
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	n/a
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	n/a
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	n/a
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	n/a
If a controlled substance, the word "central fill" appears on the face of the original prescription.	n/a
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	n/a

Automated Pharmacy System [465.0235, F.S.]

INV359 - Community Requirements

Insp # 162979

File # 11667

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	n/a
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	n/a

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	n/a
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	n/a
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	n/a

Remarks:

Senior Pharmacist Suzanne Cuda - co inspector today
Paper Inspection completed due to computer malfunction.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

Edward M. Blake

Date: 6 May 2021

Representative:

Isaac McGee, PharmD
Director, Clinical Pharmacy Operations, PIC

Date: 6 May 2021

Magellan Rx Pharmacy, LLC

List of Officers and Directors

(Effective 12/2/2022)

Mostafa Kamal

Address: [redacted]Captain Balfour Way, Montauk, NY 11954

Phone: [redacted]

Title: President, Board of Managers

Gaurang Jawaher Gandhi

Address: [redacted] Charlton Lane, Orlando, FL 32827

Phone: [redacted]

Title: Vice President, Pharmacy Operations

Anthony Palmisano, Jr.

Address: [redacted]Twins Court, Towaco, NJ 07082

Phone: [redacted]

Title: Secretary, Board of Managers

Kristen Edwina Tveit

Address: [redacted]Providence Lane, Oviedo, FL 32765

Phone: [redacted]

Title: Vice President, Treasurer

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BI8515047	01-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-06-2021

MAGELLAN RX PHARMACY, LLC
6870 SHADOWRIDGE DR.
SUITE 111
ORLANDO, FL 328129002

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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BI8515047	01-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	12-06-2021

MAGELLAN RX PHARMACY, LLC
6870 SHADOWRIDGE DR.
SUITE 111
ORLANDO, FL 328129002

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Magellan Rx Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 6870 Shadowridge Drive Ste 111

City: Orlando State: FL Zip: 32812

Mailing Address (if different from physical address): 2900 Ames Road

City: Eagan State: MN Zip: 55121

Telephone: 866-469-1257 Website:

Licensing Company Email: pjohns@magellanhealth.com

Section 2: Personal Information

First: Isaac Middle: Last: McGee

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Harvest Circle

City: Rockledge State: FL Zip: 32955

Telephone: 866-469-1257 Email: IMcGee@magellanhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Nova Southeastern			From - To (MM/YY – MM/YY): 08/05 - 05/09
Address: 3301 college Ave	City: Ft. Lauderdale	State: FL	Zip: 33314
Diploma/Degree obtained, if any: Doctor of Pharmacy			
School Name: Palm Beach Atlantic University			From - To (MM/YY – MM/YY): 01/03 - 05/05
Address: 901 S. Flagler	City: West Palm Beach	State: FL	Zip: 33401
Diploma/Degree obtained, if any:			
School Name: Xavier University			From - To (MM/YY – MM/YY): 08/99 - 12/00
Address: 1 Drexel Dr.	City: New Orleans	State: LA	Zip: 70125
Diploma/Degree obtained, if any:			
School Name: St. Augustine High School			From - To (MM/YY – MM/YY): 08/95 - 05/99
Address: 2600 A.P. Tureaud Ave	City: New Orleans	State: LA	Zip: 70119
Diploma/Degree obtained, if any: High School Diploma			
School Name:			From - To (MM/YY – MM/YY):
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15 - Present	[redacted] Harvest Circle	Rockledge	FL	32955
05/11 - 05/15	[redacted] Middleburg Landing	Rockledge	FL	32955

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Magellan			01/15 - Present
Business Address	**City**	**State**	**Zip**
6870 Shadowridge Drive, Ste 111	Orlando	FL	32812
Phone	**Title**		**Number of Employed Hours**
407-858-6326	Pharmacist in Charge		18,000
Description of Duties			
Compliance with all statues and rules governing the practice of Pharmacy. Including maintenance of all drug records and security of the prescription department.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/31/23
Date

I, Isaac McGee, **certify that as the designated representative for**

Magellan Rx Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Isaac McGee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/31/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Isaac McGee

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/31/23

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/31/2023

Date

Subscribed and Sworn to before me this 31 day of Janvary 2023

Notary Public Signature

NATHALIA NASCIMENTO
Notary Public - State of Florida
Commission # HH 285690
My Comm. Expires Nov 4, 2026
Bonded through National Notary Assn.

(Seal)

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Isaac Mc Gee Pharmacist Registration #: 21902

Pharmacy Name: Magellan Rx Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

IM I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

IM I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

IM I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

IM I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

IM I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:
Dropped	FL	5-13-12	05012CF041365	Brevard	Circuit

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12/7/22
Date

To Whom It May Concern,

On 05/13/2012 I was falsely charged with Domestic Violence; the charge was ultimately Dropped Abandoned by the Prosecutor on 05/30/2012.

Sincerely,

Isaac McGee

Isaac McGee
Director, Clinical Pharmacy Operations, PIC

AR 6/14 $0

IN THE CIRCUIT COURT OF BREVARD COUNTY, FLORIDA

STATE OF FLORIDA
Plaintiff,

CASE NO.: 052012CF041395AXXX

vs.

ISAAC SAMUEL MCGEE,
Defendant.
_____/

NOTICE OF NO INFORMATION
(Domestic Violence)

The State of Florida, by and through the undersigned Assistant State Attorney, hereby gives notice that No Information will be filed at this time on the accusations contained in the complaint affidavit which was filed in the above-styled cause pursuant to Rule 3.115, Florida Rules of Criminal Procedure.

NORMAN R. WOLFINGER
STATE ATTORNEY

BY: _____
LINDA C. GRUVER
ASSISTANT STATE ATTORNEY
FLA. BAR NO.: 0956538
2725 Judge Fran Jamieson Way
Building D
Viera, FL 32940

DATE: May 29, 2012

CC:

FILED IN OFFICE
VIERA BRANCH
2012 MAY 30 A 11: 20
MITCH NEEDELMAN

S. BOLTON

Case # 05-2012-CF-041395-AXXX-XX
Document Page # 9
019324226

DEC 22 2022

December 8, 2022

VIA FEDEX

PRIVILEGED & CONFIDENTIAL

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Change of Ownership - Magellan Rx Pharmacy, LLC (Orlando, FL Facility)
Pharmacy License No. PH02006

To Whom it May Concern:

We are writing on behalf of Magellan Rx Pharmacy, LLC (the "Pharmacy") to inform you of a transaction that affected the Pharmacy's ownership. The Pharmacy holds the above captioned pharmacy license and is located at 6870 Shadowridge Drive, Suite 111, Orlando, FL 32812.

On May 3, 2022, Prime Therapeutics LLC ("Prime Therapeutics") and its wholly-owned subsidiary, Morocco Acquisition LLC ("Morocco"), entered into a Stock and Asset Purchase Agreement with Magellan Pharmacy Services, Inc., the Pharmacy's direct owner, and certain of its affiliates (the "Purchase Agreement"). Pursuant to the Purchase Agreement, on 12/2/2022 (the "Closing"), Morocco acquired 100% of the outstanding stock of the Pharmacy (the "Transaction"). Effective as of the Closing, Morocco is the new direct owner of the Pharmacy and Prime Therapeutics is the new indirect owner of the Pharmacy, as illustrated by the Pre- and Post-Closing Organizational Structure Charts attached. The Transaction did not result in any change to the Pharmacy's management, personnel, operations, address, or federal tax identification number.

Because the Transaction constitutes a change of ownership that requires a new application, we have enclosed a Pharmacy application.

Additionally, effective as of the Closing, the Pharmacy's officers and directors are as listed below. We note that these individuals previously served as the Pharmacy's officers and directors.

- Mostafa Kamal: President; Board of Managers
- Gaurang Gandhi: Vice President, Pharmacy Operations
- Anthony Palmisano, Jr.: Secretary; Board of Managers
- Kristen Tveit: Vice President; Treasurer

Please let us know if you require the submission of any additional information regarding the officers and directors.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me via email at pjohns@magellanhealth.com or phone at 410-953-4731.

Sincerely,

Paige Johns, Regulatory and Legal Specialist

4VVV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03639	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty mail order	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Magellan Rx Pharmacy LLC

Physical Address: 2256 S 3600 W Ste A

City: Salt Lake City State: UT Zip: 84119

Mailing Address (if different from physical address): 2900 Ames Crossing Rd.

City: Eagan State: MN Zip: 55121

Telephone: 855-271-4810 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: pjohns@magellanhealth.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Phi Tran ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22789 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Phi Tran	NV Pharmacist Registration #: 22789
Name: Camille Blank	NV Pharmacist Registration #: 23003
Name: Scott Stephens	NV Pharmacist Registration #: 22481
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): Prime Therapeutics, LLC

Corporation/Organization Name: Morocco Acquisition LLC

Mailing Address: 2900 Ames Crossing Rd.

City: Eagan State: MN Zip: 55121

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP, Pharmacy Operations (title) for Magellan Rx Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Gaurang Gandhi

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/22/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Gaurang Gandhi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP, Pharmacy operations (title) for Magellan Rx Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30th day of November, 2022

Notary Public

PAMELA M. WHELAN
Notary Public - State of Maryland
Howard County
My Commission Expires Aug 7, 2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gaurang Gandhi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/22/2022

Date

12/29/22

Board Use Only	Date Received: 12-22-22	Amount: 500.00 CK-671 3004751

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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CLASS B
CLOSED DOOR

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Magellan Rx Pharmacy, LLC ✓ Date: 10/13/2022 ✓

License Number: 10303032-1704 Exp Date: 09/30/2023

C.S. License Number: 10303032-8913 Exp Date: 09/30/2023

DEA Registration: FM6702991 Exp Date: 1-31-2023

Pharmacy FEIN # 02-0676924

Pharmacy Email: ptran@magellanhealth.com

Pharmacy Phone: 855-271-4810 Fax: 888-656-7762

Toll Free Number: "

Affiliated Websites: magellanrx.com

Pharmacy Hours: Monday-Friday: 8-6 Saturday: 9-1 consultation Sunday: closed

Pharmacy Address: 2256 S 3600 W Ste A ✓

City: Salt Lake City ✓ State: UT ✓ Zip: 84119 ✓

Pharmacist In Charge (PIC): Phi Thuc Tran

PIC License # 6421032-1701 Expiration Date: 09/30/2023

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name:	License # DOE list	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:

CLASS B CLOSED DOOR INSPECTION

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

Name: License # Exp:

INSPECTION

	YES	NO	
1	☑	☐	Class B pharmacy means a pbarmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☑	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
6	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☑	☐	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☐	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)] n/a
10	☐	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; bousekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)] n/a

CLASS B CLOSED DOOR INSPECTION

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes sball not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b(Pharmacy Practice Act Rules)
- ☑ UAC R156-37(Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product(Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☐ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

CLASS B CLOSED DOOR INSPECTION

23 ☐ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☑ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☑ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Therapeutic duplications
- ☑ Drug-disease contraindications
- ☑ Drug-drug interactions
- ☑ Incorrect drug dosage
- ☑ Incorrect duration of drug treatment
- ☑ Drug-allergy interactions
- ☑ Clinical abuse or misuse

29 ☐ n/a ☐ Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

☐ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☐ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☐ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☐ ☐ n/a Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☑ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-602 (9)(a)(b)(i-ii)]

37 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608 (1-5)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☑ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☐ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☐ name of the prescriber
- ☐ trade, generic or chemical name

(Unless Otherwise Indicated by Prescriber)

- ☑ serial number of prescription
- ☐ name of the patient or animal owner/species
- ☐ directions for use & cautionary statements
- ☐ amount dispensed & strength of dosage form
- ☑ beyond use date

39 ☑ ☐ Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14].

40 ☑ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

41 ☑ ☐ The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 ☑ ☐ Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders.
[UAC R156-37-602 (4) (a-b)]

44 ☑ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years.
[UAC R156-37-602(3) (5)]

45 ☑ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years.
[UAC R156-37-602(3) (6)]

CLASS B CLOSED DOOR INSPECTION

46 ☑ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☐ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

48 ☑ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☑ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☑ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☑ the inventory shall be filed separately from all records
- ☑ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☑ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☑ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☑ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☑ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☑ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☑ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

52 ☑ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☑ ☐ The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☑ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

CLASS B CLOSED DOOR INSPECTION

55	☑	☐	The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]
56	☑	☐	In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]
57	☐	☑	The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.
58	☐	☑	The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.
59	☑	☐	The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]
60	☐	☑	Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]
61	☐	☑	The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.
62	☐	☑	The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]
63	☐	☑	The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

COMMENTS

(1) Pharmacy serves patients w/ insurance coverage plans.

(2) a list of licensees was provided.

- Pharmacy does not utilize supportive personal.

(17) Sink water was turned off during inspection due to pipe work in the building.

- One outdate was found.
- all medications are shipped to patient.

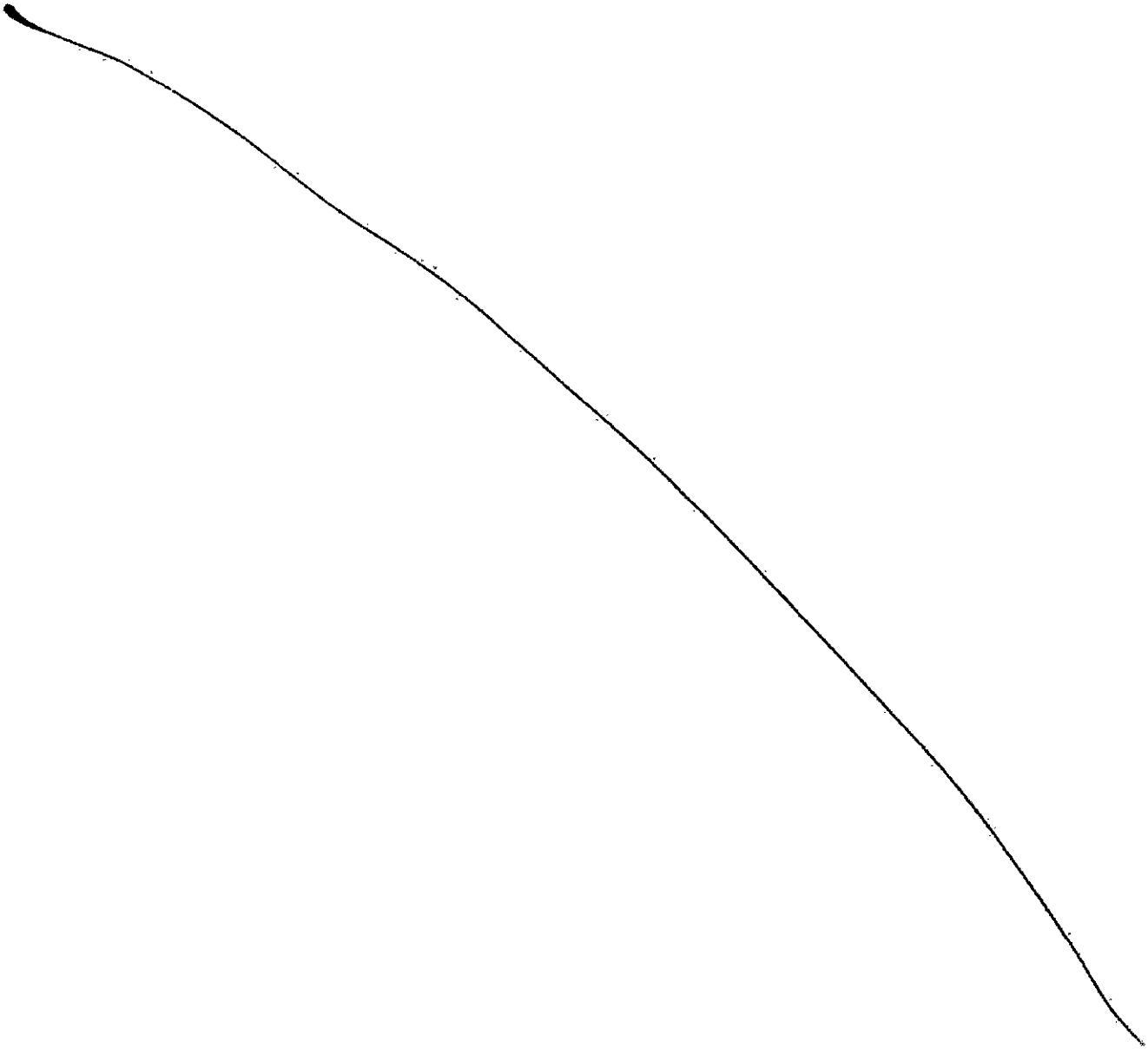
CLASS B CLOSED DOOR INSPECTION

(46,48) Annual controlled substance inventories since last inspection are compliant.

(59) An automated inspection was conducted.

- No compounding.

CLASS B CLOSED DOOR INSPECTION



☒ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: [signature] Date: 10/13/22

Name of Responsible Party (Print): Phi Tran

Signature of Division Investigator: [signature] Date: 10-13-2022

Name of Division Investigator (Print): Travis Dredge

Revised 8/2022

UTAH DEPARTMENT OF COMMERCE
Division of Professional Licensing

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Automated Pharmacy System

INSPECTION

☐ Opening ☑ Random

INFORMATION

Pharmacy Name: Magellan Rx Pharmacy, LLC Date: 10/13/2022

Pharmacy License Number: 10303032-1704 Expiration Date: 09/30/2023

Controlled Substance License Number: 10303032-8913 Expiration Date: 09/30/2023

DEA Registration Number: FM6702991 Expiration Date: 1-31-2023

Pharmacist-in-Charge (PIC): Phi Thuc Tran

Pharmacist-in-Charge License Number: 6421032-1701 Expiration Date: 09/30/2023

58-17b-621. Automated pharmacy systems

Automated pharmacy systems can be utilized in licensed pharmacies, remote locations under the jurisdiction of the Utah State Board of Pharmacy, and licensed health care facilities where legally permissible, as approved by the division in collaboration with the board, and described in rule.

	Yes	No	
1.	☑	☐	Documentation as to type of equipment, serial numbers, content, policies and procedures, and location shall be maintained on site in the pharmacy for review upon request of the Division. Such documentation shall include: [UAC R156-17b-620] ☑ Name and address of the pharmacy or licensed health care facility where the automated pharmacy system is being used ☑ Manufacturer's name and model ☑ Description of how the device is used ☑ Quality assurance procedures to determine continued appropriate use of the automated device ☑ Polices and procedures for system operation, safety, security, accuracy, patient confidentiality, access and malfunction
2.	☑	☐	Automated pharmacy systems should be used only in settings where there is an established program of pharmaceutical care that ensures that before dispensing, or removal from an automated storage and distribution device, a pharmacist reviews all prescription or medication orders unless a licensed independent practitioner controls the ordering, preparation and administration of the medication; or in urgent situations when the resulting delay would harm the patient including situations in which the patient experiences a sudden change in clinical status. [UAC R156-17b-620]
3.	☑	☐	All policies and procedures must be maintained in the pharmacy responsible for the system and, if the system is not located within the facility where the pharmacy is located, at the location where the system is being used. [UAC R156-17b-620]
4.	☑	☐	Automated pharmacy systems shall have: [UAC R156-17b-620] ☑ Adequate security systems and procedures to, prevent unauthorized access, comply with federal and state regulations, and prevent illegal use or disclosure of protected health information. ☑ Written policies and procedures in place prior to instillation to ensure safety, accuracy, security, training of personnel, and patient confidentiality, and to define access and limits to equipment and medications.
5.	☑	☐	Records and electronic data kept by automated pharmacy systems shall meet the following requirements: [UAC R156-17b-620] ☑ All events involving the contents of the automated pharmacy system must be recorded electronically ☑ Records must be maintained by the pharmacy for a period of five years and must be readily available to the Division. Such records shall include

AUTOMATED PHARMACY SYSTEM INSPECTION

- [x] Identity of system accessed
- [x] Identity of the individual accessing the system
- [x] Type of transaction
- [x] Name, strength, dosage form and quantity of the drug accessed
- [x] Name of the patient for whom the drug was ordered
- [x] Any additional information the PIC may deem necessary

6. [x] [ ] Access to and limits on access to the automated pharmacy system must be defined by policy and procedures and must comply with state and federal regulations. [UAC R156-17b-620]

7. [x] [ ] The PIC or pharmacist designee shall have the sole responsibility to: [UAC R156-17b-620]
   - [x] Assign, discontinue or change access to the system
   - [x] Ensure that access to the medications comply with state and federal regulations
   - [x] Ensure that the automated pharmacy system is filled and stocked accurately and in accordance with established written policies and procedures.

8. [x] [ ] The filling and stocking of all medications in the automated pharmacy system shall be accomplished by qualified licensed healthcare personnel under the supervision of a licensed pharmacist. [UAC R156-17b-620]

9. [x] [ ] A record of medications filled and stocked into an automated pharmacy system shall be maintained for a period of five years and shall include the identification of the persons filling, stocking, and checking for accuracy. [UAC R156-17b-620]

10. [x] [ ] All containers of medications stored in the automated pharmacy system shall be packaged and labeled in accordance with federal and state laws and regulations. [UAC R156-17b-620]

11. [x] [ ] All aspects of handling controlled substances shall meet the requirements of all state and federal laws and regulations. [UAC R156-17b-620]

12. [x] [ ] The automated pharmacy system shall provide a mechanism for securing and accounting for medications removed from and subsequently returned to the automated pharmacy system, all in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system remain unused and must be secured and accounted for. [UAC R156-17b-620]

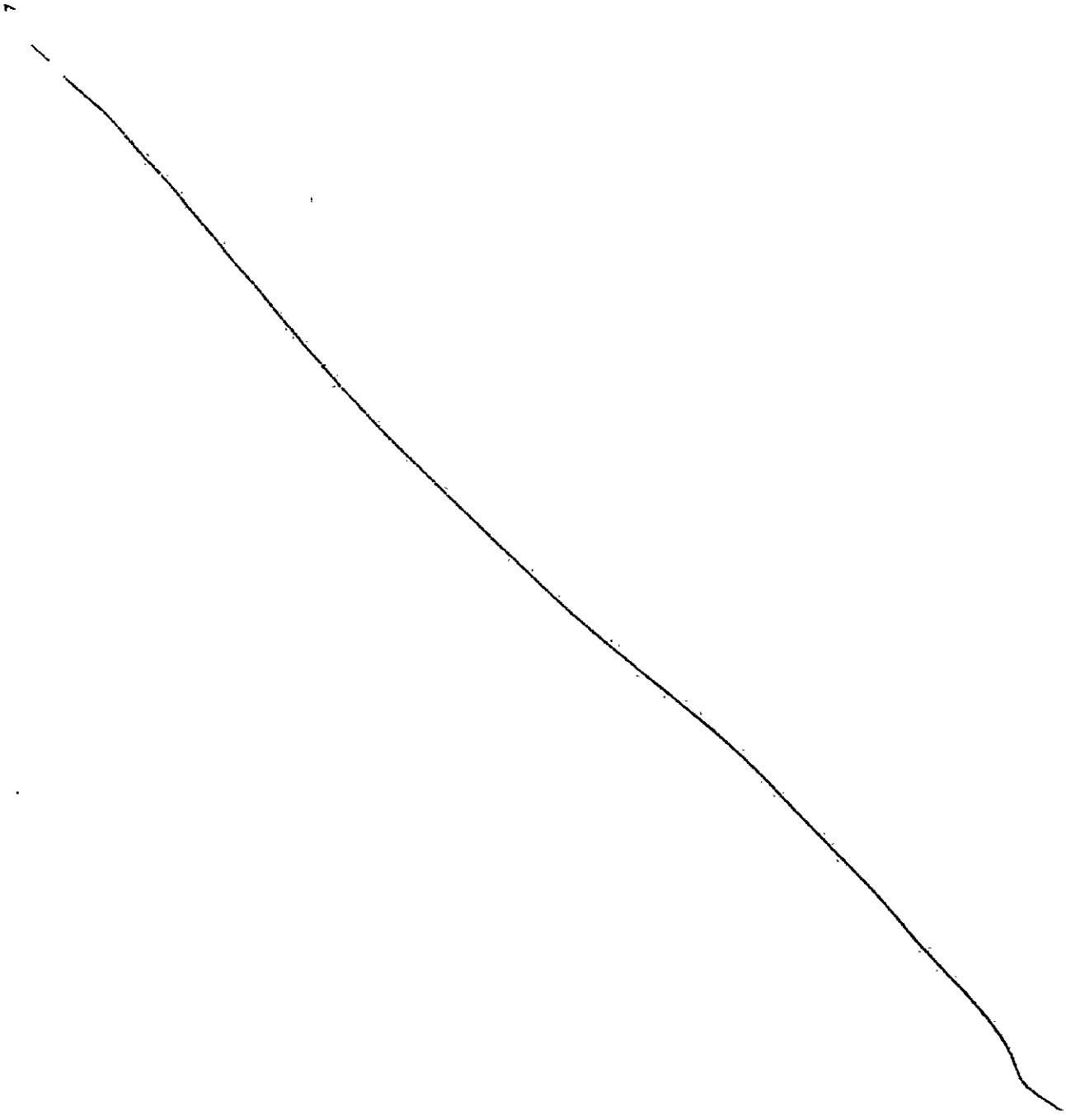
13. [x] [ ] The automated pharmacy system shall provide a mechanism for securing and accounting for wasted medications or discarded medications in accordance with existing state and federal law. Written policies and procedures shall address situations in which medications removed from the system are wasted or discarded and must be secured. [UAC R156-17b-620]

COMMENTS

(Use an additional sheet if necessary)

- Pharmacy is in compliance w/ automation standards.
- Pharmacy uses an LR (linear robot).

AUTOMATED PHARMACY SYSTEM INSPECTION



☒ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ Date of Signature: 10/13/22

Signature of Division Investigator: Travis Duelm Date of Signature: 10/13/2022

Revised 8/2022

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM6702991	01-31-2023	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	12-17-2019

MAGELLAN RX PHARMACY, LLC
2256 S 3600 W
SUITE A
SALT LAKE CITY, UT 84119

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM6702991	01-31-2023	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	RETAIL PHARMACY	12-17-2019

MAGELLAN RX PHARMACY, LLC
2256 S 3600 W
SUITE A
SALT LAKE CITY, UT 84119

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAGELLAN RX PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3617243 8300

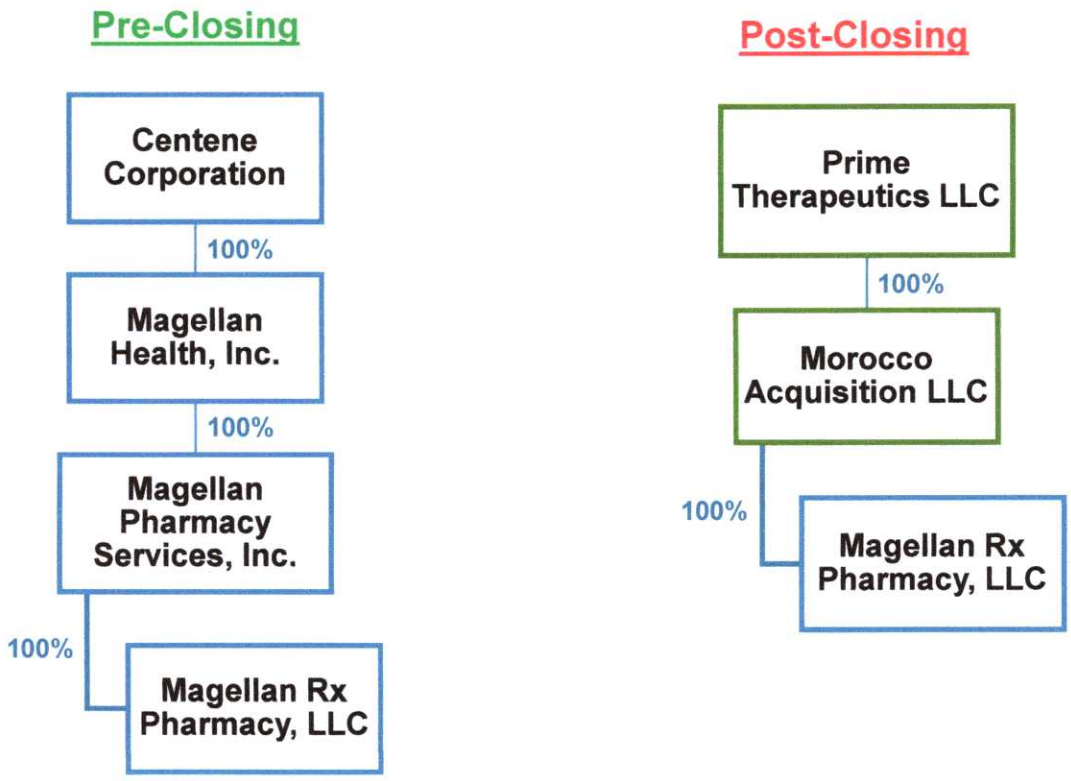
SR# 20222718183

Authentication: 203675201

Date: 06-14-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Magellan Rx Pharmacy, LLC
Organizational Structure Chart



Magellan Rx Pharmacy, LLC

List of Officers and Directors

(Effective 12/2/2022)

Mostafa Kamal

Address: [redacted]Captain Balfour Way, Montauk, NY 11954

Phone: [redacted]

Title: President, Board of Managers

Gaurang Jawaher Gandhi

Address: [redacted]Charlton Lane, Orlando, FL 32827

Phone: [redacted]

Title: Vice President, Pharmacy Operations

Anthony Palmisano, Jr.

Address: [redacted]Twins Court, Towaco, NJ 07082

Phone: [redacted]

Title: Secretary, Board of Managers

Kristen Edwina Tveit

Address: [redacted]Providence Lane, Oviedo, FL 32765

Phone: [redacted]

Title: Vice President, Treasurer

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Magellan Rx Pharmacy LLC

EFFECTIVE **11/02/2022**
EXPIRATION **05/02/2023**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

13082113-1704 Pharmacy - Class B
13082113-8913 Dispensing Controlled Substance License

Closed Door

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MAGELLAN RX PHARMACY LLC
2256 S 3600 W SUITE A
SALT LAKE CITY UT 84119

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **11/02/2022**

EXPIRATION DATE: **05/02/2023**

ISSUED TO: **Magellan Rx Pharmacy LLC**
2256 S 3600 W Suite A
Salt Lake City UT 84119

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)
13082113-1704 Pharmacy - Class B
13082113-8913 Dispensing Controlled Substance License
Closed Door
DBAs: None Associated

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Magellan Rx Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2256 S 3600 W Ste A

City: Salt Lake City State: UT Zip: 84119

Mailing Address (if different from physical address): 2900 Ames Road

City: Eagan State: MN Zip: 55121

Telephone: 866-469-1257 Website:

Licensing Company Email: pjohns@magellanhealth.com

Section 2: Personal Information

First: Phi Middle: Last: Tran

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address: [redacted] S. Broadwick Road

City: South Jordan State: UT Zip: 84095

Telephone: Email: ptran@magellanhealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kearns High School		08/00 - 01/03	
Address	**City**	**State**	**Zip**
5525 Cougar Lane	Kearns	UT	84118
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Salt Lake Community College		08/04 - 05/06	
Address	**City**	**State**	**Zip**
4600 S. Redwood Rd	SLC	UT	84123
Diploma/Degree obtained, if any			
Associates Degree			
School Name		**From - To (MM/YY – MM/YY)**	
University of Utah		08/06 - 05/08	
Address	**City**	**State**	**Zip**
201 Presidents' Cir	SLC	UT	84112
Diploma/Degree obtained, if any			
Bachelor's Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Roseman University of Health Sciences		08/14 - 05/17	
Address	**City**	**State**	**Zip**
10920 S. River Front Pkwy	South Jordan	UT	84095
Diploma/Degree obtained, if any			
Doctorate Degree (PharmD)			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 - Present	[redacted] Broadwick Rd.	South Jordan	UT	84095
05/12 - 05/14	[redacted] W. 2970 S.	WVC	UT	84120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Magellan			01/22 - Present	
Business Address		**City**	**State**	**Zip**
2256 S 3600 W Ste A		Salt Lake City	UT	84119
Phone	**Title**		**Number of Employed Hours**	
855-271-4810	Pharmacist in Charge, Director		2860	
Description of Duties				
Oversees all of production @ the SLC facility. Ensures adherence to SOP's & policies, State & federal regulations, Quality & compliance. In addition to the duties Below				

Business Name			From - To (MM/YY – MM/YY)	
Magellan			08/17 - 01/22	
Business Address		**City**	**State**	**Zip**
same as above		SLC	UT	84119
Phone	**Title**		**Number of Employed Hours**	
same as above	Staff Pharmacist		9360	
Description of Duties				
Responsible for rx verification, dur process, & final verification of all rxs. Head of inventory. Patient Counseling. Escalations & returns. Trainer. IT.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/19/23
Date

I, Phi Tran, **certify that as the designated representative for**

Magellan Rx Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Phi Tran
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/19/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Phi Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/19/23

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Phi Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/19/23

Date

Subscribed and Sworn to before me this 19 day of BB 1 January 2023

Berenice Barbosa

Notary Public Signature

BERENICE BARBOSA
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 719754
COMM. EXP. 08/09/2025

(Seal)

December 8, 2022

VIA FEDEX

PRIVILEGED & CONFIDENTIAL

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: Change of Ownership - Magellan Rx Pharmacy, LLC (Salt Lake City, UT Facility)
Pharmacy License No. PH03639

To Whom it May Concern:

We are writing on behalf of Magellan Rx Pharmacy, LLC (the "Pharmacy") to inform you of a transaction that affected the Pharmacy's ownership. The Pharmacy holds the above captioned pharmacy license and is located at 2256 S 3600 W Ste A, Salt Lake City, UT 84119.

On May 3, 2022, Prime Therapeutics LLC ("Prime Therapeutics") and its wholly-owned subsidiary, Morocco Acquisition LLC ("Morocco"), entered into a Stock and Asset Purchase Agreement with Magellan Pharmacy Services, Inc., the Pharmacy's direct owner, and certain of its affiliates (the "Purchase Agreement"). Pursuant to the Purchase Agreement, on 12/2/2022 (the "Closing"), Morocco acquired 100% of the outstanding stock of the Pharmacy (the "Transaction"). Effective as of the Closing, Morocco is the new direct owner of the Pharmacy and Prime Therapeutics is the new indirect owner of the Pharmacy, as illustrated by the Pre- and Post-Closing Organizational Structure Charts attached. The Transaction did not result in any change to the Pharmacy's management, personnel, operations, address, or federal tax identification number.

Because the Transaction constitutes a change of ownership that requires a new application, we have enclosed a Pharmacy application.

Additionally, effective as of the Closing, the Pharmacy's officers and directors are as listed below. We note that these individuals previously served as the Pharmacy's officers and directors.

- Mostafa Kamal: President; Board of Managers
- Gaurang Gandhi: Vice President, Pharmacy Operations
- Anthony Palmisano, Jr.: Secretary; Board of Managers
- Kristen Tveit: Vice President; Treasurer

Please let us know if you require the submission of any additional information regarding the officers and directors.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact me via email at pjohns@magellanhealth.com or phone at 410-953-4731.

Sincerely,

Paige Johns, Regulatory and Legal Specialist

4WWW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Mark Cuban Cost Plus Pharmacy LLC

Physical Address: 2909 Taylor Street, Suite C

City: Dallas State: TX Zip: 75226

Mailing Address (if different from physical address): 2909 Taylor Street, Suite A

City: Dallas State: TX Zip: 75226

Telephone: (888) 228-6576 Toll Free # (NAC 639.708, NRS 639.23286): (888) 228-6576

Fax: (214) 853-5163 Contact Email: licensing@costplusdrugs.com

Website: www.costplusdrugs.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Evan Cleaver

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23366

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Evan Cleaver	NV Pharmacist Registration #: 23366
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Alexander Oshmyansky	Credentials: See attached	%: 10
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Mark Cuban Cost Plus Pharmacy LLC

Mailing Address: 2909 Taylor Street, Suite C

City: Dallas State: TX Zip: 75226

Telephone: (888) 228-6576 Email: licensing@costplusdrugs.com

Contact Person Name: Simone Orange

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO (title) for Mark Cuban Cost Plus Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Alexander Oshmyansky

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

03/23/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, ALEXANDER OSHMYANSKY hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for Mark Cuban Cost Plus Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of March, 2023

Simone M. Orange
Notary Public

Simone M Orange
My Commission Expires
7/24/2026
Notary ID 11471702

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Evan Cleaver Pharmacist Registration #: 23366

Pharmacy Name: Mark Cuban Cost Plus Pharmacy LLC

Initial each statement below to indicate you have read and agree with the following:

EC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

EC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

EC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

EC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

EC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

Date 03/23/2023

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Oshmyansky

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/23/2023

Date

Board Use Only	Date Received: 4-26-23	Amount: 500.00CC

(SECTION 2)

Owner Physician Credentials

Alexander Oshmyansky, CEO of Mark Cuban Cost Plus Pharmacy LLC is a licensed physician in the following states:

California	Alexander Roman Oshmyansky	Physician & Surgeon A	A 136937		11/30/2022	Current
Colorado	Alexander Roman Oshmyansky	Compact Physician Home	CDRH.0055350	5/1/2021	4/30/2023	Active
Delaware	Alexander Roman Oshmyansky	Physician M.D.	C1-0011368	6/4/2015	3/31/2023	Active
District of Columbia	Alexander Oshmyansky	Medicine & Surgery	MD044883	3/23/2017	12/31/2022	Active
Florida	Alexander Roman Oshmyansky	Medical Doctor	ME124217	5/18/2015	1/31/2023	Clear/Active
Hawaii	Alexander R Oshmyansky	Physician	MD-18161	4/24/2015	1/31/2024	Current, Valid & In Good Standing
Illinois	Alexander Roman Oshmyansky	Physician & Surgeon	36137929	5/5/2015	7/31/2023	Active
Indiana	Alexander Roman Oshmyansky	Physician	01075304A	5/1/2015	10/31/2023	Active
Maryland	Alexander Roman Oshmyansky	Physician-Medical Doctor	D74213	5/17/2012	9/30/2023	Active
New Hampshire	Alexander R. Oshmyansky	Physician	17975	12/7/2016	6/30/2024	Active
Pennsylvania	Alexander Roman Oshmyansky	Medical Physician & Surgeon	MD455098	6/11/2015	12/31/2022	Active
South Carolina	Alexander Roman Oshmyansky	MD	38096	5/10/2009	6/30/2023	Active
Texas	Alexander Roman Oshmyansky	Physician	R0923	12/2/2016	2/28/2023	Active



Mark Cuban Cost Plus Drug Company, PBC
2909 Taylor Street, Suite A, Dallas, Texas 75206
(214) 216-1357
https://markcubancostplusdrugcompany.com

CORPORATE OFFICER INFORMATION
Mark Cuban Cost Plus Pharmacy LLC

NAME	HOME ADDRESS	TELEPHONE NO.
Alexander Oshmyansky	[redacted]N. Waddill St., McKinney, TX, 75069	[redacted]

Mark Cuban Cost Plus Drug Company, PBC
2909 Taylor Street, Suite A, Dallas, Texas 75206
(214) 216-1357
https://markcubancostplusdrugcompany.com

OWNER/SHAREHOLDER INFORMATION

NAME	HOME ADDRESS	TELEPHONE NO.	OWNERSHIP
Alexander Oshmyansky	[redacted]N WADDILL STREET, MCKINNEY, TX 75069	[redacted]	10%
Radical Investments III, LP	[redacted]SLOCUM STREET, DALLAS, TX 75207	[redacted]	90%

Texas State Board of Pharmacy
1801 Congress Avenue, Suite 13.100
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *MARK CUBAN COST PLUS PHARMACY LLC* License Number:

Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*

Date: *04/04/2023* Arrival Time: *9:00 AM* Departure Time: *10:00 AM*

Action Taken: *Pre-Inspection*

General Comments:

Pre-Inspection Checklist

Verify Owner/Owner's Representative ID	*Yes*
Name: *Alexander OshmyaNsky* / Title: *Owner's Representative*	
Verify PIC ID	*Yes*
Name: *Evan Clevar* / Title: *PIC*	
1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*
6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*

MARK CUBAN COST PLUS PHARMACY LLC

6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Yes*
7. A reference library is on site and current:	*Yes*
7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*
Publication Year : *2022*	
7b. Drug Interactions Reference (publication year: _____)	*Yes*
Publication Year : *2023*	
7c. General Information Reference (publication year: _____)	*Yes*
Publication Year : *2023*	
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Not Applicable*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*Not Applicable*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Not Applicable*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Not Applicable*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Not Applicable*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Not Applicable*
8e. Handbook on Injectable Drugs (publication year: _____)	*Yes*
Publication Year : *2023*	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Yes*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*

MARK CUBAN COST PLUS PHARMACY LLC

10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit.	*Yes*
11. Written policies and procedures/SOPs for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E)	*Yes*
12. An area suitable for confidential patient counseling, if the pharmacy serves the general public	*Yes*
13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded.	*Not Applicable*
14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators).	*Not Applicable*
15. Certified clean room(s) (e.g. ante area, buffer area).	*Not Applicable*

Discussion Items

The requirements of TSBP Rule 291.11 and Section 565.0591 of the Pharmacy Act regarding the operation of a pharmacy within 6 months of becoming licensed.	*Yes*
Corresponding Responsibility and the Red Flags checklist using references from the DEA RPh Manual, the Texas Controlled Substances Act, and TSBP Rules 291.29 and 291.34 (b).	*Yes*
Pharmacy will need to conduct an opening inventory on the first day of business.	*Yes*
Pharmacy will need to report all controlled substances to the PMP as required.	*Yes*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Evan Cleaver



Isaac Gonzalez

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34662

MARK CUBAN COST PLUS PHARMACY LLC

License Information

License Status Active
License # 34662
Expiration Date 04/30/2025
Date License Issued 04/06/2023

Address

2909 TAYLOR STREET STE C
DALLAS, TX 75226
County DALLAS
Phone (888) 228-6576

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
CLEAVER, EVAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	Yes
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No

503b Outsourcing Facility No

Other Services No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
CLEAVER, EVAN	63568	09/20/2018	09/30/2024	PIC	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status

Page 0 of 0 20 No records to view

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
MARK CUBAN COST PLUS PHARMACY LLC	OWNER	,			
OSHMYANSKY, ALEXANDER ROMAN	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Mark Cuban Cost Plus Pharmacy LLC
File Number: 804898713

The undersigned, as Secretary of State of Texas, hereby certifies that an Application for Registration for the above named Foreign Limited Liability Company (LLC) to transact business in this State has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes set forth in the application under the name of

Mark Cuban Cost Plus Pharmacy LLC

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 01/26/2023

Effective: 01/26/2023

Jane Nelson
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Mark Cuban Cost Plus Pharmacy

Pharmacy/Wholesaler License # (if applicable): 34662

Physical Address: 2909 Taylor Street, Suite C

City: Dallas State: TX Zip: 75226

Mailing Address (if different from physical address): 2909 Taylor Street, Suite A

City: Dallas State: TX Zip: 75226

Telephone: (888) 228-6576 Website: NA

Licensing Company Email: licensing@costplusdrugs.com

Section 2: Personal Information

First: Alexander Middle: Roman Last: Oshmyansky

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] N. Waddill Street

City: McKinney State: TX Zip: 75069

Telephone: [redacted] Email: pharmacy@costplusdrugs.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dakota Ridge High School		09/98-05/02	
Address	City	State	Zip
13399 W Coal Mine Ave	Littleton	CO	80127
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
University of Colorado		2002-2003	
Address	City	State	Zip
2000 Colorado Ave	Boulder	CO	80309
Diploma/Degree obtained, if any			
BA in Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
Duke University School of Medicine		2003-2009	
Address	City	State	Zip
125 Davison Bldg	Durham	NC	27710
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
University of Oxford		2009-2013	
Address	City	State	Zip
Bodleian Library Broad Street, Oxford, OX1 3BD			
Diploma/Degree obtained, if any			
PHD in Mathmatics			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/22-Current	[redacted] N. Waddill St	McKinney	TX	75069
10/21-07/22	[redacted] Main St., [redacted]	Dallas	TX	75226
10/19-10/21	[redacted] Hi Line Dr., [redacted]	Dallas	TX	75207
01/19-10/19	[redacted] W. Fair Dr.	Littleton	CO	80123
08/17-01/19	[redacted] Kahalii Pl	Papaikou	HI	96781
07/16-08/17	[redacted] Caminito Eximio	San Diego	CA	82107
07/15-07/16	[redacted] Wexford Rd., Palmyra	Palmyra	PA	17078
07/12-07/15	[redacted] N. Calvert St., Apt. [redacted]	Baltimore	MD	21202
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Mark Cuban Cost Plus Drug Company, PBC		06/18 - Current	
Business Address	**City**	**State**	**Zip**
320 S. Walton St.	Dallas	TX	75226
Phone	**Title**	**Number of Employed Hours**	
(972)349-1016	CEO/Owner	7280	

Description of Duties

Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.

Business Name		From - To (MM/YY – MM/YY)	
Osh's Not-for-Profit Pharmaceutical		09/16 - 06/18	
Business Address	**City**	**State**	**Zip**
8712 W. Fair Dr.	Littleton	CO	80123
Phone	**Title**	**Number of Employed Hours**	
N/A	CEO/Owner	6240	

Description of Duties

Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/13/23
Date

I, Alexander Oshmyansky, **certify that as the designated representative for**

Mark Cuban Cost Plus Pharmacy LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Alexander Oshmyansky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 13, 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Oshmyansky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 13, 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Alexander Oshmyansky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/2023

Date

Subscribed and Sworn to before me this 13th day of April 2023

Simone M. Orange

Notary Public Signature

Simone M Orange
My Commission Expires
7/24/2026
Notary ID 11471702

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mark Cuban Cost Plus Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): 34662

Physical Address: 2909 Taylor Street, Suite C

City: Dallas State: TX Zip: 75226

Mailing Address (if different from physical address): 2909 Taylor Street, Suite A

City: Dallas State: TX Zip: 75226

Telephone: 888-228-6576 Website: www.costplusdrugs.com

Licensing Company Email: licensing@costplusdrugs.com

Section 2: Personal Information

First: Alexander Middle: Roman Last: Oshmyansky

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 2909 Taylor Street, Suite A

City: Dallas State: TX Zip: 75226

Telephone: [redacted] Email: pharmacy@costplusdrugs.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Dakota Ridge High School		1998-2002	
Address	**City**	**State**	**Zip**
13399 W Coal Mine Ave	Littleton	CO	80127
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
University of Colorado at Boulder		2002-2003	
Address	**City**	**State**	**Zip**
2000 Colorado Avenue	Boulder	CO	80309
Diploma/Degree obtained, if any			
BA in Biochemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Duke University School of Medicine		2003-2009	
Address	**City**	**State**	**Zip**
125 Davison Bldg	Durham	NC	27710
Diploma/Degree obtained, if any			
MD			
School Name		**From - To (MM/YY – MM/YY)**	
University of Oxford		2009-2013	
Address	**City**	**State**	**Zip**
Bodleian Library Broad Street, Oxford, OX1 3BD			
Diploma/Degree obtained, if any			
PHD in Mathmatics			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/22-Current	[redacted] N. Waddill St	Mckinney	TX	76059
10/21-07/22	[redacted] Main St., [redacted]	Dallas	TX	75226
10/19-10/21	[redacted] Hi Line Dr., [redacted]	Dallas	TX	75207
01/19-10/19	[redacted] W. Fair Dr.	Littleton	CO	80123
08/17-01/19	[redacted] Kahalii Pl	Papaikou	HI	96781
07/16-08/17	[redacted] Caminito Eximio	San Diego	CA	82107
07/15-07/16	[redacted] Wexford Rd., Palmyra	Palmyra	PA	17078
07/12-07/15	[redacted] N. Calvert St., Apt. [redacted]	Baltimore	MD	21202
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Mark Cuban Cost Plus Drug Company, PBC				
Business Address	**City**		**State**	**Zip**
320 S. Walton St.	Dallas		TX	75226
Phone	**Title**			
(972) 349-1016	CEO/Owner			
Description of Duties				
Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.				

Business Name			From - To (MM/YY – MM/YY)	
Mark Cuban Cost Plus Manufacturing and Compounding LLC				
Business Address	**City**		**State**	**Zip**
3015 Taylor St.	Dallas		TX	75226
Phone	**Title**			
(972) 349-1016	CEO/Owner			
Description of Duties				
Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.				

Business Name			From - To (MM/YY – MM/YY)	
Mark Cuban Cost Plus Benefits LLC				
Business Address	**City**		**State**	**Zip**
2909 Taylor St., Suite A	Dallas		TX	75226
Phone	**Title**			
(972) 349-1016	CEO/Owner			
Description of Duties				
Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.				

Business Name			From - To (MM/YY – MM/YY)	
Mark Cuban Cost Plus Wholesale LLC				
Business Address	**City**		**State**	**Zip**
2909 Taylor St., Suite B	Dallas		TX	75226
Phone	**Title**			
(972) 349-1016	CEO/Owner			
Description of Duties				
Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.				

Business Name			From - To (MM/YY – MM/YY)	
Osh's Not-for-Profit Pharmaceutical			09/16 - 06/18	
Business Address	**City**		**State**	**Zip**
8712 W. Fair Dr.	Littleton		CO	80123
Phone	**Title**			
N/A	CEO			
Description of Duties				
Developing high quality business strategies and plans ensuring their alignment with short-term and long-term objectives. Leading and motivating subordinates to advance employee engagement develop a high performing managerial team.				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/13/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alexander Oshmyansky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

April 13, 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Alexander Oshmyansky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/23

Date

Subscribed and Sworn to before me this 13th day of April 2023

Simone M. Orange

Notary Public Signature

Simone M Orange
My Commission Expires
7/24/2026
Notary ID 11471702

Simone M Orange
My Commission Expires
7/24/2026
Notary ID 11471702

(Seal)

4XXX

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☑ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Specialty/Oncology	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Sina Drug, LLC d/b/a Onco360

Physical Address: 15990 North Greenway-Hayden Loop D-100

City: Scottsdale State: AZ Zip: 85260

Mailing Address (if different from physical address): 13410 Eastpoint Centre Dr.

City: Louisville State: KY Zip: 40223

Telephone: (877)662-6633 Toll Free # (NAC 639.708, NRS 639.23286): (877)662-6633

Fax: (877)662-6355 Contact Email: compliance@onco360.com

Website: www.onco360.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Assif

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23498 - Temporary NV License

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicholas Assif	NV Pharmacist Registration #: 23498
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	✓	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New York

Parent Company (if any): Sina Drug, LLC

Corporation/Organization Name: Sina Drug, LLC d/b/a Onco360

Mailing Address: 13410 Eastpoint Centre Dr.

City: Louisville State: KY Zip: 40223

Telephone: (877)662-6633 Email: compliance@onco360.com

Contact Person Name: Steven S. Reed

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Sina Drug, LLC d/b/a Onco360 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Nicholas Assif

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

3/16/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Nicholas Assif hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Sina Drug, LLC d/b/a Onco360 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 14 day of MARCH, 2023

Notary Public

JAMES GULLEY
Notary Public Arizona
Maricopa County
Commission # 610714
My Commission Expires July 18, 2025

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven S. Reed

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/16/2023

Date

Board Use Only	Date Received: 3-22-2023	Amount: 500.00 CK-10182496

Onco360

SINA DRUG, LLC D/B/A ONCO360
DIRECTORS AND OFFICERS

Name	Title
Jon B. Rousseau	CEO
Jennifer Yowler	Treasurer
Steven S. Reed	Vice President & Secretary

Note: Business Address is 805 N. Whittington Pkwy, Suite 400, Louisville, KY 40222
Business Phone #: (502) 394-2100

No Individual owns any stocks or ownership with the company.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	SINA DRUG LLC
DOS ID Number:	4482000
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/04/2013
Statement Status:	CURRENT
Statement Due Date:	11/30/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 17, 2023 at 09:48 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002993052 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

New York State Department of State
Division of Corporations, State Records and Uniform Commercial Code

COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

ONCO360 ONCOLOGY PHARMACY
13410 ESATPOINT CENTRE DRIVE
LOUISVILLE KY 40223

DATE: 02/17/2023 **TRANSACTION NUMBER:** 202302170000474

ENTITY INFORMATION:

ENTITY NAME:	SINA DRUG LLC
DOS ID:	4482000
DATE OF INITIAL DOS FILING:	11/04/2013

REQUESTED SERVICES:	NUMBER REQUESTED:	FEE:
UNCERTIFIED COPY($5.00)		$0.00
CERTIFIED COPY($10.00)		$0.00
CERTIFICATE OF STATUS - SHORT FORM($25.00)	1	$25.00
CERTIFICATE OF STATUS - LONG FORM($25.00)		$0.00
EXPEDITED HANDLING		$25.00

TOTAL PAYMENTS RECEIVED:	$50.00
CASH:	$0.00
CHECK/MONEY ORDER:	$0.00
CREDIT CARD:	$50.00
DRAWDOWN ACCOUNT:	$0.00
REFUND DUE:	$0.00

REQUESTED COPY	FILE DATE	FILE NUMBER

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Sina Drug, LLC d/b/a Onco360

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 15990 North Greenway-Hayden Loop D-100

City: Scottsdale State: AZ Zip: 85260

Mailing Address (if different from physical address): 13410 Eastpoint Centre Dr.

City: Louisville State: KY Zip: 40223

Telephone: (877)662-6633 Website: www.onco360.com

Licensing Company Email: compliance@onco360.com

Section 2: Personal Information

First: Nicholas Middle: Last: Assif

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E Camelback Rd. Unit [redacted]

City: Scottsdale State: AZ Zip: 85251

Telephone: (877)662-6633 Email: nicholas.assif@onco360.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University at Buffalo School of Pharmacy		09/2014 - 05/2018	
Address	**City**	**State**	**Zip**
285 Pharmacy Building	Buffalo	NY	14214
Diploma/Degree obtained, if any			
PharmD			
School Name		**From - To (MM/YY – MM/YY)**	
Connecticut College		09/2008 - 05/2012	
Address	**City**	**State**	**Zip**
270 Mohegan Ave	New London	CT	06320
Diploma/Degree obtained, if any			
BA Biochemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Litchfield High School		09/2004 - 06/2008	
Address	**City**	**State**	**Zip**
14 Plumb Hill Rd	Litchfield	CT	06759
Diploma/Degree obtained, if any			
HS Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2018 - Current	[redacted] E Camelback Rd, [redacted]	Scottsdale	AZ	85251
09/2017 - 09/2018	[redacted] Main St, # [redacted]	Buffalo	NY	14203
09/2014 - 09/2017	[redacted] Main St	Buffalo	NY	14214
06/2012 - 09/2014	[redacted] Washington Ave, [redacted]	Brooklyn	NY	11238
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Onco 360			11/22 - Present	
Business Address		**City**	**State**	**Zip**
15990 N Greenway-Hayden Loop, Suite D100		Scottsdale	AZ	85260
Phone	**Title**		**Number of Employed Hours**	
877-662-6633	Pharmacy Director		900+	
Description of Duties				
Direct pharmacy operations at Scottsdale site				

Business Name			From - To (MM/YY – MM/YY)	
Accredo Health Group			09/21 - 11/22	
Business Address		**City**	**State**	**Zip**
2040 W Rio Salado Pkwy Suite 101B		Tempe	AZ	85281
Phone	**Title**		**Number of Employed Hours**	
800-803-2523	Lead Pharmacist		2400	
Description of Duties				
Practice as pharmacist in Inflammatory dept				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens #1272			07/18-09/21	
Business Address		**City**	**State**	**Zip**
5101 W Indian School Rd		Phoenix	AZ	85031
Phone	**Title**		**Number of Employed Hours**	
623-247-1014	Pharmacy Manager		6500	
Description of Duties				
Direct pharmacy operations at Walgreens #1272				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens #3288			09/14 - 07/18	
Business Address		**City**	**State**	**Zip**
650 Delaware Ave		Bufflo	NY	14202
Phone	**Title**		**Number of Employed Hours**	
716-883-0232	Pharmacy Intern		3500	
Description of Duties				
Practice as a pharmacy Intern in a community setting				

Business Name			From - To (MM/YY – MM/YY)	
Catholic Health System			09/14 - 07/18	
Business Address		**City**	**State**	**Zip**
2157 Main St		Buffalo	NY	14214
Phone	**Title**		**Number of Employed Hours**	
716-862-1000	Pharmacy Intern		1750	
Description of Duties				
Practice as a pharmacy Intern in a hospital setting				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Nicholas Assif, **certify that as the designated representative for**

Sina Drug, LLC d/b/a Onco360 - 15990 North Greenway-Hayden Loop D-100, Scottsdale, AZ 85260,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NA I am at least 21 years of age;
3. NA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicholas Assif

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/16/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Assif

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/16/23

Date

Please have this section completed in the presence of a Notary Public.

State of ARIZONA, ss. County of MARICOPA

I, Nicholas Assif, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/16/23

Date

Subscribed and sworn to before me this 16 day of MARCH 2023

Notary Public Signature

JAMES GULLEY
Notary Public Arizona
Maricopa County
Commission # 610714
My Commission Expires July 18, 2025

(Seal)

Arizona State Board of Pharmacy

PHARMACY SECURITY/EQUIPMENT INSPECTION on 12/21/2022 for Sina Drug LLC, d/b/a Onco360

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y009420	10/31/2024	Sina Drug LLC, d/b/a Onco360

Address :

15990 North Greenway-Hayden Loop

Zip :	City :	State :
85260	Scottsdale	AZ

Phone :	Fax :	Email :
(877) 662-6633	(877) 662-6355	nicholas.assif@onco360

Inspection Date :	PIC :	Pic License Exp Date :
12/21/2022	Nicholas Assif	10/31/2023

DEA # :	Inspection Reviewed With :	Inspection type :
Pending	Nicholas Assif, Julie Owen	Opening

Inspection Conducted By :

Dennis Waggoner

ACTIVITIES

1	Nonsterile Compounding	○YES ◉NO
2	Nonsterile Hazardous Compounding	○YES ◉NO
3	Sterile Compounding	○YES ◉NO
4	Sterile Hazardous Compounding	○YES ◉NO

Hospital Facility Data

# Licensed Beds	DHS License #

PHARMACY DEPARTMENT

1	Size/Personnel	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675 Front-end area = 3685sqft, fulfillment area = 3446sqft, total = 7131sqft allowing for 116 personnel
2	Shelves	◉S ○C/P ○U ○N/A R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Design-efficient, safe pharmacy practice	◉S ○C/P ○U ○N/A R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

4	Counter	◉S ○C/P ○U ○N/A	R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Aisles	◉S ○C/P ○U ○N/A	R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
6	Consultation area Private conference room adjacent to lobby.	◉S ○C/P ○U ○N/A	R4-23-609(D)
7	Enclosed (barrier)	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
8	Entry doors	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
9	Lighting	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
10	Temperature controlled/Ventilation	◉S ○C/P ○U ○N/A	R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
11	Working counter barrier	○S ○C/P ○U ◉N/A	R4-23-609(H)
12	Receiving/checking area Receiving entrance directly into the fulfillment area.	◉S ○C/P ○U ○N/A	R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
13	Opening for Rx receipt when closed	○S ○C/P ○U ◉N/A	R4-23-610(F)
14	Walls	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
15	Ceilings	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
16	Windows	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
17	Floors	◉S ○C/P ○U ○N/A	R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
18	Restroom w/i 100ft	◉S ○C/P ○U ○N/A	R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	Sink (hot and cold running water)	◉S ○C/P ○U ○N/A	R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

20	Nonsterile compounding area	○S ○C/P ○U ◉N/A	R4-23-410(E)

SECURITY

1	Controlled substances No controlled substances to be received, stocked or dispensed.	○S ○C/P ○U ◉N/A	R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Pharmacist access	◉S ○C/P ○U ○N/A	R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Additional pharmacy drug storage areas	○S ○C/P ○U ◉N/A	R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Filled Rx medication storage Within the fulfillment area.	◉S ○C/P ○U ○N/A	R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
5	Remote drug storage (hospitals)	○S ○C/P ○U ◉N/A	R4-23-654(D); R4-23-672(C)

PHARMACY LIBRARY

1	Pharmacology or Toxicology reference Online references.	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
2	Therapeutics reference Online references.	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
3	Drug compatibility reference Online references.	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
4	Drug product equivalency reference Online references.	◉S ○C/P ○U ○N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
5	Sterile products reference	○S ○C/P ○U ◉N/A	R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)

6 Policy and procedure manual-pharmacy operations ◉S ○C/P ○U ○N/A

R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)

Online document management system.

7 Policy and procedure manual-technicians ◉S ○C/P ○U ○N/A

R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D)

Online document management system.

8 Policy and procedure manual-automation ○S ○C/P ○U ◉N/A

R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04

9 Policy and procedure manual-compounding ○S ○C/P ○U ◉N/A

R4-23-410; R4-23-670

10 Arizona statutes/rules ◉S ○C/P ○U ○N/A

R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Online access.

11 Current antidote/drug interaction information ◉S ○C/P ○U ○N/A

R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Online references.

12 Poison Control # displayed ◉S ○C/P ○U ○N/A

R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Stickers provided.

PHARMACY EQUIPMENT/FORMS

1 Refrigerator ◉S ○C/P ○U ○N/A

R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

Electronically monitored with excursion alerts.

2 Freezer ◉S ○C/P ○U ○N/A

R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

For shipping supplies only.

3 Computer-security/data storage ◉S ○C/P ○U ○N/A

R4-23-408

4 Computer-patient profiles ◉S ○C/P ○U ○N/A

R4-23-408(B)(3)

5 Computer-single drug usage report ◉S ○C/P ○U ○N/A

R4-23-408(B)(4)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

6	Computer-pharmacist log book/hard copy print out	◉S ○C/P ○U ○N/A	R4-23-408(C)(4)
7	Prescription label	◉S ○C/P ○U ○N/A	ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
8	Federal transfer labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
9	Warning labels	◉S ○C/P ○U ○N/A	R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
10	Written patient information	◉S ○C/P ○U ○N/A	R4-23-402(C)(4); R4-23-402(I)
11	Consultation log	◉S ○C/P ○U ○N/A	R4-23-402(G)
12	Federal medication guides	◉S ○C/P ○U ○N/A	21 CFR part 208
13	Hospital IV label	○S ○C/P ○U ◉N/A	R4-23-658
14	Generic Rx blanks	◉S ○C/P ○U ○N/A	R4-23-402(A); R4-23-407(D)
15	Immunization administration recordkeeping	○S ○C/P ○U ◉N/A	R4-23-411(F)
16	Schedule V register	○S ○C/P ○U ◉N/A	R4-23-612(A)(2)
17	Methamphetamine precursor sales log	○S ○C/P ○U ◉N/A	ARS 32-1977
18	Red C stamp	○S ○C/P ○U ◉N/A	R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
19	CSPMP reporting	◉S ○C/P ○U ○N/A	R4-23-502
20	Graduates	◉S ○C/P ○U ○N/A	R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
21	Mortar & Pestle	◉S ○C/P ○U ○N/A	R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
22	Steel spatulas	◉S ○C/P ○U ○N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
23	Rubber (nonmetallic) spatula	◉S ○C/P ○U ○N/A	R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

24	Approved Rx balance No compounding-not required.	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A), R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
25	Weights for Rx balance No compounding-not required.	○S ○C/P ○U ◉N/A	R4-23-612(A)(6); R4-23-672(A), R4-23-673(C); R4-23-674(A)(3), R4-23-675(A)
26	Ointment tile	◉S ○C/P ○U ○N/A	R4-23-612(A)(7); R4-23-672(A), R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
27	Automated storage and distribution system (patient access)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(2)
28	Automated storage and distribution system (hospital)	○S ○C/P ○U ◉N/A	R4-23-614(A)(B)(1)(3); R4-23-654(D)
29	Mechanical storage and counting device	○S ○C/P ○U ◉N/A	R4-23-615
30	Mechanical counting device	○S ○C/P ○U ◉N/A	R4-23-616
31	Emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701 02
32	Automated emergency drug supply units (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.02(E)
33	Automated dispensing system (LTC)	○S ○C/P ○U ◉N/A	R4-23-701.04

STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

1	Size	○S ○C/P ○U ◉N/A	R4-23-670(A)
2	Dedicated to compounding sterile products	○S ○C/P ○U ◉N/A	R4-23-670(A)(1), R4-23-656(5)
3	Isolated from other pharmacy functions	○S ○C/P ○U ◉N/A	R4-23-670(A)(2)
4	Restricts entry/access	○S ○C/P ○U ◉N/A	R4-23-670(A)(3)
5	Free from unnecessary disturbances airflow	○S ○C/P ○U ◉N/A	R4-23-670(A)(4)
6	Nonporous and cleanable floor	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

7	Nonporous and cleanable walls	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
8	Nonporous and cleanable ceiling	○S ○C/P ○U ◉N/A	R4-23-670(A)(5)
9	Environment ISO 7	○S ○C/P ○U ◉N/A	R4-23-670(A)(6)
10	Hood ISO 5	○S ○C/P ○U ◉N/A	R4-23-670(B)
11	Prep area ISO 7/ISO 8	○S ○C/P ○U ◉N/A	R4-23-110, R4-23-670(E)(F)

NOTES

Anticipated opening 1/3/2023.

Business hours Mo-Fr 9:00A-5:30P.

Primarily mail order specialty pharmacy. No compounding performed, controlled substances dispensed, immunizations administered or pseudoephedrine sales.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 08/22/2022
Receipt Number: 2022130493
Receipt Amount $: 480.00

Pharmacy - Chain

PERMIT NO
Y009420

EXPIRES
10/31/2024

Issued to : Sina Drug LLC, d/b/a Onco360
Sina Drug, LLC
13410 EASTPOINT CENTRE DRIVE LOUISVILLE , KY 40223

Sina Drug LLC, d/b/a Onco360
15990 NORTH GREENWAY-HAYDEN LOOP D-100
SCOTTSDALE, AZ 85260

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Sina Drug LLC, d/b/a Onco360
LICENSE NUMBER : Y009420
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	Sina Drug LLC, d/b/a Onco360
Address :	15990 North Greenway-Hayden Loop D-100 Scottsdale AZ 85260
License No :	Y009420
Permit Type :	Pharmacy
Sub Type :	Chain
Date Issued :	12/21/2022
Expiration Date :	10/31/2024
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Onco360

March 21, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

RE: Non-Resident Pharmacy – Initial Application for Sina Drug, LLC d/b/a Onco360

The above-referenced pharmacy is submitting a *Non-Resident Pharmacy* application to the Nevada State Board of Pharmacy. As instructed, please find the completed application, fee, and supporting documentation.

If any further information is needed to proceed with processing the application, please do not hesitate to contact me.

Respectfully Submitted,

Jackielyn Hoffman-Gibbs

Jackielyn Hoffman-Gibbs | Senior Compliance Analyst
Onco360® Oncology Pharmacy
CareMed Specialty Pharmacy
13410 Eastpoint Centre Drive | Louisville, KY 40223
O: (877)662-6633 ext. 9202
F: (877)663-6355
compliance@onco360.com

Onco360 ONCOLOGY PHARMACY CareMed SPECIALTY PHARMACY



Onco360
ONCOLOGY PHARMACY

Sina Drug, LLC d/b/a Onco360
Disciplinary Action Explanation – Question 3

On July 30, 2018 Sina Drug, LLC Onco360 (Great Neck, NY and Louisville, KY) signed a Consent Agreement with the Maine Board of Pharmacy and paid a Civil Penalty in the amount of $3,000. This disciplinary action was taken against Onco360 for failing on three separate occasions to file a new application with the Maine Board of Pharmacy by registered mail no later than 7 days after a change of pharmacist in charge. Sina Drug, LLC Onco360 (Louisville, KY and Great Neck, NY) Maine's license was not suspended, revoked, or put on probation because of these disciplinary actions. All states were notified, and no other states have acted.

Onco360 implemented a pharmacist in charge policy that is built on the most stringent PIC change requirements. Notifications are made within the specific timeframes. To date, Onco360 has not had any additional disciplinary actions taken against other licenses.

On July 11, 2019 Sina Drug, LLC Onco360 (Louisville, KY) signed a Consent Order and paid an administrative fine in the amount of $1,000 to the Alabama Board of Pharmacy. The Alabama Board of Pharmacy brought this disciplinary action against Onco360 solely as a result of the timely reporting of a consent agreement between Onco360 and the Maine Board of Pharmacy for the failure to file a new application with the Maine Board of Pharmacy by registered mail no later than 7 days after a change of pharmacist in charge. The Alabama Consent Order is reciprocal discipline due to the Maine Consent Agreement signed in July 2018. Sina Drug, LLC Onco360 (Louisville, KY) Alabama's license was not suspended, revoked, or put-on probation as a result of this reciprocal discipline.

Please note the above-mentioned pharmacy locations listed are only connected to this current application submission through a common ownership. The current applicant filing for a non-resident pharmacy permit in Nevada has never been disciplined.

Nicholas Assif (Pharmacist in Charge)

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IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
SINA DRUG LLC d/b/a ONCO 360	)	
	)	
Non-Resident Pharmacy Permit Number: 114593	)	**CASE NO: 18-L-0152**
	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Sina Drug LLC d/b/a Onco 360 which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Sina Drug LLC d/b/a Onco 360 (Onco) through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Onco has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Onco shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Onco expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform

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Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Onco further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Onco hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Onco acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Once's permit, including, but not limited to revocation.

6. Onco acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Onco acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

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DONE this the 9th of July, 2019.

SINA DRUG LLC D/B/A ONCO 360

BY: Cameron S. Franklin

ITS: Compliance Officer

Robert M. Ronnlund, attorney for Sina Drug LLC d/b/a Onco 360

DONE this the 11th of July, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Kenny Sanders

Kenny Sanders, R.Ph., President

By:

James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

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EXHIBIT "A"

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
SINA DRUG LLC d/b/a ONCO 360	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy	)	**CASE NO: 18-L-0152**
Permit Number: 114593	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Sina Drug LLC d/b/a ONCO 360
13410 Eastpoint Centre Drive
Suite 101
Louisville, Kentucky 40223

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on July 15, 2019 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Sina Drug LLC d/b/a ONCO 360 (Sina Drug LLC) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Sina Drug LLC has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Agreement by the State of Maine Board of Pharmacy on July 18, 2018 attached hereto as Exhibit "A" and/or your failure on three (3) separate occasions to

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timely notify the Maine board of a change in your PIC as more fully set out in the above referenced Agreement.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

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Dated this the 19th day of February, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

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EXHIBIT A

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
SINA DRUG LLC d/b/a ONCO360	)	CONSENT AGREEMENT
	)	
	)	
Complaint No. 2018-PHA-13945	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Sina Drug LLC d/b/a Onco360 in the State of Maine. The parties to this Consent Agreement are: Sina Drug LLC d/b/a Onco360 ("Onco360"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S § 8003(5-A).

FACTS

1. At all times relevant to this matter, Onco360 was licensed by the Board as a mail order pharmacy, license no. MO40001540, with a registered location of 225 Community Drive, Suite 100 in Great Neck, New York and license no. MO40002293, with a registered location of 1901 Campus Place, Suite 100 in Louisville, Kentucky.
2. On July 1, 2016, Zoe Frangos took over as the pharmacist in charge ("PIC") of Onco360's Great Neck location, thereby requiring Onco360 to submit a change of PIC application to the Board within 7 days after the PIC change.
3. Onco360, however, did not file a change of PIC application with the Board until July 20, 2016.

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4. On August 1, 2016, Leo Gray took over as the pharmacist in charge ("PIC") of Onco360's Great Neck location, thereby requiring Onco360 to submit a change of PIC application to the Board within 7 days after the PIC change.
5. Onco360, however, did not file a change of PIC application with the Board until August 22, 2016.
6. On January 1, 2017, Julie Owen took over as PIC of Onco360's Louisville location, thereby requiring Onco360 to submit a change of PIC application to the Board within 7 days after the PIC change.
7. Onco360, however, did not file a change of PIC application with the Board until January 17, 2017.
8. On February 5, 2018, Board Staff filed a complaint with the Board alleging that Onco360 had failed to file a timely Change of PIC application on three separate occasions.
9. The Board docketed this complaint as complaint no. 2018-PHA-13945.
10. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
11. On June 7, 2018, following a presentation of the complaint, the Board voted to offer Onco360 this Consent Agreement in order to resolve Complaint No. 2018-PHA-13945.
12. Absent acceptance of this Consent Agreement by signing and dating it and returning it to William Akins, Complaint Office, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by July 12, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

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COVENANTS

13. Onco360 admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing on three separate occasions to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

14. As DISCIPLINE for the violations admitted to in paragraph 13 above, Onco360 agrees to accept the imposition of:

    a. A REPRIMAND; and

    b. A CIVIL PENALTY in the amount of three thousand dollars ($3,000.00). Payment of the civil penalty shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to William Akins, Complaint Office, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

15. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

16. Violation of any of the terms or conditions of this Consent Agreement by Onco360 shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

17. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

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18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. The Board and Onco360 agree that no further agency action will be initiated against Onco360 by the Board based upon the specific violations admitted to herein, except or unless Onco360 fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Onco360, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearings involving Onco360. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Onco360.

21. Onco360 acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DocuSign Envelope ID: FEBE6568-7657-464C-BDF0-D57D3CAFB4D4

SINA DRUG LLC

DATED: 7/3/18

BY: _____
Authorized Representative

Paul E Jardine
Printed Name

DATED: 7/12/2018

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 7/18/2018

_____
ANDREW L. BLACK
Assistant Attorney General

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
COMPLAINT DIVISION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Commissioner

July 30, 2018

Sina Drug, LLC d/b/a Onco360
Att'n: Thomas Caneris, VP/Secretary
1901 Campus Pl., Suite 100
Louisville, KY 40299-2308

Re: Complaint No. 2018-PHA-13945

Dear Mr. Caneris:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $3,000.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact me with any questions.

Sincerely,

Complaint Division

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
Geraldine Betts, Board Administrator
Kevin Holland, R.Ph., Complaint Officer
Thomas Avery, Chief Field Investigator
Jessica Gowell, Professional Licensing Supervisor
Meagan Damon, Sr. Consumer Assistance Specialist
Kelly McLaughlin, Comprehensive Health Planner / Complainant
Cameron Franklin, Compliance Officer (email)

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
SINA DRUG LLC d/b/a ONCO360	)	CONSENT AGREEMENT
	)	
	)	
Complaint No. 2018-PHA-13945	)	

PARTIES

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FACTS

1. At all times relevant to this matter, Onco360 was licensed by the Board as a mail order pharmacy, license no. MO40001540, with a registered location of 225 Community Drive, Suite 100 in Great Neck, New York and license no. MO40002293, with a registered location of 1901 Campus Place, Suite 100 in Louisville, Kentucky.
2. On July 1, 2016, Zoe Frangos took over as the pharmacist in charge ("PIC") of Onco360's Great Neck location, thereby requiring Onco360 to submit a change of PIC application to the Board within 7 days after the PIC change.
3. Onco360, however, did not file a change of PIC application with the Board until July 20, 2016.

4. On August 1, 2016, Leo Gray took over as the pharmacist in charge ("PIC") of Onco360's Great Neck location, thereby requiring Onco360 to submit a change of PIC application to the Board within 7 days after the PIC change.
5. Onco360, however, did not file a change of PIC application with the Board until August 22, 2016.
6. On January 1, 2017, Julie Owen took over as PIC of Onco360's Louisville location, thereby requiring Onco360 to submit a change of PIC application to the Board within 7 days after the PIC change.
7. Onco360, however, did not file a change of PIC application with the Board until January 17, 2017.
8. On February 5, 2018, Board Staff filed a complaint with the Board alleging that Onco360 had failed to file a timely Change of PIC application on three separate occasions.
9. The Board docketed this complaint as complaint no. 2018-PHA-13945.
10. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
11. On June 7, 2018, following a presentation of the complaint, the Board voted to offer Onco360 this Consent Agreement in order to resolve Complaint No. 2018-PHA-13945.
12. Absent acceptance of this Consent Agreement by signing and dating it and returning it to William Akins, Complaint Office, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by July 12, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

13. Onco360 admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing on three separate occasions to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

14. As DISCIPLINE for the violations admitted to in paragraph 13 above, Onco360 agrees to accept the imposition of:

    a. A REPRIMAND; and

    b. A CIVIL PENALTY in the amount of three thousand dollars ($3,000.00). Payment of the civil penalty shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to William Akins, Complaint Office, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, within thirty (30) days of the execution of this Consent Agreement.

15. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

16. Violation of any of the terms or conditions of this Consent Agreement by Onco360 shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

17. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.
19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.
20. The Board and Onco360 agree that no further agency action will be initiated against Onco360 by the Board based upon the specific violations admitted to herein, except or unless Onco360 fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Onco360, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearings involving Onco360. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Onco360.
21. Onco360 acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

SINA DRUG LLC

DATED: 7/3/18

BY: Paul E J
Authorized Representative

Paul E Jardine
Printed Name

DATED: 7/12/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 7/18/2018

ANDREW L. BLACK
Assistant Attorney General

Onco360
ONCOLOGY PHARMACY

Sina Drug, LLC d/b/a Onco360
Disciplinary Action Explanation – Question 5

In December 2021, we made a business decision to voluntarily not renew the NC BOP pharmacy permit for our New Hyde Park, NY pharmacy location. We made this business decision based on the limited number of NC patients this pharmacy serviced. We have other pharmacies within our company that hold a NC BOP permit that service these patients going forward.

Nicholas Assif (Pharmacist in Charge)

Pharmacy: 877.662.6633
Pharmacy Fax: 877.662.6355

13410 Eastpoint Centre Drive
Louisville, KY 40223

4YYY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: OSRX, Inc. #2685

Physical Address: 2685 Palmer St. #200

City: Missoula State: MT Zip: 59808

Mailing Address (if different from physical address): 1120 Kensington Ave. Ste. E

City: Missoula State: MT Zip: 59801

Telephone: 406-541-6121 Toll Free # (NAC 639.708, NRS 639.23286): 855-466-1076

Fax: 406-541-6267 Contact Email: info@osrxpharmaceuticals.com

Website: www.osrxpharmaceuticals.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Brian Holdorf ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21529 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Brian S Holdorf	NV Pharmacist Registration #: 21529
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: OSRX, Inc.

Mailing Address: 1120 Kensington Ave. Ste. E

City: Missoula State: MT Zip: 59801

Telephone: 406-541-6121 Email: info@osrxpharmaceuticals.com

Contact Person Name: Amy Frost

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Co-Owner (title) for OSRX, Inc. #2685 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Amy Frost

Print Name of Authorized Person

Amy Frost

Original signature of Authorized Person (copies or stamps not accepted)

8-30-22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Amy Frost hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Co-Owner (title) for OSRX, Inc. #2685 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Amy L Frost
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30 day of August, 2022

Notary Public

PAYDN EVANS NOTARIAL SEAL STATE OF MONTANA

PAYDN EVANS
NOTARY PUBLIC for the
State of Montana
Residing at Missoula, MT
My Commission Expires
February 11, 2026.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Frost

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8.30.22
Date

Board Use Only	Date Received: 10-3-22	Amount: 500.00 CK-151075 ✓

OSRX, Inc. Ownership Structure

OSRX, Inc.
1120 Kensington Avenue Suite E
Missoula, MT 59801
FEIN 83-0669663
Effective Date of ownership change 4/01/2019
Date of incorporation in DE 04/27/2018 File # 6862461
info@osrxpharmaceuticals.com
Ph: 406-541-6121
Fax: 406-541-6267

Owner / President
Anthony Sampietro 60%
[redacted] 4th Street
Hermosa Beach, CA 90254
DOB [redacted]
SS [redacted]
Phone [redacted]

Owner / Vice President
Amy Frost PharmD 40%
[redacted] Roman Drive
Stevensville, MT 59870
DOB [redacted]
SS [redacted]
Phone [redacted]

Summary of Shared Services

OSRX, Inc.
1120 Kensington Ave Ste E
Missoula, MT 59801
PHA-PHR-LIC-58632
Hours of Operation : 7am – 7pm MST

OSRX, Inc. #2685
2685 Palmer Ave
Missoula, MT 59801
PHA-PHR-LIC-88693
Hours of Operation : 7am – 7pm MST

Contact information such as phone and email is shared.
855-466-1076
info@osrxpharmaceuticals.com

OSRX, Inc will keep the current Non-Resident location and licensed and operations will continue to include compounding, inventory management, quality assurance, medication fulfillment, final product verification by a licensed pharmacist and shipping. To accommodate our growing staff, we plan to move our existing customer service team into another physical address located within 3 miles.

The two locations will operate using a real time, online, secure software database. The software has the ability to track each processing task, identity of the person performing each task, and the location where each task was performed. All prescriptions entered will be verified by a licensed pharmacist before being filled at our current location. Other duties for pharmacists at this location include allergy screening, patient counseling, verifying prescriptions with prescribers, supervision of technicians, and training technicians. The new location operates from 7am -7pm MST, is secured by an alarm system and employees have access via an electronic badge.

Patient confidentiality and patient safety are protected by sharing our current secure electronic pharmacy software. Each location has access to all electronic pharmacy records and employees communicate across locations by our POE phone system which includes an online portal, and direct transferring of calls to any employee, Microsoft Teams chat and email. The phone, fax and email address is the same at both locations.

All company policies, handbooks, Standard operating procedures are shared. Training is department specific; team instruction is directed by department managers and pharmacists where appropriate. There are no controlled substances at either location at any time. Patients will be notified that processing services may occur at an alternate OSRX location.

State of Montana
Business Standards Division
Board of Pharmacy

PHA-PHR-LIC-88693

Status: **Active**
Expires: **11/30/2023**

This certificate verifies licensure as:
COMMUNITY PHARMACY
Person In Charge: BRIAN HUSEBY
With endorsements of:
* *TECHNICIAN UTILIZATION PLAN*

OSRX INC #2685
2685 PALMER STE 200
MISSOULA, MT 59808

Montana Department of
LABOR & INDUSTRY
RENEW OR VERIFY YOUR LICENSE AT:
https://ebiz.mt.gov/pol

Renew online at https://ebiz.mt.gov/pol by signing in with your username and password.

The renewal cycle for your board opens 60 days prior to the expiration date on your current license. Renew your license prior to your expiration date to avoid being charged a late fee(s).

Remember to maintain your online account information with a password, security question and a valid email address. You can update your account information by accessing the 'Account Management' link when logged in.

Montana Department of LABOR & INDUSTRY

State of Montana
Business Standards Division
Professional and Occupational Licensing Bureau
Board of Pharmacy

Click here for a disclaimer

License Information

Licensing Board/Program: Board of Pharmacy
License Type: Community Pharmacy License
License Number: PHA-PHR-LIC-88693
License Status: Active
License Expiration Date: 11/30/2023
License Issued Date: 08/09/2022

License Holder

Business Name: OSRX INC #2685
Name:
City, State Zip: MISSOULA, MT 59808

Facility Information

Address: 2685 PALMER STE 200
City, State Zip: MISSOULA, MT 59808

Relationships

Person In Charge: BRIAN HUSEBY

Endorsements

With endorsements of:
* *TECHNICIAN UTILIZATION PLAN*

Public Documents

Our records show no public documentation for this licensee.

Discipline

Our records show no adverse information concerning this licensee.

Back

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "OSRX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2018, AT 1:56 O`CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE SECOND DAY OF MAY, A.D. 2019, AT 1:28 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "OSRX, INC.".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6862461 8310

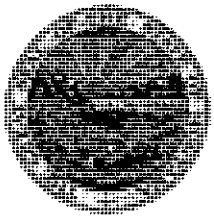
SR# 20230256905

Authentication: 202684638

Date: 02-10-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

Montana Department of
LABOR & INDUSTRY



Montana Department of Labor and Industry
Business Standards Division
301 South Park Avenue
Helena, MT 59620

Montana Board of Pharmacy
On-site Inspection Report

(Board use only)

License Number: PHA-PHR-LIC-88693	**Licensee Name:** OSRX INC #2685
Licensee Address and Phone Number: 2685 PALMER STE 200, MISSOULA 855-466-1076	**Pharmacist-in-charge Name and Email:** Jasmine Olson aafrost@osrxpharmaceuticals.com
Inspection Date: 8-22-2022	**Inspector Name:** Genine Pitts, PharmD
Inspector E-mail: genine.pitts@mt.gov	**Inspector Phone:** (406) 431-1952
Inspection Type: ☑ Initial ☐ Annual ☐ Re-Inspection	**Inspection Status:** ☑ Passed ☐ Failed ☐ Passed with Conditions

Comments:

(Board use only)

The initial facility inspection occurred on 8-22-2022, during which the security, operations plan, and remote prescription processing workflow were reviewed. They are functioning solely as a prescription processing facility that is linked remotely to the co-owned compounding and dispensing pharmacy located at 1120 Kensington Ave Suite E, license PHA-PHR-LIC-58632.

The facility demonstrates secure remote access to the central database to perform data entry and processing of prescriptions, and pharmacist pre-check DUR functions. Additionally, patient counseling, clinical consultation with providers, and customer service is also be provided. The facility does not store active pharmaceutical ingredients or finished drug products and will not be compounding or dispensing.

Note that neither remote nor on-site Board inspections evaluate compliance with all requirements.

Links to REFERENCE information: ARM and MCA

Montana Department of
LABOR & INDUSTRY

Montana Board of Pharmacy Inspection Form – On-site
Community Pharmacy (PHR)

PHARMACY FACILITY

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Is the pharmacy orderly and clean?	☑YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.819(1)	Reviewed office workspace areas. The facility is utilized for prescription processing and customer service only. No drug storage or dispensing activities.
Are the sanitation and equipment requirements met?	☑YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.819(2)	N/A: No prescription dispensing services anywhere in the facility.
Are the security requirements of the pharmacy being met?	☑YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.814	Auto-lock door with keycard access by authorized personnel. VPN and secure log-in for dispensing software.
Is the mandated generic substitution sign displayed?	☐YES ☑NO ☐NEEDS IMPROVEMENT	MCA 37-7-506	N/A: Not dispensing from this location and no walk-in public access. Closed door model.
Does the pharmacy access a common electronic file?	☑YES ☐N/A	ARM 24.174.840	Connect to the Kensington facility (PHA-PHR-LIC-58632) via VPN.
If the pharmacy accesses a common electronic file, are the required notices in place?	☐YES ☐NO ☑N/A	ARM 24.174.840(6)	No public access or dispensing of medications at this facility; therefore, they are exempt from posting any notice.
What pharmacy dispensing systems are utilized?	☐N/A LIST>	ARM 24.174.1122	*Provide the name of the system or systems.* Life File
Are secure/unique login credentials kept for the pharmacy dispensing system?	☑YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.817(1)	Reviewed security of remote access to database by appropriate personnel.
Is the pharmacy providing services to other facilities?	☐YES LIST> ☑N/A		*List:* N/A

Montana Department of
LABOR & INDUSTRY

Does the pharmacy utilize centralized filling and processing of drug order services?	☐YES LIST> ☑N/A		*List:* N/A
If the pharmacy is utilizing central filling and processing of drug orders, are all the requirements being met?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.823	N/A
Does the pharmacy utilize remote processing of drug orders?	☑YES LIST> ☐N/A		*List:* Connect to the Kensington facility (PHA-PHR-LIC-58632), same ownership.
If the pharmacy is utilizing remote processing of drug orders, are all the security requirements being met?	☑YES ☐NO ☐NEEDS IMPROVEMENT ☐N/A	ARM 24.174.814 ARM 24.174.818	VPN security.
Are outdated pharmaceuticals removed from stock and processed as required?	☐YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.2301(1)	N/A: Do not stock or dispense product.
Are the pharmaceuticals stored properly?	☐YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.819	N/A
Can the system produce a drug audit?	☑YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.818(1)	
Is the pharmacy registered with the Montana Prescription Drug Registry (MPDR)?	☐YES ☐NO ☑N/A	ARM 24.174.1704(4)	Do not dispense dangerous drugs
Is the pharmacy reporting required information to the MPDR by the close of the next business day?	☐YES ☐NO ☑N/A	ARM 24.174.1704(2)	N/A
Is the Pharmacist-in-Charge (PIC) verifying the reported MPDR data as required?	☐YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.1704(6)	N/A

Montana Department of
LABOR & INDUSTRY

LICENSING AND ENDORSEMENTS

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Is the current facility license posted in a conspicuous place?	☐YES ☑NO ☐NEEDS IMPROVEMENT	MCA 37-7-321	The facility is not yet operational. No licenses were posted but the requirement was reviewed with Amy.
Is the Montana Dangerous Drug registration current?	☐YES ☐NO ☑N/A	ARM 24.174.1401(2)	N/A
Are facility endorsements appropriate for facility?	☑YES ☐NO ☐N/A		Technician Utilization Endorsement
Is the facility DEA registration current?	☐YES ☐NO ☑N/A	21 CFR 1301.11	*Expiration date:* N/A
Is the Combat Methamphetamine Self Certification current?	☐YES ☐NO ☑N/A	21 CFR 1314.40	*Expiration date:* N/A
Do all pharmacists, interns, and technicians have an active license?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	MCA 37-7-301	The facility is not yet operational. Reviewed requirement with Amy.
Do the certified technicians have a current certification?	☐YES ☐NO	MCA 37-7-301	The facility is not yet operational. Reviewed requirement with Amy.
Has the PIC verified current employment and address information?	☐YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.301(34)	Reviewed requirement
Are endorsements on the pharmacists' licenses appropriate for site activities?	☐YES ☐NO ☐NEEDS IMPROVEMENT		N/A
Do the pharmacists have a current CPR certificates?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.503(3)	N/A

Montana Department of
LABOR & INDUSTRY

DISPENSING ACTIVITIES

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Are the pharmacists identified?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	MCA 37-7-101(32)	Not operational. No prescription processing activities were occurring during the inspection.
Is every prescription order evaluated by a pharmacist for safety and therapeutic appropriateness?	☑ YES ☐ NO ☐ NEEDS IMPROVEMENT	ARM 24.174.1104(1)	Reviewed description of operations and prescription processing activities.
Does the pharmacist perform prospective drug review?	☑ YES ☐ NO ☐ NEEDS IMPROVEMENT	ARM 24.174.902	Reviewed in operations documentation.
Does the pharmacist counsel patients as required?	☑ YES ☐ NO ☐ NEEDS IMPROVEMENT	ARM 24.174.903	Reviewed in operations documentation. The facility will primarily focus on prescription processing and customer service/counseling via telephone.
Is there an appropriate counseling area?	☑ YES ☐ NO ☐ NEEDS IMPROVEMENT	ARM 24.174.903(2)	*Describe the area or areas where counseling takes place.* Via telephone
Are the prescriptions properly labeled?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT	ARM 24.174.832	N/A: There will not be any labeling or dispensing activities at this location.
Are you compounding at this facility?	☐ YES LIST> ☑ N/A		*List the types of compounding:* N/A
Are you compounding nonsterile pharmaceutical preparations?	☐ YES LIST> ☑ N/A		*List up to three examples:* N/A
Are policies and procedures in place to meet the requirements of USP 795 Compounding-Nonsterile pharmaceutical products?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	ARM 24.174.841(9)	N/A

Montana Department of
LABOR & INDUSTRY

Are you compounding sterile pharmaceutical preparations?	☐YES LIST> ☑N/A		*List up to three examples:* N/A
Are policies and procedures in place to meet the requirements of USP 797 Compounding-Sterile pharmaceutical products?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.841(9)	N/A: This facility only processes prescriptions, there is no compounding or dispensing activities occurring.
Are policies and procedures in place to meet the requirements of USP 800 Hazardous Drugs-Handling in Healthcare Settings?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.2301(1)	N/A: No drug handling.
Is the assessment of risk for hazardous drugs current?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	USP 800 / ARM 24.174.2301(1)	N/A: No drug handling.
Is there a quality assurance program in place?	☑YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.407	*What is the last date of the program review?* Built in quality measures throughout prescription processing steps.

PRESCRIPTION REQUIREMENTS

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Do the prescriptions contain the required information?	☐YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.831	N/A: Facility not yet operating.
Are prescription transfers properly documented?	☐YES ☐NO ☐NEEDS IMPROVEMENT	ARM 24.174.835	N/A: Facility not yet operating.
Do the Schedule III-V phoned in prescriptions contain the required information?	☐YES ☐NO ☐NEEDS IMPROVEMENT	21 CFR 1306.05	N/A: No dispensing of controlled substances.

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RECORD KEEPING

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Are the Power of Attorney forms in place for current staff to order controlled substances?	☐ YES ☐ NO ☑ N/A	21 CFR 1305.05	*How many individuals at the facility are authorized to order controlled substances?* N/A: Do not dispense controlled substances.
Are the PIC agreements in place?	☑ YES ☐ NO	ARM 24.174.805	Reviewed
Are individual DEA CSOS key codes kept confidential?	☐ YES ☐ NO ☑ N/A	21 CFR 1311.30	N/A
Are DEA 222 forms properly executed?	☐ YES ☐ NO ☑ N/A	21 CFR 1305.12	N/A
Is the DEA Biennial Inventory current, correctly formatted, and available?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	21 CFR 1304.11	N/A
Are the controlled substance invoices filed properly?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	21 CFR 1304.21	N/A
Are Schedule II records filed separately?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	21 CFR 1304.04(h)1	N/A
Are controlled substance prescriptions filed properly?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	21 CFR 1304.04(h)1	N/A
Does the pharmacy maintain perpetual inventory on Schedule II drugs?	☐ YES ☐ NO ☑ N/A	ARM 24.174.814(1)	N/A

Montana Department of
LABOR & INDUSTRY

Is the perpetual inventory reconciled as required?	☐ YES ☐ NO ☐ NEEDS IMPROVEMENT ☑ N/A	ARM 24.174.814(1)	N/A
Have there been any significant shortages or losses of controlled substances in the past year?	☐ YES ☑ N/A	21 CFR 1301.74(c)	N/A
If so, was the loss reported to the DEA within 24 hours, the Board of Pharmacy, and law enforcement?	☐ YES ☐ NO ☑ N/A	21 CFR 1301.74(c) ARM 24.174.1411(3), (4)	*Date of loss:* *Date the Board was notified:* N/A

PHARMACY TECHNICIANS

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Is the Technician Utilization Plan accessible and being used?	☑ YES ☐ NO ☐ NEEDS IMPROVEMENT ☐ N/A	ARM 24.174.712	Reviewed the TUP document.
Has the Technician Utilization Plan been annually reviewed and current?	☑ YES ☐ NO ☐ N/A	MCA 37-7-308(1)	Dated July 13, 2022
Do the technicians and auxiliary staff understand their responsibilities and limitations?	☑ YES ☐ NO ☐ NEEDS IMPROVEMENT ☐ N/A	ARM 24.174.705	Did not observe technicians working outside of scope.
Are the technicians and auxiliary staff properly identified?	☐ YES ☐ NO ☑ N/A	ARM 24.174.703(5)	No current staff during initial inspection as they are not yet operational.
Are the technicians properly identifying themselves when answering the telephone?	☐ YES ☐ NO ☑ N/A	ARM 24.174.705(1)	N/A
What is the current technician ratio?	☐ YES ☐ NO ☑ N/A	ARM 24.174.711	*Describe the typical staffing levels.* No current staff during initial inspection as they are not yet operational.

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Does the pharmacy operate with a technician variance approved by the Board?	☐YES ☐NO ☑N/A	ARM 24.174.711(3)	*What is the effective date and approved variance date?* *Approved variance:* *Approved Date:*
If an application for increased ratio has been requested, are the required documents in place?	☐YES ☐NO ☑N/A	ARM 24.174.711(4)	N/A: Rules amended March 2022 to eliminate technician:pharmacist ratios.

PHARMACY INTERNS

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Does the preceptor/intern relationship meet requirements?	☐YES ☐NO ☑N/A	ARM 24.174.602	Not yet operational, no current interns.

ADMINISTRATION OF VACCINES

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Does the pharmacy limit immunizations to the independent authority allowed in statute?	☐YES ☐NO ☑N/A	MCA 37-7-105	*What additional immunizations are allowed under a collaborative agreement?* N/A: No vaccine administration activities.
Are the required policies and procedures for the immunization program in place?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.503(4)	N/A
Is there access to the CDC reference?	☐YES ☐NO ☑N/A	ARM 24.174.503(4)	N/A
Are the required state sanctioned immunization records complete and maintained?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	MCA 37-7-105(4)	N/A

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COLLABORATIVE PRACTICE

		REFERENCE	CORRECTIVE ACTION/COMMENTS
List of current collaborative practice agreements:	☐N/A LIST>		*List the type of agreement and the effective date.* N/A
Have all participating staff signed the current collaborative practice agreements?	☐YES ☐NO ☑N/A	ARM 24.174.524(2)	N/A
Do the collaborative practice agreements include all requirements?	☐YES ☐NO ☑N/A	ARM 24.174.524(2)	N/A

TELEPHARMACY OPERATIONS

		REFERENCE	CORRECTIVE ACTION/COMMENTS
Does this pharmacy have a Telepharmacy endorsement?	☐YES ☐NO ☑N/A	ARM 24.174.1302(4)	*List the parent pharmacies and license numbers.* N/A
Does the current staffing ratio at the Parent and the Telepharmacy sites meet the requirements?	☐YES ☐NO ☑N/A	ARM 24.174.711	*Describe the typical staffing levels.* N/A
Are the Telepharmacy prescription requirements met?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.1302(4)	N/A
Are the required monthly visitation documents available?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.1302(4)	N/A
Is the remote Telepharmacy site registered with the DEA?	☐YES ☐NO ☑N/A	ARM 24.174.1301.11	*Expiration Date:*
Are the DEA form requirements for Telepharmacy met?	☐YES ☐NO ☑N/A	21 CFR 1305.12	N/A

Montana Department of
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Are the DEA Registration/Requirements for Telepharmacy met?	☐YES ☐NO ☑N/A	ARM 24.174.1302(4)	N/A
Are technician requirements for Telepharmacy met?	☐YES ☐NO ☑N/A	ARM 24.174.1302(4)	N/A
Are the communication systems in place for Telepharmacy?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.1302(4)	*Describe the current communication system.* N/A
Is the staff offering counseling at the remote Telepharmacy site?	☐YES ☐NO ☐NEEDS IMPROVEMENT ☑N/A	ARM 24.174.1302(4)	N/A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: OSRX, Inc. # 2685

Pharmacy/Wholesaler License # (if applicable): n/a

Physical Address: 2685 Palmer St. #200

City: Missoula State: MT Zip: 59808

Mailing Address (if different from physical address): 1120 Kensington Ave. STe. E

City: Missoula State: MT Zip: 59801

Telephone: 406-541-6121 Website: www.osrxpharmaceuticals.com

Licensing Company Email: info@osrxpharmaceuticals.com

Section 2: Personal Information

First: Brian Middle: Joel Last: Huseby

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Circle Drive

City: Florence State: MT Zip: 59833

Telephone: [redacted] Email: bjhuseby@osrxpharmaceuticals.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639:129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Montana			09/84 to 05/90	
Address		City	State	Zip
32 Campus Dr		Missoula	MT	59812
Diploma/Degree obtained, if any				
BS Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
Hamilton High School			09/79 to 06/83	
Address		City	State	Zip
327 Fairgrounds Rd		Hamilton	MT	59840
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/02 to 09/22	[redacted] Circle Dr	Florence	MT	59833
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
OSRX Inc.			11/19 to 09/22	
Business Address		**City**	**State**	**Zip**
1120 Kensington Ave		Missoula	MT	59801
Phone	**Title**		**Number of Employed Hours**	
855-466-1076	Pharmacist		6000	
Description of Duties				
Dispense prescription medications and offer expertise in the safe use of prescriptions. Maintain records pertaining to the dispensing, distribution, storage and safe handling of prescription compounds.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Brian Huseby **, certify that as the designated representative for**

OSRX, Inc. # 2685 ,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. x I am at least 21 years of age;
3. x I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. x I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. x I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. x I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. x I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brian Huseby

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/02/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Huseby

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/02/2022

Date

Please have this section completed in the presence of a Notary Public.

State of MONTANA, ss. County of MISSOULA

I, BRIAN J. HUSEBY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9-2-22

Date

Subscribed and Sworn to before me this 2 day of SEPTEMBER 2022.

Notary Public Signature

PAYDN EVANS
NOTARY PUBLIC for the
State of Montana
Residing at Missoula MT
My Commission Expires
February 11, 2026

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Brian S. Holdorf

Date: 12/08/2021
Amount:
License #: 21529

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Brian S. Holdorf

License #
21529
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21529

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Brian S. Holdorf

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler OSRX, Inc. # 2685

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 2685 Palmer St. #200

City Missoula State MT Zip 59808

Mailing Address (if different from physical address) 1120 Kensington Ave. ste E

City Missoula State MT Zip 59801

Telephone 406-541-6121 Website www.osrxpharmaceuticals.com

Licensing Company Email info@osrxpharmaceuticals.com

Section 2: Personal Information

First Amy Middle Ann Last Frost

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Roman Drive

City Stevensville State MT Zip 59870

Telephone [redacted] Email aafrost@osrxpharmaceuticalscom

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Montana		08/2001-05-2005	
Address	City	State	Zip
Skaggs School of Pharmacy	Missoula	MT	59808
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Montana State University		09/96-05/00	
Address	City	State	Zip
100 College St	Bozeman	MT	59718
Diploma/Degree obtained, if any			
Bachelors of Science - Microbiology			

School Name		From - To (MM/YY – MM/YY)	
Darby High School		08/92-06/96	
Address	City	State	Zip
209 School Dr	Darby	MY	59829
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/02-present	[redacted]Roman Dr	Stevensville	MT	59870
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
OSRX, Inc.			5/2019-present
Business Address	**City**	**State**	**Zip**
1120 Kensington Ave Ste E	Missoula	MT	59801
Phone	**Title**		
406-541-6121	Partner, PIC		
Description of Duties			
Regulatory and Operations management			

Business Name			From - To (MM/YY – MM/YY)
Pinnacle Compounding, LLC			11/16-5/19
Business Address	**City**	**State**	**Zip**
1120 Kensington Ave Ste E	Missoula	MT	59801
Phone	**Title**		
406-541-6121	Partner, PIC		
Description of Duties			
Regulatory and Operations management			

Business Name			From - To (MM/YY – MM/YY)
Pinnacle Compounding, LLC			8/13-11/16
Business Address	**City**	**State**	**Zip**
1120 Kensington Ave Ste E	Missoula	MT	59801
Phone	**Title**		
406-541-6121	PIC		
Description of Duties			
Operation and managment of pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Rivers Edge Pharmacy DBA Ridgeway Pharmacy			2007-01/12
Business Address	**City**	**State**	**Zip**
39 Stevi Cutoff Rd W	Stevensville	MT	59870
Phone	**Title**		
406-777-4410	Owner, PIC		
Description of Duties			
Operation and managment of pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Frost

Print Name (First, Last)

Amy Frost

Original Signature (electronic, copies or stamps not accepted)

8.31.22

Date

Please have this section completed in the presence of a Notary Public.

State of MONTANA, ss. County of MISSOULA

I, Amy Frost, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amy Frost

Original Signature

8.31.22

Date

Subscribed and Sworn to before me this 31 day of AUGUST 2022.

Notary Public Signature

PAYDN EVANS NOTARIAL SEAL STATE OF MONTANA

PAYDN EVANS
NOTARY PUBLIC for the State of Montana
Residing at Missoula, MT
My Commission Expires February 11, 2026.
(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler OSRX, Inc. # 2685

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 2685 Palmer St. #200

City Missoula State MT Zip 59808

Mailing Address (if different from physical address) 1120 Kensington Ave. ste E

City Missoula State MT Zip 59801

Telephone 406-541-6121 Website www.osrxpharmaceuticals.com

Licensing Company Email info@osrxpharmaceuticals.com

Section 2: Personal Information

First Anthony Middle _____ Last Sampietro

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]4th st

City Hermosa Beach State CA Zip 90254

Telephone [redacted] Email afsampietro@osrxpharmaceuticals.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Connecticut		09/87 - 05/92	
Address	**City**	**State**	**Zip**
2131 Hillside Road	Storrs	CT	06269-3088
Diploma/Degree obtained, if any			
BS in Marketing			

School Name		From - To (MM/YY – MM/YY)	
Foran High		09/83 - 06/87	
Address	**City**	**State**	**Zip**
80 Foran Rd	Milford	CT	06460
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/12 - Present	[redacted]4th street	Hermosa Beach	CA	90254
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Ocular Science			02/15 - Present
Business Address	**City**	**State**	**Zip**
118 Center Street	El Segundo	CA	90245
Phone	**Title**		
310-890-5057	CEO		

Description of Duties
Responsible for implementing existing plans and policies, improving the company's financial strength, supporting ongoing digital business transformation and setting future strategy.

Business Name			From - To (MM/YY – MM/YY)
OSRX			05/17 - Present
Business Address	**City**	**State**	**Zip**
1120 Kensington Ave	Missoula	MT	59801
Phone	**Title**		

Description of Duties
Responsible for implementing existing plans and policies, improving the company's financial strength, supporting ongoing digital business transformation and setting future strategy.

Business Name			From - To (MM/YY – MM/YY)
Optimedica			01/12 - 12/14
Business Address	**City**	**State**	**Zip**
1310 MOFFETT PARK DRIVE	SUNNYVALE	CA	94089
Phone	**Title**		
408-850-8600	Western Region Sales Director		

Description of Duties
Responsible for all sales team activities, motivating sales reps and ensuring they meet expected goals.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anthony Sampietro

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/9/22

Date

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Los Angeles

I, Anthony Sampietro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/9/22

Date

Subscribed and Sworn to before me this 9th day of Sept. 2022

See CA Jurat Attachment / Begoria Herrera, Notary Public

Notary Public Signature

(Seal)

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on
this 9th day of September, 20 22,
by Anthony Sampietro
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

BENJAMIN HERRERA
Notary Public - California
Los Angeles County
Commission # 2279887
My Comm. Expires Mar 7, 2023

(Seal)

4ZZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?
☐ Nevada
■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Propel Pharmacy, LLC

Physical Address: 5962 State Route 31 #4

City: Cicero State: NY Zip: 13039

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-407-8015 Toll Free # (NAC 639.708, NRS 639.23286): 888-407-8015

Fax: 866-277-1796 Contact Email: pharmacydept@ nurx.co

Website: https://www.propelpharmacyllc.com/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Erica Durant

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Mark Artessa	NV Pharmacist Registration #: 22868
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a <u>signed statement of explanation must be attached</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Nurx Inc.

Corporation/Organization Name: Nurx Inc.

Mailing Address: 548 Market Street, Suite 94061

City: San Francisco State: CA Zip: 94104

Telephone: 800-321-6879 Email: compliance-propel@ nurx.co

Contact Person Name: Madelyn Verduce

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Propel Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Erica Durant

Print Name of Authorized Person

EDurant

Original signature of Authorized Person (copies or stamps not accepted)

8/8/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Erica Durant hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Propel Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

E Durant

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8 day of August, 2022

Notary Public

ROBERT J ZUCCARO
Notary Public - State of New York
NO. 01ZU6178309
Qualified in Onondaga County
My Commission Expires Apr 4, 2024

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erica Durant

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

EDurant

Original signature of Authorized Person (copies or stamps not accepted)

8/8/22

Date

Board Use Only	Date Received: 10-18-22	Amount: 500.00 cc

~~Decline 12/9/22~~

Process. 5/9/23

PROPEL
PHARMACY,
LLC

5962 State Route 31 #4
Cicero, NY 13039-7857

January 6, 2023

Re: Nevada Deficiency Notice

To whom it may concern,

Please find attached documentation regarding the citation and fine for Nurx Inc., the parent company of Propel Pharmacy, LLC in the state of California. A narrative is provided below. Let us know if anything additional is needed.

- Applicant does not believe that the matter described herein is responsive to the question; however, in an abundance of caution, Applicant is disclosing an administrative citation linked to an affiliate company that is not a pharmacy. An administrative citation was issued by the California Board of Pharmacy on Dec. 30, 2019 to the non-pharmacy affiliate company for activity, which ceased in or about June of 2018 and took place under prior management. Attached citation and evidence of payment of fine are attached

Sincerely,

Erica Durant

Erica Durant

Director, Pharmacy Operations

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

December 30, 2019

DATED MATERIAL ENCLOSED

NURX
1125 MISSION STREET
2ND FLOOR
SAN FRANCISCO, CA 94103

RE: CI 2018 84241
NuRx
Unlicensed

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- January 29, 2020: Unless the Citation is contested payment of fine(s) must be received by the Board.
- January 13, 2020: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- January 29, 2020: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely

Anne Sodergren

Anne Sodergren
Interim Executive Officer
Board of Pharmacy

Attachments

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **January 29, 2020.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than January 13, 2020 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than January 29, 2020 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have questions regarding any documents enclosed with the Citation, please contact Stephanie Koenig, Associate Enforcement Analyst, at (916) 518-3012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2018 84241	NuRx, Unlicensed

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4314, subd. (1), 148

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4110 subd. (a)	No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board...	Citation without a fine
Bus. & Prof. Code § 4169 subd. (a)(2)	Prohibited Acts; Purchase, trade, sell, or transfer dangerous drugs to that the person knew or reasonably should have known were adulterated...	$5,000.00

CONDUCT:

License Required: Business and Professions Code 4110 (a) states in pertinent part no person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred. As related to Business and Professions Code 148 stating any board, bureau, or commission within the department may, in addition to the administrative citation system authorized by Section 125.9, also establish, by regulation, a similar system for the issuance of an administrative citation to an unlicensed person who is acting in the capacity of a licensee or registrant under the jurisdiction of that board, bureau, or commission. The administrative citation system authorized by this section shall meet the requirements of Section 125.9 and may not be applied to an unlicensed person who is otherwise exempted from the provisions of the applicable licensing act. The establishment of an administrative citation system for unlicensed activity does not preclude the use of other enforcement statutes for unlicensed activities at the discretion of the board, bureau, or commission. NuRx was not compliant with these regulations. Specifically, between March 2017 to June 2018, NuRx, an unlicensed facility, located at 1125 Mission Street, 2nd floor in San Francisco, CA dispensed approximately 49 dangerous drugs without holding a valid California pharmacy permit. The dangerous drugs were erroneously shipped to NuRx after they were undeliverable to patients of either Truepill (Postmeds) Pharmacy (PHY56100) or Daniels Pharmacy (36740). The dangerous drugs were then re-dispensed to 49 customers of NuRx. Shipping dangerous drugs or devices without holding a valid California pharmacy permit is a violation of pharmacy law

Prohibited Acts: Business and Professions Code 4169 (a)(2) states in pertinent part a person or entity shall not do any of the following: (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code. NuRx was not compliant with these regulations. Specifically, between March 2017 to June 2018, NuRx, located at 1125 Mission Street, 2nd floor in San Francisco, CA, dispensed adulterated dangerous drugs The dangerous drugs were returned as undeliverable to NuRx after having been dispensed by a contract pharmacy to a patient. NuRx could not confirm the drugs storage temperature or condition while in transit from the dispensing pharmacy to the patient or from the undeliverable address to NuRx. Shipping adulterated dangerous drugs is a violation of pharmacy law.

CITATION ISSUED ON: December 30, 2019	**TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: January 29, 2020

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

COPY

CITATION AND FINE

Citation Number	Name, License No
CI 2018 84241	NuRx, Unlicensed

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4314, subd. (1), 148

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4110 subd. (a)	No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board...	Citation without a fine
Bus. & Prof. Code § 4169 subd. (a)(2)	Prohibited Acts; Purchase, trade, sell, or transfer dangerous drugs to that the person knew or reasonably should have known were adulterated...	$5,000.00

CONDUCT:

License Required. Business and Professions Code 4110 (a) states in pertinent part no person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred. As related to Business and Professions Code 148 stating any board, bureau, or commission within the department may, in addition to the administrative citation system authorized by Section 125.9, also establish, by regulation, a similar system for the issuance of an administrative citation to an unlicensed person who is acting in the capacity of a licensee or registrant under the jurisdiction of that board, bureau, or commission. The administrative citation system authorized by this section shall meet the requirements of Section 125.9 and may not be applied to an unlicensed person who is otherwise exempted from the provisions of the applicable licensing act. The establishment of an administrative citation system for unlicensed activity does not preclude the use of other enforcement statutes for unlicensed activities at the discretion of the board, bureau, or commission. NuRx was not compliant with these regulations. Specifically, between March 2017 to June 2018, NuRx, an unlicensed facility, located at 1125 Mission Street, 2nd floor in San Francisco, CA dispensed approximately 49 dangerous drugs without holding a valid California pharmacy permit. The dangerous drugs were erroneously shipped to NuRx after they were undeliverable to patients of either Truepill (Postmeds) Pharmacy (PHY56100) or Daniels Pharmacy (36740). The dangerous drugs were then re-dispensed to 49 customers of NuRx. Shipping dangerous drugs or devices without holding a valid California pharmacy permit is a violation of pharmacy law.

Prohibited Acts: Business and Professions Code 4169 (a)(2) states in pertinent part a person or entity shall not do any of the following: (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code. NuRx was not compliant with these regulations. Specifically, between March 2017 to June 2018, NuRx, located at 1125 Mission Street, 2nd floor in San Francisco, CA, dispensed adulterated dangerous drugs. The dangerous drugs were returned as undeliverable to NuRx after having been dispensed by a contract pharmacy to a patient. NuRx could not confirm the drugs storage temperature or condition while in transit from the dispensing pharmacy to the patient or from the undeliverable address to NuRx. Shipping adulterated dangerous drugs is a violation of pharmacy law.

CITATION ISSUED ON: December 30, 2019	**TOTAL AMOUNT OF FINE(S): $5,000.00**

PAYMENT OF FINE(S) DUE BY: January 29, 2020

California State Board of Pharmacy
REQUEST FOR OFFICE CONFERENCE

Licensee: NuRx

License No: Unlicensed

Citation Number : CI 2018 84241

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ___ I contest the Citation and request an Office Conference

Check One:

___ I contest the entire Citation or

___ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name _____

Signature _____ Dated _____

Address of Service: _____

City _____ State _____ Zip _____

Telephone (Business) ( ) _____ Residence ( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3013

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ____ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2018 84241
NuRx Unlicensed Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ (___) _____
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ (___) _____
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: NuRx, Unlicensed
Citation and Fine CI 2018 84241

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On December 30, 2019, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME	CERTIFIED MAIL NO
NURX 1125 MISSION STREET 2ND FLOOR SAN FRANCISCO, CA 94103	7019 0160 0000 9008 7729

I declare under penalty of perjury that the forgoing is true and correct.

Executed on December 30, 2019, at Sacramento, California.

DECLARANT

Stephanie Koenig
Associate Enforcement Analyst

Direct Owner of Propel Pharmacy, LLC

Entity Name and Principal Place of Business	Type and Jurisdiction of Entity	Incorporation Date	Officers	Federal Employer Tax Identification Number
1. **Propel Pharmacy, LLC** 5962 State Route 31, Suites 2-4 Cicero, NY 13039	DE LLC	05/03/2016	CEO - Steven Gutentag President - Demetrius Karagas Treasurer - Demetrius Karagas Secretary - Demetrius Karagas CFO - Demetrius Karagas	37-1829203

Parent Owner of Propel Pharmacy, LLC

Entity Name and Principal Place of Business	Type and Jurisdiction of Entity	Incorporation Date	Officers	Federal Employer Tax Identification Number
1. **Nurx Inc.** 1125 Mission Street, 2nd Floor San Francisco 94103 1-800-321-6879	DE Corp	08/11/2015	CEO - Steven Gutentag Secretary - Michelle Carnahan Treasurer - Demetrius Karagas**	47-4850192

Grandparent Owner of Propel Pharmacy, LLC

Entity Name and Principal Place of Business	Type and Jurisdiction of Entity	Incorporation Date	Officers	Federal Employer Tax Identification Number
1. Thirty Madison, Inc. 183 Madison Avenue, 6th floor New York, NY 10016 (646) 862-2728 *Corporate Headquarters*	DE Corp	08/29/2016	CEO - Steven Gutentag President - Michelle Carnahan Secretary - Steven Gutentag Treasurer - Demetrius Karagas**	81-3709209

Stockholder Name	Fully Diluted Ownership
KPCB Holdings Inc., as nominee	7.0768%
Maveron Equity Partners VI, L.P.	6.0240%
NZ VIII (GP) Limited as general partner of NZ VIII GP LP as general partner of Northzone VIII L.P.	5.7837%
Demetri Karagas	3.8265%
Steven Gutentag	3.8265%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROPEL PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROPEL PHARMACY, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6032399 8300

SR# 20223524179

Authentication: 204392410

Date: 09-14-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

PROPEL PHARMACY, LLC

GENERAL INFO | ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	PROPEL PHARMACY, LLC
Trade Name	---
Street Address	5962 STATE ROUTE 31 #4 CICERO NY 13039-7857
Registration No	034875
Date First Registered	January 05, 2017
Registration Begins	January 01, 2023
Registered Through	December 31, 2025
Supervisor	051134 - BRUNELLE CASSIE MARIE
Establishment Status	Active
Successor	NONE

May 9, 2023 10:29 AM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=034875&professionCode=020

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

PHARMACY INSPECTION REPORT

☑ Pharmacy ☐ M/W

Inspection # _____ conducted by

Investigator Thomas Arnold

Date 11/29/21 Time 10:45am

1. Routine 2. New Reg. 3. Discontinued

4. Transfer ownership and/or 5. Removal

from Arnold Formulation

Reg. name Arnold Pharmacy LLC

Trade name _____

No. and Street 5412 State Rt 31

City Canastota County Madison Zip 13032

Reg. # _____ Telephone _____

Hours open per week 40 # RXs daily _____

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Erica Arnold		035045	8/12/11	(Y) N	(Y) N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below. Be sure to include item number in explanation.

1. registration name on exterior	(S)	N	12. RX labels required information	(S)	N
2. licenses/current reg. displayed	(S)	N	13. valid RX formats	(S)	N
3. registered pharmacist on duty	(S)	N	14. substitution law compliance	(S)	N
4. equip., facilities, and ref. items	(S)	N	15. required information on RXs	(S)	N
5. price poster displayed	(S)	N	16. refill authorization/fill	(S)	N
6. drug stock current	(S)	N	17. refills in daily record	(S)	N
7. stock properly branded	(S)	N	18. controlled substance compliance n/a	S	N
8. daily RX record	(S)	N	19. general sanitation	(S)	N
9. required RX filings	(S)	N	20. intern supervision n/a	S	N
10. DEA records complete/available n/a	S	N	21. counselling	(S)	N
11. safety/approp. closures/containers	(S)	N	22.	S	N

Details of Inspection SP Erica Arnold Present. 42 Pharmacists Present
28 Pharm Tech. Area refilled. Records are
maintained. All entrance Techs are alarmed
There is no basement. Closed door retail pharmacy
No issues noted.

Recommendation (completed in office)

Investigator _____

Supervisor _____

I have received a copy of this inspection report.

Signature _____

Print name _____

Title _____ Date 11/29/21

OPD234 (6/84)

This is page ___ of ___ page(s)

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

PHARMACY INSPECTION REPORT ☐ Pharmacy ☒ M/W

Inspection # _____ conducted by _____
Investigator Thomas Mandel
Date 11/22/24 Time 9:05

1. Routine 2. New Reg. 3. Discontinued
4. Transfer ownership and/or 5. Removal
from _____

Reg. name Acel Pharmacy Inc
Trade name _____
No. and Street 2161 State Route 42
City Cairo County Greene Zip 12413
Reg. # 032875 Telephone 518 622 4020
Hours open per week 40 # RXs daily 800

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. Erica Durant		078794	3/91	(Y) N	(Y) N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Pharm.				Y N	Y N
Intern				Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below. Be sure to include item number in explanation.

1. registration name on exterior	(S)	N	12. RX labels required information	(S)	N
2. licenses/current reg. displayed	(S)	N	13. valid RX formats	(S)	N
3. registered pharmacist on duty	(S)	N	14. substitution law compliance	(S)	N
4. equip., facilities, and ref. items	(S)	N	15. required information on RXs	(S)	N
5. price poster displayed N/A	S	N	16. refill authorization/fill	(S)	N
6. drug stock current	(S)	N	17. refills in daily record	(S)	N
7. stock properly branded	(S)	N	18. controlled substance compliance N/A	S	N
8. daily RX record	(S)	N	19. general sanitation	(S)	N
9. required RX filings	(S)	N	20. intern supervision N/A	S	N
10. DEA records complete/available N/A	S	N	21. counselling	(S)	N
11. safety/approp. closures/containers	(S)	N	22.	S	N

Details of Inspection SP Erica Durant present in Pharmacy. 2R phone tech present. Drug stock is current, complete, labeled, stored alphabetically. Closed door retail area. No controlled substance inventory. Exempt controlled substance records noted.

Recommendation (completed in office)
Investigator _____
Supervisor _____

I have received a copy of this inspection report.
Signature _____
Print name Erica Durant
Title Pharmacist in charge Date 11/22/24

OPD234 (6/84)

This is page 1 of 1 page(s)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 06/06/2022
Amount:
License #: 22868

Mark R. Artessa

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:06/06/2022
Expires:10/31/2023

Mark R. Artessa

License #
22868
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22868
Effective Date:06/06/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mark R. Artessa

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Propel Pharmacy, LLC

Physical Address: 5962 State Route 31 #4

City: Cicero State: NY Zip: 13039

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-407-1796 Website: https://www.propelpharmacyllc.com/

Licensing Company Email: pharmacydept@ nurx.co

Section 2: Personal Information

First: Erica Middle: Rachelle Last: Durant

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex ☐ M ■ F ☐ X

Mailing Address: [redacted]Adah Dr

City: Manlius State: NY Zip: 13104

Telephone: Email: erica.durant@ propelpharmacyllc.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials EED

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Fayetteville-Manlius		09/98 - 06/02	
Address	City	State	Zip
8199 E. Seneca Turnpike	Manlius	NY	13104
Diploma/Degree obtained, if any			
NYS Regents Diploma			

School Name		From - To (MM/YY – MM/YY)	
Syracuse University		08/02 - 12/05	
Address	City	State	Zip
900 S. Crouse Ave	Syracuse	NY	13244
Diploma/Degree obtained, if any			
Bachelors of Science. Biology			

School Name		From - To (MM/YY – MM/YY)	
Albany College of Pharmacy and Health Sciences		05/08 - 05/11	
Address	City	State	Zip
106 New Scotland Ave	Albany	NY	12208
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/13 - current	[redacted] Adan Drive	manlius	NY	13104
08/12 - 02/13	[redacted] Norton Road	Syracuse	NY	13215
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Propel Pharmacy LLC		04/19 - current	
Business Address	**City**	**State**	**Zip**
5962 State Route 31, Ste 4	Cicero	NY	13039
Phone	**Title**	**Number of Employed Hours**	
888-407-8015	Pharmacist in Charge	6240	
Description of Duties			
Ensure all p&ps are being followed for state & federal regulations; monitor production in regards to KPIs; strategize for workflow optimization			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps **not** accepted)

Date

Applicant's initials EDN

I, Erica Durant, **certify that as the designated representative for** Propel Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Erica Durant
Print Name (First, Last)

EDurant
Original Signature (electronic, copies or stamps not accepted)

8/8/22
Date

Applicant's initials ERD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Erica Durant
Print Name (First, Last)

EDment
Original Signature (electronic, copies or stamps not accepted)

8/8/22
Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Onondaga

I, ERICA DURANT, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

EDment
Original Signature

8/8/22
Date

Subscribed and Sworn to ~~before~~ me this 8 day of August, 2022

Notary Public Signature

ROBERT J ZUCCARO
Notary Public - State of New York
NO. 01ZU6178309
Qualified in Onondaga County
My Commission Expires Apr 4, 2024

(Seal)

Applicant's initials EJD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Propel Pharmacy, LLC

Physical Address 5962 State Route 31 #4

City Cicero State NY Zip 13039

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-407-8015 Website https://propelpharmacyllc.com

Licensing Company Email pharmacydept@nurx.co

Section 2: Personal Information

First Steven Middle C Last Gutentag

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] North 6th Place, Apt [redacted]

City Brooklyn State NY Zip 11249

Telephone [redacted] Email steven@thirtymadison.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
New York University			2006-2010	
Address		**City**	**State**	**Zip**
27 West 4th Street		New York	NY	10012
Diploma/Degree obtained, if any				
Bachelor of Marketing and Finance				
School Name			**From - To (MM/YY – MM/YY)**	
Holmdel Hgih School				
Address		**City**	**State**	**Zip**
65 McCampbell Road		Holmdel	NJ	07733
Diploma/Degree obtained, if any				
High School Diploma				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY**	
Address		**City**	**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Aug 2022 - Current	[redacted]N 6th Place	Brooklyn	NY	11249
From - To (MM/YY – MM/YY)	Address	City	State	Zip
Aug 2018 -Aug 2022	[redacted]th Ave	Brooklyn	NY	11217
From - To (MM/YY – MM/YY)	Address	City	State	Zip
Oct 2015 - July 2018	[redacted]N 9th St	Brooklyn	NY	11211
From - To (MM/YY – MM/YY)	Address	City	State	Zip
June 2014 - Sept 2015	[redacted]riggs Ave	Brooklyn	NY	11211
From - To (MM/YY – MM/YY)	Address	City	State	Zip
June 2010 - May 2014	[redacted]E 30th St	New York	NY	10016
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
Thirty Madison, Inc.		03/2017-Present
Business Address	**City**	**State / Zip**
183 Madison Avenue, 6th floor	New York	NY 10016
Phone	**Title**	
(646) 862-2728	CEO, Secretary	
Description of Duties		
Executive leadership and administration		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City**	**State / Zip**
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

Applicant's initials SG

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials SG

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/4/22
Date

Applicant's initials SG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Steven Gutentag

Print Name (First, ~~Last~~)

Original Signature (~~electronic~~, copies or stamps not accepted)

10/4/22

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of New York

I, Steven Gutentag, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/4/22

Date

Subscribed and Sworn to before me this 4th day of October 2022.

Notary Public Signature

OLIVIA J. JAHN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02JA6431651
Qualified in Kings County
Commission Expires April 11, 2026

(Seal)

Applicant's initials SG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Propel Pharmacy, LLC

Physical Address 5962 State Route 31 #4

City Cicero State NY Zip 13039

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-407-8015 Website https://propelpharmacyllc.com

Licensing Company Email pharmacydept@nurx.co

Section 2: Personal Information

First Demetrius Middle M Last Karagas

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Orchard Street, Apt [redacted]

City New York State NY Zip 10002

Telephone [redacted] Email demetri@thirtymadison.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials DK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
New York University			2006-2010	
Address: 27 West 4th Street	City: New York		State: NY	Zip: 10012
Diploma/Degree obtained, if any: Bachelor of Finance and History				
School Name: Calallen High School			From - To (MM/YY – MM/YY): 2002-2006	
Address: 4001 Wildcat	City: Corpus Christi		State: TX	Zip: 78410
Diploma/Degree obtained, if any: High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Nov 2022 - Current	[redacted] Orchard Street	New York	NY	10002
June 2016 - Nov 2022	[redacted] Broadway	Astoria	NY	11103
June 2014 - June 2016	[redacted] Driggs Ave	Brooklyn	NY	11211
June 2010 - June 2014	[redacted] E 30th St	New York	NY	10016
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DK

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Thirty Madison, Inc.	03/2017-Present

Business Address	City	State	Zip
183 Madison Avenue, 6th floor	New York	NY	10016

Phone	Title
(646) 862-2728	Treasurer

Description of Duties

Executive leadership and administration

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip
			/A

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials DK

Business Name			From - To (MM/YY -- MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY -- MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials Dk

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

10/4/22
Date

Applicant's initials DK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Demetrius Karagas

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/4/22

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of New York

I, Demetrius Karagas, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/4/22

Date

Subscribed and Sworn to before me this 4th day of October, 2022.

Notary Public Signature

OLIVIA J. JAHN
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 02JA6431651
Qualified in Kings County
Commission Expires April 11, 2026

(Seal)

Applicant's initials DK

4AAAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: LONG TERM CARE / PATIENT CENTERED PHARMACY HOME	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☒ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Express Med Pharmaceuticals, Inc. DBA, SelectRx

Physical Address: 3950 Brodhead Rd. Suite 100

City: Monaca State: PA Zip: 15061-3030

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-398-6471 Toll Free # (NAC 639.708, NRS 639.23286): 877-836-9925

Fax: 724-775-6495 Contact Email: Qi.Compliance@selectrx.com

Website: www.selectrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Robin L. Arnold

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11535

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Robin Arnold	NV Pharmacist Registration #: 11535
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Kansas

Parent Company (if any): SelectQuote Ventures, Inc.

Corporation/Organization Name: Express Med Pharmaceuticals, Inc.

Mailing Address: 3950 Brodhead Rd. Suite 100

City: Monaca State: PA Zip: 15061-3030

Telephone: 855-398-6471 Email: Qi.Compliance@selectrx.com

Contact Person Name: Joseph A. Marasco

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Express Med Pharmaceuticals, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel A. Boulware

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/9/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel A Boulware hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary (title) for Express Med Pharmaceuticals, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9 day of March, 20 23

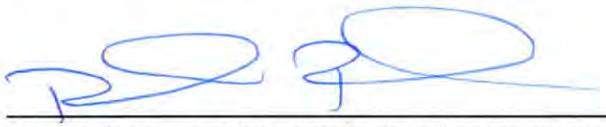
Notary Public

ERIN LEIGH ANDERSON
Notary Public - State of Kansas
My Appointment Expires 5/21/26

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel A. Boulware

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3/9/23

Date

Board Use Only	Date Received: 3-16-23	Amount: 500.00 CK-60437



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

03/21/2023

License Information

SELECTRX

3950 BRODHEAD ROAD SUITE 100
Monaca, Pennsylvania 15061

Board/Commission:	State Board of Pharmacy	Status Effective Date:	06/18/2001
LicenseType:	Pharmacy	Issue Date:	04/02/1998
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2023
License Number:	PP415385L	Last Renewal:	08/06/2021
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
JOSEPH A MARASCO	Business Relationship	Pharmacist	RP042639L	Active		09/30/2024
JOSEPH A MARASCO	Business Relationship	Pharmacist	RP042639L	Active	06/14/2014	09/30/2024

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

List of current owner, partners, or corporate officers and title:

· **Parent entity:**

SelectQuote Ventures, Inc.
100% owner of Express Med Pharmaceuticals, Inc.
6800 W. 115th Street, Suite 2511 Overland Park, KS 66211

· **Corporate**

• Robert C. Grant	Director /President	3950 Broadhead Rd. Suite 100, Monaca, PA 15061-3030
• Ryan Clement	Treasurer	3950 Broadhead Rd. Suite 100, Monaca, PA 1S061-3030
• Daniel A. Boulware	Secretary	3950 Broadhead Rd. Suite 100, Monaca, PA 15061-3030
• Stephanie Fisher	Asst. Treasurer	3950 Broadhead Rd. Suite 100, Monaca, PA 15061-3030

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

EXPRESS MED-PHARMACEUTICALS INC
3950 BRODHEAD ROAD SUITE 100
Monaca, Pennsylvania, 15061

Phone: 855-398-6471
Owner: EXPRESS MED-PHARMACEUTICALS INC

LICENSE

License No: PP415385L
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business
Inspection Date: 01/12/2022
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	YES
Is the automated medication systems properly validated?	YES
Are there policies and procedures for the operation of the automated medication systems?	YES
Is there a program for quality assurance for the automated medication systems?	YES
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

EXPRESS MED-PHARMACEUTICALS INC

3950 BRODHEAD ROAD SUITE 100

Monaca, Pennsylvania, 15061

Phone: 855-398-6471

Owner: EXPRESS MED-PHARMACEUTICALS INC

LICENSE

License No: PP415385L

Profession: Pharmacy

License Type: Pharmacy

Inspection Type: New Business

Inspection Date: 01/12/2022

Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

If this is a New Business Inspection, this PASS inspection form will serve as a temporary authority to operate pending final review and approval by the State Board. The temporary authority must be prominently displayed and will expire upon receipt of a properly issued license or six months from the date of inspection.

STEVEN ZAHN	1/12/2022 11:55:00 AM	Joseph A Marasco - RP042639L
Signature of Inspector	Date/Time	Signature of Owner/Representative

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/20/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EXPRESS MED PHARMACEUTICALS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Veronica W. Degraffenreid

Acting Secretary of the Commonwealth

Certification Number: TSC210720070133-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

An Official **Pennsylvania** Government Website

pennsylvania DEPARTMENT OF STATE

Business UCC Trademark CROP Login

Home

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Business Search

As of 03/28/2023 we have processed all business filings received in our office through 02/24/2023.

Business Search Info:

select rx

Advanced

Results: 4

Filing Information	Initial Filing Date	Status	Entity Type
JSE Pharmacy, LLC (3811334)	05/19/2008	Inactive - Cancelled	Domestic Limited Liability Company
SelectRx (7300822)	05/27/2021	Active	Fictitious Name
SELECTRX PA (12887341)	02/22/2023	Active	Fictitious Name
SelectRx, Inc. (7285782)	04/30/2021	Inactive - Expired	Name Reservation

SelectRx (7300822)

Request Certificate

Initial Filing Date	05/27/2021
Status	Active
Formed In	PENNSYLVANIA
Filing Type	Fictitious Name
Principal Address	3950 Brodhead Road MONACA, PA 15061
Interested Entities	Owner EXPRESS MED PHARMACEUTICALS, INC. 5501 Route 89 NORTH EAST PA 16428

View History

Request Access

3030

PENNSYLVANIA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler SelectRx

Physical Address 3950 Brodhead Rd. Suite 100

City Monaca State PA Zip 15061

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 855-398-6471 Website www.selectrx.com

Licensing Company Email qi.compliance@selectrx.com

Section 2: Personal Information

First Robin Middle Linda Last Arnold

Alias(es, nicknames, name changes, etc.) Robin Wong, Robin Viado

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Burnside Drive

City Zelienople State PA Zip 16063

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		8/87 - 5/93	
Address	City	State	Zip
3601 Pacific Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Tracy High School		8/83-5/87	
Address	City	State	Zip
315 E. 11th St	Tracy	CA	95376
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/2022 to present	Hotel- 1000 Wagner Road, ext [redacted]	Monaca	PA	15061
3/2022 - 4/2022	AirBNB- [redacted] Syida Drive	Pacific Grove	CA	93950
1/2022 - 3/2022	AirBNB- [redacted] Van Buren [redacted]	Monterey	CA	93940
12/2021 - 1/2022	AirBNB- [redacted] Hillcrest Ave	Pacific Grove	CA	93950
10/2021 - 12/2021	AirBNB- [redacted] 5th Street	Monterey	CA	93940
11/2017 - 10/2021	[redacted] Pampas Path	Oak Hills	CA	93907
10/2021 - 11/2017	[redacted] Flores St	Seaside	CA	93955
8/2014 - 10/2021	[redacted] Cobblestone St	Salinas	CA	93906
6/2009 - 8/2014	[redacted] Pampas Path	Oak Hills	CA	93907
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
SelectRx			3/2022 to present	
Business Address	**City**		**State**	**Zip**
3950 Brodhead Road, suite 100	Monaca		PA	15061
Phone	**Title**		**Number of Employed Hours**	
877-836-9925	Staff Pharmacist		1920	
Description of Duties				
Compounds, dispenses, checks, and verifies that all prescription and health-related product orders are processed in accordance with Federal, State, local laws and regulations governing the dispensing of medications and other healthcare related product				

Business Name			From - To (MM/YY – MM/YY)	
Optum Infusion Services			11/2017 - 3/2022	
Business Address	**City**		**State**	**Zip**
455 Reservation Road, Suite G	Marina		CA	93933
Phone	**Title**		**Number of Employed Hours**	
831-384-8080	Director of Pharmacy		9000	
Description of Duties				
Coordinate, direct and supervise pharmacy services (including preparation and dispensing of drugs, supplies and equipment, preparation of sterile products and clinical pharmacy services) for customers and patients in accordance w/ established policies				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials NL

I, Robin Arnold, **certify that as the designated representative for** SelectRx,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Robin Arnold

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-2-23

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robin Arnold

Print Name (First, Last)

Robin Arnold — 3.9.23

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Beaver

I, ~~Zora C. Malich~~ Robin Arnold, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Robin Arnold — 3.9.23

Original Signature **Date**

Subscribed and Sworn to before me this 9th day of March, 2023

Zora C. Malich

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Zora C. Malich, Notary Public
Butler County
My commission expires July 11, 2024
Commission number 1230781
Member, Pennsylvania Association of Notaries

(Seal)

Applicant's initials RA

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
ROBIN L. ARNOLD

Date: 10/08/2021
Amount: $ 210.00
License #: 11535

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

ROBIN L. ARNOLD

License #
11535
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 11535

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

ROBIN L. ARNOLD

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4BBBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☑ Name Change* * If making a change, provide license #: PH 04072	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Consulting/non-dispensing	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☑ Other: Medication Therapy Management

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Symphony Clinic, LLC

Physical Address: 2815 NW 13th St Suite 204

City: Gainesville State: FL Zip: 32609

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 352-204-5643 Toll Free # (NAC 639.708, NRS 639.23286): 844-866-3735

Fax: 352-204-5647 Contact Email: licensing@cureatr.com

Website: www.cureatr.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Pinpin Sheng

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22038

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Michelle Ziegler	NV Pharmacist Registration #: 22592
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Cureatr, Inc.

Corporation/Organization Name: Symphony Clinic, LLC

Mailing Address: 85 Broad Street Floor 18

City: New York State: NY Zip: 10004

Telephone: 201-844-9077 Email: licensing@cureatr.com

Contact Person Name: Richard Resnick

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Financial Officer (title) for Symphony Clinic, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Walter Robert Dilling, Jr.

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/24/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Walter Robert Dilling, Jr. hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Financial Officer (title) for Symphony Clinic, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

TERRENCE HARRIS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Exp: 05/09/2026

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of March, 2023

Notary Public

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Robert Dilling, Jr.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/20/23

Date

Board Use Only	Date Received: 3.27.23	Amount: 500.00 CK-100000 1096

Discipline History Statement

Tabula Rasa Healthcare Group Inc. dba MedWiseRx
TUCSON, AZ - Resident License Number Y008306

On 2/27/23, Tabula Rasa Healthcare Group Inc. dba MedWiseRx entered into a Consent Agreement with the State of Maine Board of Pharmacy due to the untimely notice of a PIC change on a non-resident pharmacy license in 2022. The pharmacy was fined $500.

Tabula Rasa Healthcare Group Inc. dba MedWiseRx
GAINESVILLE, FL - Resident License Number PH32694

On 6/17/2021 Tabula Rasa Healthcare Group Inc. dba MedWiseRx entered into a Stipulation and Final Agency Order with the State Board of Pharmacy in Colorado as a result of the untimely notice of a Change of Ownership on its non-resident pharmacy license in Colorado. The pharmacy was fined $575.

On 1/13/23, Tabula Rasa Healthcare Group Inc. dba MedWiseRX entered into a Consent Agreement with the State of Maine Board of Pharmacy due to the untimely notice of the discipline from the Colorado State Board of Pharmacy, described above. The pharmacy was issued a reprimand and fined $500.

3/20/23

Name: Walter Robert Dilling Jr. Date
Title: CFO

Discipline History
Tabula Rasa Healthcare Group Inc. dba MedWise RX
GAINESVILLE, FL

On 6/17/2021 Tabula Rasa Healthcare Group Inc. dba MedWise RX entered into a Stipulation and Final Agency Order with the State Board of Pharmacy in Colorado as a result of the untimely notice of a Change of Ownership on its non-resident pharmacy license in Colorado. The pharmacy was fined $575.

On 1/13/23, Tabula Rasa Healthcare Group Inc. dba MedWiseRX entered into a Consent Agreement with the State of Maine Board of Pharmacy due to the untimely notice of the discipline from the Colorado State Board of Pharmacy, described above. The pharmacy was issued a reprimand and fined $500.

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

June 24, 2021

MedWise RX
Attn: Pharmacist Manager
2815 NW 13th St
Gainesville, FL 32609-2879

Sent via email: mwr-gns@trhc.com
fpalumbo@bakerlaw.com

RE: Case # 2020-8236 - Stipulation and Final Agency Order

Dear Pharmacist Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective June 17, 2021.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released you from the terms and conditions of the June 17, 2021, Stipulation and Final Agency Order and restored your Registration No. OSP.0007357, to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Dmitry Kunin
Senior Program Director

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2020-8236

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT prescription drug outlet REGISTRATION IN THE STATE OF COLORADO OF MEDWISE RX, REGISTRATION NO. OSP-0007357,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and MedWise Rx, ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2020-8236, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about November 19, 2019, being issued registration # OSP-0007357, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 2815 NW 13th St., Gainesville, FL 32609.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On or about October 14, 2020, the Board received a change of ownership application from Respondent Pharmacy, detailing the transfer of ownership along with the required fee.

6. Respondent Pharmacy admitted on the change of ownership application that SinfoniaRx, Inc. ceased being the owner effective January 1, 2020.

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7. On December 30, 2020, the Board sent a 30-day letter to Respondent Pharmacy regarding the change of ownership.

8. 280 days elapsed between January 1, 2020 when SinfoniaRx, Inc. ceased being the owner and October 14, 2020 when the change of ownership application was received.

9. Respondent Pharmacy failed to notify the Board of the change in ownership within the 30-day requirement.

10. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline.

(1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board; or

Pharmacy Board Rules and Regulations

5.00.00 OUTLETS.

5.00.40 Reporting. Transfer of Ownership. Application to transfer registration of an in-state or non-resident prescription drug outlet shall be submitted to the Board as provided in section 12-280-118, C.R.S., within thirty (30) days of the transfer of ownership. A transfer of ownership shall be deemed to have occurred:

a. In the event the in-state or non-resident prescription drug outlet is owned by a corporation, upon sale or transfer of twenty percent or more of the shares of said corporation to a single individual or entity.

b. In the event the in-state or non-resident prescription drug outlet is owned by a partnership, upon sale or transfer of twenty percent or more of any ownership interest.

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c. In the event the in-state or non-resident prescription drug outlet is owned by a limited liability company (LLC), upon sale or transfer of twenty percent or more of the membership interests.

d. Upon incorporation of an existing in-state or non-resident prescription drug outlet.

DISPOSITION

11. **Fine with Surcharge.** Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of five hundred Dollars and No Cents ($500.00) Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of five Hundred and seventy-five Dollars and No Cents ($575.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board. Respondent Pharmacy shall write its registration number (OSP-0007357) and the case number (2020-8236) on the check.

12. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

13. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

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14. **Completion of Terms.** Respondent Pharmacy must make a written request to the Board to end the terms and conditions of this Final Agency Order. In any request, it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms of this Final Agency Order. Respondent Pharmacy's probation shall continue until the Board or its designated authority has verified that Respondent Pharmacy has completed all terms of this Final Agency Order. The Board will consider Respondent Pharmacy's request during the ordinary course of business. Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent's registration will be restored to active and unencumbered status.)

15. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

    c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12 280-126, and 12-280-127, C.R.S.; and

    d. To appeal this Board order.

    Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

16. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

17. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

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18. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

19. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

DocuSigned by:
Calvin H Knowlton, PhD
4EBEA31FB5E0419...
Authorized Representative

Dated: 5/24/2021

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 17 day of June, 2021.

State Board of Pharmacy

BY: _____

Dmitry Kunin
Senior Program Director

APPROVED AS TO FORM:

Francis Palumbo
fpalumbo@bakerlaw.com

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

January 17, 2023

Via email: mwr-aus@trhc.com

Tabula Rasa Healthcare Group, Inc.
dba MedWiseRx
Attn: Brian W. Adams, Secretary
228 Strawbridge Drive Suite 100
Moorestown, NJ 08057-4600

Re: Complaint No. 2022-PHA-18323 & 2022-PHA-18339

Dear Mr. Adams:

Enclosed please find the fully executed consent agreements between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matters.

This letter also acknowledges receipt of your fine payment in the amount of $500.00 concerning 2022-PHA-18323 and $500.00 concerning 2022-PHA-18339. Your fines are paid in full. As all conditions of the consent agreements have been fulfilled, the complaint files are now closed.

Please feel free to contact our office at (207) 624-8651 with any questions.

Sincerely,

Jessica Gowell

Jessica Gowell, Comprehensive Health Planner II

Enclosure

cc: Jennifer Willis, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Board Investigator
Adam Wood, Regulatory Health Compliance Agent

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
TABULA RASA HEALTHCARE GROUP, INC.	)	CONSENT AGREEMENT
	)	
	)	
Case No. 2022-PHA-18339	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Tabula Rasa Healthcare Group, Inc. for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Tabula Rasa Healthcare Group, Inc. dba MedWiseRx ("MedWiseRx"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since December 7, 2020, MedWiseRx has been licensed in Maine as a mail order prescription pharmacy with a registered location of 2815 NW Thirteenth Street, Suite 204, Gainesville, Florida, (license number **MO40002892**).

2. On June 17, 2021, the Colorado State Board of Pharmacy imposed discipline against MedWiseRx's registration (Registration No. OSP-0007357) in case number 2020-8236.

3. MedWiseRx then failed to report the Colorado disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On November 29, 2021, MedWiseRx submitted a renewal application to the Board and reported for the first time that its permit had been disciplined by the Colorado State Board of Pharmacy.

5. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

6. At its meeting on December 1, 2022, the Board reviewed the above information and voted to preliminarily deny MedWiseRx's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer MedWiseRx this Consent Agreement. Unless MedWiseRx either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333-0035, by **January 5, 2023,** the preliminary denial of MedWiseRx's application for licensure as a mail order prescription pharmacy will become final.

COVENANTS

7. MedWiseRx admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C) for failing to report a disciplinary action taken against a licensee in another jurisdiction within 10 days after the action was taken.

8. As discipline for the violation admitted to in paragraph 7 above, MedWiseRx agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of five hundred dollars ($500.00), payment of which shall be made to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333-0035, and must be submitted with the signed Consent Agreement.

9. Violation of any of the terms or conditions of this Consent Agreement by MedWiseRx shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

10. The Board and MedWiseRx agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless MedWiseRx fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against MedWiseRx, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving MedWiseRx. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against MedWiseRx.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

13. Upon receipt of the signed Consent Agreement and payment of the civil penalty payment, the Board will renew MedWiseRx's license contingent upon it meeting all other eligibility criteria.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. This Consent Agreement may be signed in counterparts, with all counterparts together constituting one original instrument. Signatures below may be applied and/or saved electronically, and such electronic signatures will be given the same effect as a paper document signed in ink.

17. MedWiseRx acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 12/12/2022

Tabula Rasa Healthcare Group, Inc.

By: HWatson

Print Name: Heather Watson

Title: Pharmacist In Charge

DATED: 1-13-23

EDWARD J. KANE, Esq., President
MAINE BOARD OF PHARMACY

DATED: 1-13-23

JENNIFER A. WILLIS
Assistant Attorney General

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Symphony Clinic, LLC

Pharmacy/Wholesaler License # (if applicable): PH04072

Physical Address: 2815 NW 13th St Suite 204

City: Gainesville State: FL Zip: 32609

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 352-204-5643 Website: www.cureatr.com

Licensing Company Email: licensing@cureatr.com

Section 2: Personal Information

First: Pinpin Middle: Last: Sheng

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] NW 100th Way

City: Gainesville State: Fl Zip: 32606

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Florida		08/14-05/18	
Address	City	State	Zip
201 Criser Hall P.O.Box 114000	Gainesville	FI	32611
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		08/05-05/08	
Address	City	State	Zip
201 Criser Hall P.O. Box 114000	Gainesville	FI	32611
Diploma/Degree obtained, if any			
Master of Science			

School Name		From - To (MM/YY – MM/YY)	
Fudan University		09/99-06/03	
Address	City	State	Zip
220 Handan Road Yangpu District	Shanghai	Shanghai	200032
Diploma/Degree obtained, if any			
Bachelor of Pharmacy		China	

School Name		From - To (MM/YY – MM/YY)	
Yuhang High School		09/96-07/99	
Address	City	State	Zip
18 Zhenxing Road Yuhuang District	Hangzhou	Zhejiang	311112
Diploma/Degree obtained, if any			
		China	

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14 - present	[redacted]NW 100th Way	Gainesville	FI	32606
07/10 - 06/14	[redacted]NW 51st ST Apt M241	Gainesville	FI	32606
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			01/19 - 09/21	
Business Address		**City**	**State**	**Zip**
901 N Main Street		Gainesville	Fl	32601
Phone	**Title**		**Number of Employed Hours**	
786-280-6802	Pharmacy Manager		5460	
Description of Duties				
Manage, oversee, and operate all aspects of the pharmacy, such as patient safety, pharmacy professional practice, regulatory requirements, quality assurance, personnel management, inventory management, etc.				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			08/18 - 12/18	
Business Address		**City**	**State**	**Zip**
6025 SE US HWY 301		Hawthorne	Fl	32640
Phone	**Title**		**Number of Employed Hours**	
352-481-3105	Staff Pharmacist		600	
Description of Duties				
Supporting the pharmacy manager in leading and directing technicians and support staff and assisting in coordination and oversight of the day-to-day operations of the pharmacy store.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

pmj
Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

I, Pinpin Sheng, **certify that as the designated representative for**

Symphony Clinic, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PS I am at least 21 years of age;
3. PS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Pinpin Sheng

Print Name (First, Last)

PS

Original Signature (electronic, copies or stamps not accepted)

3/21/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pinpin Sheng

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 3/21/2023

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Alachua

I, Pinpin sheng, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 3/22/2023

Subscribed and Sworn to before me this 22 day of March.

Notary Public Signature

Theresa Marie McNeil
Notary Public
State of Florida
Comm# HH279711
Expires 6/23/2026

(Seal)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMPHONY CLINIC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMPHONY CLINIC, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

7243098 8300

SR# 20230577974

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202740490

Date: 02-17-23

cureatr
comprehensive medication management

www.Cureatr.com
85 Broad Street, New York, NY 10004

Symphony Clinic, LLC Officers

Richard Resnick Chief Executive Officer

Walter Robert Dilling, Jr. Chief Financial Officer

Symphony Clinic, LLC Ownership

Symphony Clinic, LLC is 100% owned by Cureatr, Inc.

AC# 1137[illegible]

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
12/22/2022	PH 32694	133318

QUALIFICATION(S):
Internet

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: **FEBRUARY 28, 2025**

TABULA RASA HEALTHCARE GROUP, INC.
MedWise Rx
2815 NW 13TH STREET
UNIT 204
GAINESVILLE, 32609

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 1137[illegible]
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 12/22/2022 | LICENSE NO. PH 32694 | CONTROL NO. 133318
QUALIFICATION(S): Internet
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date : FEBRUARY 28, 2025
TABULA RASA HEALTHCARE GROUP, INC.
MedWise Rx
REGISTRANT SIGNATURE

EXPIRATION DATE: **FEBRUARY 28, 2025**

Your license number is PH 32694. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

Department of Health

Tabula Rasa HealthCare Group, Inc. MedWise Rx

License Number: PH32694

Data As Of 3/10/2023

Profession	Pharmacy
License	PH32694
License Status	CLEAR/
Qualifications	Internet
License Expiration Date	2/28/2025
License Original Issue Date	04/10/2020
Address of Record	2815 NW 13TH STREET UNIT 204 GAINESVILLE, FL 32609
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 26889
Insp # 181113

NAME	PERMIT NUMBER	DATE OF INSPECTION
TRHC OPCO, INC	32694	02/15/2023
DOING BUSINESS AS		
MEDWISE RX		
STREET ADDRESS	**TELEPHONE #**	**EXT**
2815 NW 13TH STREET UNIT 204	866-648-2767	
CITY	**COUNTY**	**STATE/ZIP**
GAINESVILLE	ALACHUA	FL/32609

Additional Information

Business Operation Hours

Registered Pharmacist / Intern / Tech

ACS Manager

Optional Information

Basic License Data - PSD

License Relations

Pharmacy Affiliate

ADAMS, BRIAN W	License #
KNOWLTON, CALVIN	License #
KNOWLTON, ORSULA	License #

RX DPT MGR/COR/POR

WATSON, HEATHER LYNN	License # 35757

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	N/A
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	N/A
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	N/A
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A

INV359 - Community Requirements

Insp # 181113 | TRHC OPCO, INC | File # 26889

Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	N/A
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	N/A
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	N/A
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	N/A
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(i) F.S.]	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	N/A
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	N/A
Controlled substance inventory taken on a biannial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	N/A
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	N/A
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	N/A
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	N/A
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	N/A
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	Yes
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	Yes
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at laast 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the data of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	

INV359 - Community Requirements

Insp # 181113

TRHC OPCO, INC

File # 26889

Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	N/A
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	N/A
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	N/A

Remarks:

This facility does not fill RXs. They only counsel clients about medications.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

SMITH, BOBBY T

Date:2/15/2023

Representative:

Heather Watson

Date:2/15/2023

Symphony Clinic, LLC - Gainesville, FL Facility
List of Licenses Held

State	Licensing Agency	Name on License	Pharmacy License Type	License Number	Issue Date	Expiration Date
Alabama	AL Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy Services	800038	5/25/2021	12/31/2024
Alaska	AK Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Out-of-State Pharmacy	166290	8/13/2020	6/30/2024
Arizona	AZ Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy	Y008565	1/12/2021	10/31/2024
Arkansas	AR Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Retail Pharamcy	OS02941	3/11/2019	12/31/2023
California	CA State Board of Pharmacy	MedWiseRx	Nonresident Pharmacy	NRP 2644	2/18/2022	2/1/2024
Colorado	CO State Board of Pharmacy	MedWiseRx	Prescription Drug Outlet-Out-of-State	OSP.0007357	11/19/2019	10/31/2024
DC	DC Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	NRX2101875	6/16/2021	5/31/2023
Florida	FL Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Internet Pharmacy	PH32694	4/10/2020	2/28/2025
Georgia	GA Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	PHNR002040	1/19/2021	6/30/2023
Hawaii	HI Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Miscellaneous Permit	PMP-1759	11/18/2020	12/31/2023
Idaho	ID State Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Drug Outlet	NRD60877	2/11/2021	12/31/2023
Illinois	IL Dept of Financial and Professional Regulations	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Nonresident Licensed Pharmacy	054.021716	3/5/2021	3/31/2024
Indiana	IN Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	64002988A	8/20/2020	12/31/2023
Iowa	IA Board of Phamracy	MedWiseRx	Nonresident Pharmacy	5287	8/13/2020	12/31/2023
Kansas	KS Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	22-113933	2/22/2021	6/30/2023
Kentucky	KY Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	FL2693	10/23/2020	6/30/2023
Louisiana	LA Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	PHY.008174-NR	10/29/2020	12/31/2023
Maine	ME Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Mail Order Pharmacy	MO40002892	12/7/2020	12/31/2023
Maryland	MD Board of Pharmacy	MedWiseRx	Pharmacy	P08410	3/19/2021	5/31/2024
Michigan	MI Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy	5301012669	11/17/2021	11/17/2023
Minnesota	MN Board of Pharmancy	MedWiseRx	Limited Services, Non-Resident	266375	6/24/2021	6/30/2023
Mississippi	MS Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	17209	8/10/2018	12/31/2023
Missouri	MO Board of Pharamcy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy Class I	2020016756	6/15/2020	10/31/2023
Montana	MT Board of Pharmacy	MedWiseRx	Mail Order Pharmacy	PHA-MOP-LIC-74370	12/2/2020	11/30/2023
Nevada	NV Board of Pharmacy	MedWiseRx	Pharmacy	PH04072	6/12/2019	10/31/2024
New Hampshire	NH Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	NR1978	9/3/2020	12/31/2024
New Jersey	NJ Board of Pharmacy	MedWiseRx	Out of State Pharmacy	28RO00212600	7/3/2021	6/30/2023
New Mexico	NM Board of Pharmacy	MedWiseRx	Non Resident Pharamcy	PH00005101	10/22/2020	12/31/2022
North Carolina	NC Board of Pharamcy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy	14606	1/29/2021	12/31/2023
North Dakota	ND Board of Pharamcy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Out of State Pharmacy	Phar1784	1/8/2021	6/30/2023
Ohio	OH Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Terminal-Non-Resident Pharmacy-Limited Category 2	0244000038	2/24/2021	3/31/2025
Oklahoma	OK Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	99-8821	11/12/2020	11/30/2023
Oregon	OR Board of Pharmacy	MedWiseRx	Consulting/Drugless Pharmacy	CON-0000028	4/27/2021	3/31/2023
Pennsylvania	PA Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Nonresident Pharmacy	NP001786	5/10/2021	8/31/2023
South Carolina	SC Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Non-Dispensing Pharmacy	20070	6/9/2021	6/30/2023
South Dakota	SD Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Nonresident Pharmacy	400-1879	7/12/2018	6/30/2023
Texas	TX Board of Pharmacy	MedWiseRx	Class E Pharmacy	33808	6/4/2021	6/30/2023
Vermont	VT Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	036.0134499	5/11/2021	7/31/2023
Virginia	VA Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	0214002212	7/16/2019	7/31/2023
Washington	WA Board of Pharmacy	MedWiseRx	Non Resident Pharamcy	PHNR.FO.61130639	5/5/2021	5/31/2023
Wisconsin	WI Board of Phamracy	MedWiseRx	Pharmacy	2592-43	11/4/2020	5/31/2024
Wyoming	WY Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Retail Pharmacy	NR-51925	1/7/2021	6/30/2023

4CCCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☒ Location Change * ☒ Name Change* * If making a change, provide license #: PH 04276	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Consulting/non-dispensing	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Medication Therapy Management

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Symphony Clinic, LLC

Physical Address: 2202 N. Forbes Blvd, Suite 252

City: Tucson State: AZ Zip: 85745

Mailing Address (if different from physical address): same as physical address

City: _____ State: _____ Zip: _____

Telephone: 520-526-7822 Toll Free # (NAC 639.708, NRS 639.23286): 844-866-3735

Fax: 520-372-7881 Contact Email: licensing@cureatr.com

Website: www.cureatr.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Marjanne Magana

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23082

As of 4/10/2023, the facility will be relocated to 100 North Stone Ave, Suite 109, Tucson, AZ 85701.

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Kelly Cummins	NV Pharmacist Registration #: 18295
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Cureatr, Inc.

Corporation/Organization Name: Symphony Clinic, LLC

Mailing Address: 85 Broad Street Floor 18

City: New York State: NY Zip: 10004

Telephone: 201-844-9077 Email: licensing@cureatr.com

Contact Person Name: Richard Resnick

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Financial Officer (title) for Symphony Clinic, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Walter Robert Dilling, Jr.

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/20/23

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Walter Robert Dilling, Jr. hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Financial Officer (title) for Symphony Clinic, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20th day of March, 2023

Notary Public

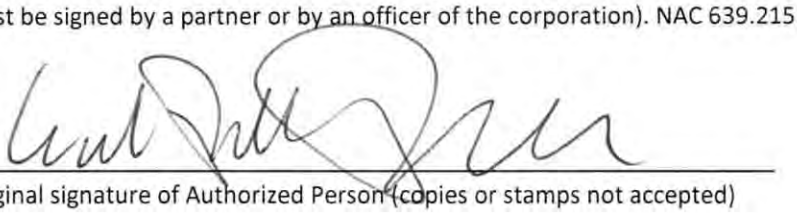
TERRENCE HARRIS
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY

Exp: 05/09/2026

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Walter Robert Dilling, Jr.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3/20/23

Date

Board Use Only	Date Received: 3.27.23	Amount: 500.00 CK - 1000001101

Discipline History Statement

Tabula Rasa Healthcare Group Inc. dba MedWiseRx
TUCSON, AZ - Resident License Number Y008306

On 2/27/23, Tabula Rasa Healthcare Group Inc. dba MedWiseRx entered into a Consent Agreement with the State of Maine Board of Pharmacy due to the untimely notice of a PIC change on a non-resident pharmacy license in 2022. The pharmacy was fined $500.

Tabula Rasa Healthcare Group Inc. dba MedWiseRx
GAINESVILLE, FL - Resident License Number PH32694

On 6/17/2021 Tabula Rasa Healthcare Group Inc. dba MedWiseRx entered into a Stipulation and Final Agency Order with the State Board of Pharmacy in Colorado as a result of the untimely notice of a Change of Ownership on its non-resident pharmacy license in Colorado. The pharmacy was fined $575.

On 1/13/23, Tabula Rasa Healthcare Group Inc. dba MedWiseRX entered into a Consent Agreement with the State of Maine Board of Pharmacy due to the untimely notice of the discipline from the Colorado State Board of Pharmacy, described above. The pharmacy was issued a reprimand and fined $500.

Name: Walter Robert Dilling Jr.
Title: CFO

3/20/23
Date

Discipline History
Tabula Rasa Healthcare Group Inc. dba MedWiseRX
TUCSON, AZ

On 2/27/23, Tabula Rasa Healthcare Group Inc. dba MedWiseRX entered into a Consent Agreement with the State of Maine Board of Pharmacy due to the untimely notice of a PIC change on a non-resident pharmacy license in 2022. The pharmacy was fined $500.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Janet T. Mills
Governor

Anne L. Head
Commissioner

March 1, 2023

Sent via email: mwr-tuc@trhc.com; rgreene@trhc.com

Tabula Rasa Healthcare Group, Inc.
Attn: Brian W. Adams, Secretary
dba MedWiseRx
228 Strawbridge Drive, Suite 100
Moorestown, NJ 08057-4600

Re: Complaint No. 2022-PHA-18278

Dear Mr. Adams

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy, and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $500.00. Your fine is paid in full. As all conditions of the consent agreement have been fulfilled, this complaint file is now closed.

Please feel free to contact our office at (207) 624-8651 with any questions.

Sincerely,

Jessica Gowell

Jessica Gowell, Comprehensive Health Planner II

Enclosure

cc: Jennifer Willis, Esq., Assistant Attorney General
Geraldine L. Betts, Board Administrator
Thomas Avery, Board Investigator
Adam Wood, Regulatory Health Compliance Agent

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
TABLA RASA HEALTHCARE GROUP INC.	)	CONSENT AGREEMENT
	)	
Case No. 2022-PHA-18278	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order prescription pharmacy license of Tabula Rasa Healthcare Group Inc. dba MedWiseRx ("MedWiseRx") in the State of Maine. The parties to this Consent Agreement are: MedWiseRx, the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, MedWiseRx was licensed by the Board as a mail order prescription pharmacy, license no. MO40003037 located at 2202 N Forbes Boulevard, Suite 252, Tucson, Arizona.

2. On December 9, 2021, Martin Frederick Pelger replaced Kwyn A. Morales as the pharmacist in charge ("PIC") of MedWiseRx, thereby requiring MedWiseRx to submit a Change of PIC application to the Board within 10 days after the PIC change.

3. MedWiseRx, however, did not file a change of PIC application with the Board until December 28, 2021.

4. On November 14, 2022, Board Administrator, Geraldine Betts, filed an administrative complaint with the Board alleging that MedWiseRx had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as Case No. 2022-PHA-18278.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order prescription pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's delegation of authority dated November 9, 2020, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Case No. 2022-PHA-18278.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333-0035 by **December 14, 2022,** the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. MedWiseRx admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, MedWiseRx agrees to accept the imposition of:

a. A WARNING; and

b. A CIVIL PENALTY in the amount of five hundred dollars ($500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35

State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by MedWiseRx shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and MedWiseRx agree that no further agency action will be initiated against MedWiseRx's license by the Board based upon the specific violations admitted to herein, except or unless MedWiseRx fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against MedWiseRx, and this Consent Agreement will be introduced as evidence in any future adjudicatory hearing involving MedWiseRx. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against MedWiseRx.

17. This Consent Agreement may be signed in counterparts, with all counterparts together constituting one original instrument. Signatures below may be applied and/or saved

electronically, and such electronic signatures will be given the same effect as a paper document signed in ink.

18. MedWiseRx acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 02-06-2023

TABULA RASA HEALTHCARE GROUP, INC.

By: _____

Print Name: Michael Greenberg

Title: Chief Operating Officer

DATED: 2-27-23

EDWARD J. KANE, President
Maine Board of Pharmacy

DATED: 2-27-23

JENNIFER A. WILLIS
Assistant Attorney General

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYMPHONY CLINIC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYMPHONY CLINIC, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





7243098 8300

SR# 20230577974

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202740490

Date: 02-17-23

cureatr
comprehensive medication management

www.Cureatr.com
85 Broad Street, New York, NY 10004

Symphony Clinic, LLC Officers

Richard Resnick Chief Executive Officer

Walter Robert Dilling, Jr. Chief Financial Officer

Symphony Clinic, LLC Ownership

Symphony Clinic, LLC is 100% owned by Cureatr, Inc.

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/12/2021
Receipt Number: 2021118041
Receipt Amount $: 480.00

Pharmacy - Limited Service

PERMIT NO
Y008306

EXPIRES
10/31/2023

Issued to :

MedWiseRx
Tabula Rasa HealthCare Group, Inc.
228 STRAWBRIDGE DRIVE SUITE 100
MOORESTOWN, NJ 08057

MedWiseRx
2202 N. FORBES BLVD SUITE 252
TUCSON, AZ 85745

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Tabula Rasa HealthCare Group, Inc.
LICENSE NUMBER : Y008306
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	MedWiseRx
Address :	2202 N. Forbes Blvd Suite 252 Tucson AZ 85745
License No :	Y008306
Permit Type :	Pharmacy
Sub Type :	Limited Service
Date Issued :	03/16/2020
Expiration Date :	10/31/2023
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 03/10/2023

Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 09/07/2022 for MedWiseRx

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y008306	10/31/2023	MedWiseRx

Address :

2202 N. Forbes Blvd

Zip :	City :	State :
85745	Tucson	AZ

Phone :	Fax :	Email :
(520) 526-7822	(520) 372-7881	Mpelger@sinfoniarx.com

Inspection Date :	PIC :	Pic License Exp Date :
09/07/2022	Martin Pelger	10/31/2023

DEA # :	Inspection Reviewed With :	Inspection type :
Non-registrant	PIC	Routine

Inspection Conducted By :

Benjamin Castaneda

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
0	0	0

PERMITS

1	Arizona	◉S ○N/I ○V ○N/A	ARS § 32-1933(A); R4-23-606(A)
2	DEA Non-registrant.	○S ○N/I ○V ◉N/A	ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers No medications stored on site.	○S ○N/I ○V ◉N/A	ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	◉S ○N/I ○V ○N/A	ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	◉S ○N/I ○V ○N/A	ARS § 32-1923(B); R4-23-301(G)

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3	Technicians / Trainees	◉S ○N/I ○V ○N/A ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	◉S ○N/I ○V ○N/A ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	○S ○N/I ○V ◉N/A R4-23-609(G)(H) No drugs are stored on site.
2	Personnel and security procedures	◉S ○N/I ○V ○N/A R4-23-610 Badge access only. Pharmacy also has a Ring doorbell/camera at the front door.
3	Facilities	◉S ○N/I ○V ○N/A R4-23-611(A) Clean, tidy. Hot water ok.
4	Drug supply	○S ○N/I ○V ◉N/A R4-23-611(B) No drugs are stored on site.
5	Quarantine expired drugs	○S ○N/I ○V ◉N/A R4-23-611(B)(4) No drugs are stored on site.
6	Equipment	○S ○N/I ○V ◉N/A R4-23-612 This pharmacy business model is does not dispense/compound and medications. No drugs are stored on site. Poison Control number is posted.
7	Policies and procedures	◉S ○N/I ○V ○N/A R4-23-610(A); R4-23-611(B) Policy Manager online. Tabula Rasa website does monthly updates.

TECHNICIANS

1	Training program	○S ◉N/I ○V ○N/A R4-23-1105(B)(D) Training program emailed to CO. Technician training program should include a review of Board rules. See R4-23-1105(D).

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2	Training program - compounds	○S ○N/I ○V ◉N/A	R4-23-1105(C)
3	Activities - trainees	◉S ○N/I ○V ○N/A	R4-23-1104(A)
4	Activities - technicians	◉S ○N/I ○V ○N/A	R4-23-1104(A)(B)
5	Policies and procedures Located in Policy Manager online.	◉S ○N/I ○V ○N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation Located in SOAP notes for every patient, every phone call. Staff verifies all HIPAA information at the beginning of each phone call. Program has surveys with talking points for medications in patient profile. Patients can refuse counsels and all counsels/refusals of counsels are documented with time/date in patient profile. Red flags placed in system to notify priority counsels.	◉S ○N/I ○V ○N/A	R4-23-402(G)(H)
2	Oral consultation Observed a med review done by pharmacist.	◉S ○N/I ○V ○N/A	R4-23-402(C)(D)(E)
3	Written information	○S ○N/I ○V ◉N/A	R4-23-402(C)(I)

PRESCRIPTION AUDIT

1	Prescription files	○S ○N/I ○V ◉N/A	ARS § 32-1964; ARS § 36-2525(C)(1)(2)
2	Prescription label	○S ○N/I ○V ◉N/A	ARS § 32-1968(D); ARS § 36-2525(L)
3	CII prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)
4	CIII - CV prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)
5	Non-controlled prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1968; R4-23-407(A)
6	Transfers	○S ○N/I ○V ◉N/A	R4-23-407(D)

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7	Telephone	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)
8	Refill authorizations	○S ○N/I ○V ◉N/A	ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)
9	Facsimile	○S ○N/I ○V ◉N/A	R4-23-407(E)
10	Electronically transmitted	○S ○N/I ○V ◉N/A	R4-23-407(F); R4-23-408(H)
11	Patient information	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(4)
12	Allergies / medical conditions Observed 5/5 patient profiles compliant for both allergies and medical conditions. Mandatory screening of each done by technicians at the beginning of each phone call.	◉S ○N/I ○V ○N/A	R4-23-402(A)(3)(b)
13	Brand / generic	○S ○N/I ○V ◉N/A	ARS § 32-1963.01
14	Foreign prescriptions	○S ○N/I ○V ◉N/A	ARS § 32-1969
15	Prescription blank advertising prohibited	○S ○N/I ○V ◉N/A	R4-23-404(B); ARS § 32-1901.01(B)(25)
16	Prescription audit numbers Not applicable.		

COMPUTER REQUIREMENTS

1	Security Staff has individual logons, and the system has alerts that pop up for the pharmacists to acknowledge. The system does not allow a case to be closed un til a pharmacist has reviewed and signed off on all the information gathered in the encounter.	◉S ○N/I ○V ○N/A	R4-23-408(F)
2	Log books / printout	○S ○N/I ○V ◉N/A	R4-23-408(C)(4)
3	Reports	○S ○N/I ○V ◉N/A	R4-23-408(B)(5)(6)

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4	Policies and procedures Policy Manager online.	◉S ○N/I ○V ○N/A	R4-23-408(A)

IMMUNIZATIONS

1	Certification	○S ○N/I ○V ◉N/A	ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	○S ○N/I ○V ◉N/A	ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	○S ○N/I ○V ◉N/A	ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	○S ○N/I ○V ◉N/A	R4-23-411(C)(2)
5	Administration without a prescription	○S ○N/I ○V ◉N/A	ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	○S ○N/I ○V ◉N/A	ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	○S ○N/I ○V ◉N/A	R4-23-615(A)(1)
2	Paper / electronic log	○S ○N/I ○V ◉N/A	R4-23-615(A)(2)(3)
3	Training	○S ○N/I ○V ◉N/A	R4-23-615(C)(1)(D)
4	Maintenance	○S ○N/I ○V ◉N/A	R4-23-615(C)(2)(D)
5	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-615(C)(3)(D)
6	Return by approval only	○S ○N/I ○V ◉N/A	R4-23-615(B)(G)
7	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	○S ○N/I ○V ◉N/A	R4-23-616(A)(1)(B)

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2	Maintenance	○S ○N/I ○V ◉N/A	R4-23-616(A)(2)(B)
3	Accuracy validation testing	○S ○N/I ○V ◉N/A	R4-23-616(A)(3)(B)
4	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CIIs purchase / sale / disposal	○S ○N/I ○V ◉N/A	ARS § 36-2523(A), ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B)
2	CIII - CVs purchase / sale / disposal	○S ○N/I ○V ◉N/A	ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	○S ○N/I ○V ◉N/A	ARS § 36-2523(B); R4-23-1003
4	Audit	○S ○N/I ○V ◉N/A	ARS § 36-2523
5	DEA 106 Theft/Loss reporting	○S ○N/I ○V ◉N/A	R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	◉S ○N/I ○V ○N/A	R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)
2	Sales of drugs to practitioners	○S ○N/I ○V ◉N/A	ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	○S ○N/I ○V ◉N/A	ARS § 36-2525(J)
4	Delivery	○S ○N/I ○V ◉N/A	ARS § 32-1901.01(B)(23); R4-23-402(I)
5	CQA training / Policies and procedures	◉S ○N/I ○V ○N/A	ARS § 32-1973; R4-23-620 Incident reports done through compliance staff. Annual compliance training for all staff. Weekly huddles held and most common errors are addressed.
6	Non-controlled substances purchase / sale / disposal	○S ○N/I ○V ◉N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	○S ○N/I ○V ◉N/A	ARS 32-1978
8	Federal medication guides	○S ○N/I ○V ◉N/A	21 CFR part 208

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9	Pharmacy to pharmacy transfer of drugs (intracompany)	○S ○N/I ○V ◉N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	○S ○N/I ○V ◉N/A	ARS § 32-1977(B)
2	Documentation	○S ○N/I ○V ◉N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	○S ○N/I ○V ◉N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	◉S ○N/I ○V ○N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	◉S ○N/I ○V ○N/A	R4-23-621(B)
3	Notification to patients	○S ○N/I ○V ◉N/A	R4-23-621(C)
4	Maintain manual / electronic records	◉S ○N/I ○V ○N/A	R4-23-621(D)
5	Work outside pharmacy Most of staff is working from home. VPN and Duo link through phone in order to access work computer functions.	◉S ○N/I ○V ○N/A	R4-23-621(F)
6	Policies and procedures	◉S ○N/I ○V ○N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	○S ○N/I ○V ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	○S ○N/I ○V ◉N/A	R4-23-410(I)(4)
3	Beyond-use dates	○S ○N/I ○V ◉N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)
4	Equipment	○S ○N/I ○V ◉N/A	R4-23-410(F)(G)
5	Product produced in excess	○S ○N/I ○V ◉N/A	R4-23-410(B)(2); R4-23-410(J)

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6	Component removed from original container	○S ○N/I ○V ◉N/A	R4-23-410(I)(6)
7	Compounds for medical practitioners	○S ○N/I ○V ◉N/A	R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	○S ○N/I ○V ◉N/A	R4-23-410(I)(5)
9	Protective apparel	○S ○N/I ○V ◉N/A	R4-23-410(C)(2)(c)
10	Facility	○S ○N/I ○V ◉N/A	R4-23-410(E)
11	Components for compounding/storage	○S ○N/I ○V ◉N/A	R4-23-410(B)(H)
12	Policies and procedures	○S ○N/I ○V ◉N/A	R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	○S ○N/I ○V ◉N/A	R4-23-670(A)(E)(F)
2	Equipment	○S ○N/I ○V ◉N/A	R4-23-670(B)
3	Sterile product reference	○S ○N/I ○V ◉N/A	R4-23-670(B)(6)
4	Certification hood / environment	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(g)
6	Personnel protective clothing	○S ○N/I ○V ◉N/A	R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	○S ○N/I ○V ◉N/A	R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	○S ○N/I ○V ◉N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
9	Beyond-use dates	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	○S ○N/I ○V ◉N/A	R4-23-670(D)(14)(f)

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11 Policies and procedures ○S ○N/I ○V ◉N/A

R4-23-670(C)(D)

AUDIT

Date Of Inventory : 09/19/2022

Inventory Taken : Open

Date Of Audit : 09/19/2022

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
No drugs on site	0	0	0	0	0	0	0	NaN

NOTES

Tabula Rasa Rx dba MedWise Rx.

MTM call center.

No drugs stored on site.
No dispensing/compounding.
No vaccinations.
No PSE product.

Needs Improvement Areas:
Technicians- Training Program

PIC sent roster for all of staff in Tucson and Phoenix (uploaded to iGov).

Symphony Clinic, LLC - Tucson, AZ Facility List of Licenses Held						
State	**Licensing Agency**	**Name on License**	**Pharmacy License Type**	**License Number**	**Issue Date**	**Expiration Date**
Alabama	AL Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy Services	800037	5/3/2021	12/31/2024
Alaska	AK Board of Phamracy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Out-of-State Pharmacy	166283	8/13/2020	6/30/2024
Arizona (Residen	AZ Board of Pharmacy	MedWiseRx	Pharmacy	Y008306	3/16/2020	10/31/2023
Arkansas	AR Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Retail Pharamcy	OS03030	8/25/2020	12/31/2023
California	CA State Board of Pharma	MedWiseRx	Nonresident Pharmacy	NRP2732	7/1/2022	7/1/2023
Colorado	CO State Board of Pharma	MedWiseRx	Prescription Drug Outlet-Ou	OSP.0007493	10/19/2020	10/31/2024
DC	DC Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	NRX2101890	7/6/2021	5/31/2023
Florida	FL Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Pharmacy	PH33023	11/2/2020	2/28/2025
Georgia	GA Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	PHNR002048	1/19/2021	6/30/2023
Hawaii	HI Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Miscellaneous Permit	PMP-1730	9/18/2020	12/31/2023
Idaho	ID State Board of Pharmac	MedWiseRx	Non-Resident Drug Outlet	NRD59544	10/7/2020	12/31/2023
Illinois	IL Dept of Financial and Pr	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Nonresident Licensed Pharn	054.021745	10/13/2020	3/31/2024
Indiana	IN Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	64003021A	10/9/2020	12/31/2023
Iowa	IA Board of Pharmacy	MedWiseRx	Nonresident Pharmacy	5311	10/16/2020	12/31/2023
Kansas	KS Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	22-113080	11/23/2020	6/30/2023
Kentucky	KY Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	AZ2697	11/2/2020	6/30/2023
Louisiana	LA Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	PHY.008177-NR	11/9/2020	12/31/2023
Maine	ME Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Mail Order Pharmacy	MO40003037	7/1/2021	12/31/2023
Maryland	MD Board of Pharmacy	MedWiseRx	Pharmacy	P08297	7/2/2020	5/31/2024
Michigan	MI Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy	5301012546	4/13/2022	4/13/2024
Minnesota	MN Board of Pharmacy	MedWiseRx	Limited Services, Non-Resid	266373	6/24/2021	6/30/2023
Mississippi	MS Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	18134	7/20/2020	12/31/2023

Missouri	MO Board of Pharamcy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy Class I	2020016762	6/15/2020	10/31/2023
Montana	MT Board of Pharmacy	MedWiseRx	Mail Order Pharmacy	PHA-MOP-LIC-74369	12/2/2020	11/30/2023
Nevada	NV Board of Pharmacy	MedWiseRx	Pharmacy	PH04276	10/26/2020	10/31/2024
New Hampshire	NH Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	NR1886	7/31/2020	12/31/2023
New Jersey	NJ Board of Pharmacy	MedWiseRx	Out of State Pharmacy	28RO00215500	8/23/2021	6/30/2023
New Mexico	NM Board of Pharmacy	MedWiseRx	Non Resident Pharamcy	PH00005102	10/22/2020	12/31/2022
New York	NY Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Establishment	038419	8/18/2020	7/31/2023
North Carolina	NC Board of Pharamcy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Pharmacy	14620	2/1/2021	12/31/2023
North Dakota	ND Board of Pharamcy	MedWiseRx	Out of State Pharmacy	Phar1751	10/23/2020	6/30/2023
Ohio	OH Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Terminal-Non-Resident Phar	0244000031	10/5/2020	3/31/2025
Oklahoma	OK Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	99-8820	11/12/2020	11/20/2023
Oregon	OR Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Consulting/Drugless Pharma	CON-0000027	4/13/2021	3/31/2023
Pennsylvania	PA Board of Pharmacy	MedWiseRx	Nonresident Pharmacy	NP001747	2/9/2021	8/31/2023
South Carolina	SC Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Non-Dispensi	20033	5/11/2021	6/30/2023
South Dakota	SD Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Nonresident Pharmacy	400-2177	12/1/2020	6/30/2023
Texas	TX Board of Pharmacy	MedWiseRx	Non-Resident	33587	12/23/2020	12/31/2024
Vermont	VT Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	036.0134496	5/6/2021	7/31/2023
Virginia	VA Board of Pharmacy	MedWiseRx	Non-Resident Pharmacy	0214002313	8/11/2020	8/31/2023
Washington	WA Board of Pharmacy	MedWiseRx	Non Resident Pharamcy	PHNR.FO.61101381	8/8/2020	5/31/2023
Wisconsin	WI Board of Phamracy	MedWiseRx	Pharmacy	2638-43	1/7/2021	5/31/2024
Wyoming	WY Board of Pharmacy	Tabula Rasa HealthCare Group, Inc. DBA MedWiseRx	Non-Resident Retail Pharma	NR-51878	8/27/2020	6/30/2023

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Symphony Clinic, LLC

Pharmacy/Wholesaler License # (if applicable): PH04276

Physical Address: 2202 N. Forbes Blvd, Suite 252

City: Tucson State: AZ Zip: 85745

Mailing Address (if different from physical address): same as physical address

City: State: Zip:

Telephone: 520-526-7822 Website: www.cureatr.com

Licensing Company Email: licensing@cureatr.com

Section 2: Personal Information

First: Marjanne Middle: V Last: Magana

Alias(es, nicknames, name changes, etc.): Manker,Schnarr

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] E White Sage Dr

City: Tucson State: AZ Zip: 85747

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Arizona- College of Pharmacy		08/2008-05/2012	
Address	City	State	Zip
1295 N Martin Ave	Tucson	AZ	85721
Diploma/Degree obtained, if any			
PharmD (Doctor of Pharmacy)			
School Name		From - To (MM/YY – MM/YY)	
University of Missouri- Columbia		08/1995-12/2000	
Address	City	State	Zip
230 Jesse Hall	Columbia	MO	65211
Diploma/Degree obtained, if any			
Bachelor's of Science- Fisheries and Wildlife, Minor in Biology			
School Name		From - To (MM/YY – MM/YY)	
University City High School		08/1991-05/1995	
Address	City	State	Zip
7401 Balson Ave	University City	MO	63130
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2016-present	[redacted] E White Sage Dr	Tucson	AZ	85747
07/2013-04/2016	[redacted] N Independence Ave	Tucson	AZ	85748
02/2012-07/2013	[redacted] E Broadway Blvd, #1015	Tucson	AZ	85710
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
MedWiseRx (formerly SinfoniaRx)			01/2020-03/2023	
Business Address		**City**	**State**	**Zip**
2202 N Forbes Blvd, Suite 252		Tucson	AZ	85745
Phone	**Title**		**Number of Employed Hours**	
844-866-3730	Medication Management Specialist		40 hrs/week for 3 yrs	
Description of Duties				
Completed Comprehensive Medication Reviews (CMRs) and Targeted Medication Reviews (TMRs) with patients (provided MTM services), supervised pharmacy interns (student pharmacists)				

Business Name			From - To (MM/YY – MM/YY)	
Medication Management Center			12/2012-01/2020	
Business Address		**City**	**State**	**Zip**
220 W 6th Street- USA Bldg, Room B113		Tucson	AZ	85721
Phone	**Title**		**Number of Employed Hours**	
844-866-3730	Medication Management Specialist		40 hrs/week for 8 yrs	
Description of Duties				
Completed Comprehensive Medication Reviews (CMRs) and Targeted Medication Reviews (TMRs) with patients (provided MTM services), supervised pharmacy interns (student pharmacists)				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
6/19/2019		AL	Birmingham	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		Alabama Board of Pharmacy		
Reason/Charge				
Interview to be licensed as a pharmacist in Alabama				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

Had to appear in front of the Alabama Board of Pharmacy for a group interview as part of the pharmacist licensing process.

Marianne Masan
Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

I, Marjanne Magana, **certify that as the designated representative for**

Symphony Clinic, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MM I am at least 21 years of age;
3. MM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marjanne Magana
Print Name (First, Last)

Marjanne Magana
Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Marjanne Magaña
Print Name (First, Last)

Marjanne Magaña
Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Pima

I, Marjanne Magaña, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Marjanne Magaña
Original Signature

3/21/2023
Date

Subscribed and Sworn to before me this 21ST day of MARCH 2023.

Keith R. Shuck
Notary Public Signature

KEITH R. SHUCK
Notary Public - State of Arizona
PIMA COUNTY
Commission # 634397
Expires September 21, 2026

(Seal)

Designated Representative Application (Applicant's Initials _____) 9 of 9

4DDDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 02968	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Mail-Order, out of state	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☒ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TheraCom, L.L.C. dba TheraCom

Physical Address: 345 International Blvd., STE 200

City: Brooks State: KY Zip: 40109

Mailing Address (if different from physical address): 345 International Blvd., STE 200

City: Brooks State: KY Zip: 40109

Telephone: 877-654-7812 Toll Free # (NAC 639.708, NRS 639.23286): 877-654-7812

Fax: 844-773-1422 Contact Email: JChicoli@amerisourcebergen.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Max Eiler ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22217 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name:	NV Pharmacist Registration #:
Name: Joseph Max Eiler	NV Pharmacist Registration #: 22217
Name:	NV Pharmacist Registration #:
Name: Please see attached Pharmacists licensed in KY	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:
Name: N/A	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): TheraCom LLC - BioPharma Services LLC - AmerisourceBergen Drug Corporation - AmerisourceBergen Services Corporation

Corporation Name: AmerisourceBergen Corporation

Mailing Address: 1 West First Avenue

City: Conshohocken State: PA Zip: 19428

Telephone: 610-727-7000 Email: JChicoli@amerisourcebergen.com

Contact Person Name: John Chicoli

Date of SEC Registration: 03/16/2001 | SEC Registration Number: 333-68278 | Stock Exchange Symbol: ABC

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the SVP, Patient Operations (title) for TheraCom, L.L.C. dba TheraCom (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

William Smith

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/09/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, William Smith hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the SVP, Patient Operations (title) for TheraCom, L.L.C. dba TheraCom (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of December, 2022

Notary Public

JOHN CHICOLI
Notary Public, State of Texas
Comm. Expires 01-31-2027
Notary ID 131876488

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Smith

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

12/09/2022

Date

12/30/22

Board Use Only	Date Received: 12-9-22	Amount: 500.00 CC

Section 3: History of Company

3.

AmerisourceBergen
TheraCom

Discipline History
Nonresident Mail Order Lic
MO40001463
Consent Agreement 2017-PHA-13809
w/ Maine Board of Pharmacy
February 1, 2017

Esteemed Board of Pharmacy:

This letter is to notify you that the Pharmacy entered into the attached Consent Agreement with the Maine Board of Pharmacy. The Consent Agreement is effective February 1, 2018 and resolves disciplinary actions. On November 21, 2016, former PIC, Jack McGuire, replaced William Chauvin as PIC. TheraCom failed to timely report the PIC change with Maine's 7-day requirement. Our PIC change application was not filed with Maine until January 6, 2017. A civil penalty of $1,500 was made to the Maine Board.

Sincerely,

Joseph Max Eiler

Joseph "Max" Eiler PharmD, MBA
AmerisourceBergen
Patient Services
Sr Director, Pharmacy Servies

Joseph Max Eiler

Digitally signed by Joseph Max Eiler
Date: 2022.09.16 09:32:49 -04'00'

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
IHS ACQUISITION XXX, INC.	)	CONSENT AGREEMENT
D/B/A Thermacom	)	
	)	
Complaint No. 2017-PHA-13809	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of IHS Acquisition XXX, Inc. in the State of Maine. The parties to this Consent Agreement are: IHS Acquisition XXX, Inc. d/b/a Thermacom ("Thermacom"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Thermacom was licensed by the Board as a mail order pharmacy, license no. MO40001463, located at 345 International Boulevard, Suite 200, Brooks, Kentucky.
2. On November 21, 2016, Jack McGuire replaced William Chauvin as the pharmacist in charge ("PIC") of Thermacom, thereby requiring Thermacom to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Thermacom, however, did not file a change of PIC application with the Board until January 6, 2017.
4. On January 10, 2018, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that Thermacom had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as complaint no. 2017-PHA-13809.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Complaint No. 2017-PHA-13809.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by February 10, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Thermacom admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.
10. As DISCIPLINE for the violation admitted to in paragraph 9 above, Thermacom agrees to accept the imposition of:
    a. A WARNING; and
    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints Division, Department of

Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by Thermacom shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and Thermacom agree that no further agency action will be initiated against Thermacom's license by the Board based upon the specific violations admitted to herein, except or unless Thermacom fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Thermacom. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Thermacom.

17. Thermacom acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

IHS ACQUISITION XXX, INC.
d/b/a Thermacom

DATED: 1/23/2018

BY: Kelly Ratliff
Authorized Representative

Kelly Ratliff
Printed Name

DATED: 2/1/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 2/1/2018

ANDREW L. BLACK
Assistant Attorney General

Page Divider

Statement of Disciplinary Action

Kentucky Board of Pharmacy
Agreed Order 18-0386A
February 19, 2020
Lic # P07549

The following is a statement explaining the events surrounding a disciplinary action against TheraCom's Kentucky home state mail order license. A copy of the agreed order between IHS Acquisition XXX, Inc. d/b/a TheraCom and the Kentucky Board of Pharmacy ("Agreed Order") is attached for reference and reflects the explanation provided below.

The Kentucky Board of Pharmacy ("KYBOP") received a complaint from a prescriber office alleging that three patients from that office did not receive medication from TheraCom in a timely manner, resulting in those patients going without medication anywhere from several days to several weeks. The KYBOP charged that TheraCom engaged in unprofessional or unethical conduct by failing to dispense a medication in a timely manner.

TheraCom manages the patient assistance program and dispenses Eliquis on behalf of Bristol-Meyers Squibb (the "Program"). In 2017, Bristol-Myers Squibb notified TheraCom that it decided not to renew the Program contract. As a result, TheraCom began to transfer all active Eliquis patient files to Complete Care Pharmacy, LLC ("Complete Care"). TheraCom retained approximately 3,700 patient files that were in flux or being processed by TheraCom with the plan of transferring them as a "lag file." Also, in preparation for the Program transfer, TheraCom sent patients their refills up to two weeks early, in an effort to avoid treatment delays by ensuring patients had Eliquis on hand to avoid delays in treatment and to allow Complete Care some transition time. It became immediately clear to Bristol-Myers Squibb that Complete Care did not have the infrastructure or experience necessary to manage the Eliquis patient assistance program. Within days of the initial transfer to Complete Care, Bristol-Meyers Squibb contacted TheraCom to request assistance, noting dire concerns with program viability and patients' ability to receive medication with Complete Care. Bristol-Meyers Squibb specifically requested TheraCom not to transfer the lag file as Complete Care was unable to process the volume and Bristol-Meyers Squibb was concerned that patients were going without and would not receive their medication in a timely manner. The issues continued until Bristol-Myers Squibb requested that TheraCom resume control and operation of the Program. Because of TheraCom's size and experience, patient assistance programs of this magnitude typically take TheraCom 90-120 days to operationalize. Patients were already delayed in

receiving their medication from Complete Care, so TheraCom did not have the luxury of a typical operations timeline to re-implement the Program. Over the course of the following month, Complete Care transferred nearly 25,000 Eliquis prescriptions back to TheraCom. However, during the six-month period between receiving notice of non-renewal and contract termination, TheraCom wound down the Program by reducing, relocating and reassigning Program personnel. The Program had been effectively dismantled and now needed to be rebuilt, nearly overnight. Once TheraCom agreed to resume the Program, it promptly reallocated and rehired over 200 employees to assist with the Program. Unfortunately, the prescription volume was too significant for the short transition period. Though well intentioned to promptly provide therapy to patients in flux after Complete Care, TheraCom found itself in an unexpected and uncharted situation of being challenged to handle the volume of prescriptions and simultaneously rebuild the Program.

TheraCom accepted responsibility and acknowledged that several patients experienced delays in receiving their Eliquis refills following the transition period. The Program had been dismantled, and despite TheraCom's best efforts to reassemble the Program in less than a month, these patients experienced delays. Once contacted by the KYBOP, TheraCom's pharmacist-in-charge conducted an investigation and provided a root cause analysis. He identified several issues that contributed to the delay or were exacerbated by the large transfer volume, including a software glitch and gap in personnel training during the rapid expansion. Each of these contributing factors has been corrected. The events were an anomaly directly attributable to a rapid transition of nearly 25,000 prescriptions while the Program was being resurrected. In the five years prior to the transition, TheraCom operated the Program without any similar delays or issues. In retrospect, TheraCom would have spaced the file transfer over a longer period of time to allow sufficient time to re-engage personnel and Program assets. However, TheraCom's desire to assist patients with limited or no other means to obtain Eliquis caused them to reinstate the Program before they were fully ready. To TheraCom's knowledge, no additional patient delays have occurred since the Program was fully transitioned and operationalized.

Thank you,

Joseph Max Eiler

Joseph "Max" Eiler PharmD, MBA
AmerisourceBergen
Patient Services
Sr Director, Pharmacy Servies

Joseph Max Eiler

Digitally signed by Joseph Max Eiler
Date: 2022.09.16 09:40:10 -04'00'

CK#333630
#6000

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 18-0386A

IN RE: Permit No. P07549 held by IHS ACQUISITION XXX INC

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board") and IHS Acquisition XXX, Inc. d/b/a TheraCom ("Respondent"), and both having been fully informed regarding the matter set forth herein, stateas follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control matters related to pharmacies.

(2) Respondent is a pharmacy licensed by the Board and is located at 345 International Boulevard, Suite 200, Brooks, Kentucky 40109, having been assigned permit no. P07549.

(3) (a) On or about November 1, 2018, the Board office received a complaint from a prescriber's office that a few of her patients were having difficulty receiving blood thinner medication in a timely manner without notification of the delay to the patients or prescribers resulting in the patients doing without the medication.

(b) The Board's investigation revealed there were at least three patients that did not receive the medication in a timely manner resulting in the patients doing without the medication anywhere from several days to several weeks.

(c) Respondent manages the patient assistance program and dispenses blood-thinning medication on behalf of the manufacturer (the "Program"). The Program provides free medication to patients without adequate insurance coverage and who have a yearly income at or below 300% of the federal poverty level.

(d) In November 2017, the manufacturer provided notice not to renew the Program contract upon its expiration on April 30, 2018. As a result, during the six month period between receiving notice of non-renewal and contract termination, Respondent wound

down the Program by reducing, relocating and reassigning Program personnel.

(e) On April 27, 2018, Respondent transferred nearly all active Program patient files to the new pharmacy selected by the manufacturer.

(f) The new pharmacy was unable to manage the Program and in less than a month, the manufacturer requested that Respondent resume operation and control of the Program.

(g) Respondent promptly reengaged the Program, re-hired personnel and redeployed assets.

(h) Knowing the critical nature of the medication to its patients, Respondent agreed to resume the Program before it was able to fully reestablish the Program.

(i) Several patients experienced delays while Respondent was reestablishing the Program.

(j) Once the Program was fully operational and reestablished, no additional patient issues or delays have occurred.

(k) The above action subjects the Respondent to discipline pursuant to KRS 315.121(1)(a) for delaying care.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(a) Respondent shall be fined $6,000.000 for delaying care, payable by March 1, 2020. Respondents check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky, 40601.

(b) By entering into this Agreed Order, Respondent expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(c) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Ron Poole

Ron Poole
President
Kentucky Board of Pharmacy

2/19/2020
DATE

IHS Acquisition XXX, Inc.
Respondent

2/12/2020
DATE

Page Divider

AmerisourceBergen
TheraCom

Discipline History
Nonresident Mail Order Lic
PMP-870
Settlement Agreement PHA 2020-106-L
w/ Hawaii Board of Pharmacy
July 2, 2021

Esteemed Board of Pharmacy:

This letter is to notify you that the Pharmacy has entered into the attached Settlement Agreement ("Settlement Agreement") with the Hawaii Board of Pharmacy. The Settlement Agreement is effective July 2, 2021 and resolves reciprocal disciplinary allegations by the Hawaii Board of Pharmacy (i) that Pharmacy failed to timely report to Hawaii a consent agreement between the Pharmacy and the Maine Board of Pharmacy regarding a late application for change of Pharmacist -in Charge with Maine, and (ii) that Pharmacy failed to timely report to Hawaii an agreed order between Pharmacy and the Kentucky Board of Pharmacy regarding allegations that the Pharmacy delayed certain medication orders.

The Settlement Agreement is *reciprocal* in nature and is related entirely to the underlying settlements between Pharmacy and the Boards of Pharmacy in Maine and Kentucky, for which we previously notified you via notice letter or renewal form. We are providing your office with notice of this reciprocal action as a courtesy and consistent with any obligations Pharmacy may have to notify you of other board activity. As this Settlement Agreement involved no new or independent allegations, we respectfully request that no further action be taken.

Sincerely,

Joseph Max Eiler

Joseph "Max" Eiler PharmD, MBA
AmerisourceBergen
Patient Services
Sr Director, Pharmacy Servies

Joseph Max Eiler
Digitally signed by Joseph Max Eiler
Date: 2022.09.16 09:35:06 -04'00'

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PROF & VOCATIONAL
LICENSING DIVISION

2021 APR 30 P 2:18

DEPT OF COMMERCE
& CONSUMER AFFAIRS

STACIA M. SILVA 6760
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 7/1/2021 9:31 am

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of	PHA 2020-106-L
IHS ACQUISITION XXX, INC., doing business as THERACOM,	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "2"
Respondent.	

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent IHS ACQUISITION XXX, INC., doing business as THERACOM (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 870. The permit was issued on or about August 5, 2013. The permit is set to expire or forfeit on or about December 31, 2021.

2. Respondent's mailing address for purposes of this action is 5025 Plano Parkway, Carrollton, Texas 75010.

3. On or about February 1, 2018, Respondent entered into a Consent Agreement with the Maine Board of Pharmacy in Complaint No. 2017-PHA-13809 (hereinafter the "Maine

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

Agreement"). A copy of the Maine Agreement is attached hereto as Exhibit "1". The Maine Agreement was based on allegations that Respondent failed to file a timely Change in Pharmacist in Charge application, for which Respondent was issued a warning and a $1,500.00 fine.

4. On or about November 26, 2019, Respondent reported the Maine Agreement on their permit renewal application with the Board.

5. On or about February 19, 2020, Respondent entered into an Agreed Order with the Kentucky Board of Pharmacy in Case No. 18-0386A (hereinafter the "Kentucky Order"). A copy of the Kentucky Order is attached hereto as Exhibit "2". The Kentucky Order was based on allegations that Respondent delayed in medication orders, for which Respondent was issued a $6,000.00 fine.

6. RICO alleges Respondent was disciplined by the States of Maine and Kentucky and failed to timely report the Maine action to the Board.

7. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes (hereinafter "HRS") §§ 436B-19(13) (disciplinary action by another state or federal agency) and 436B-19(15) (failure to timely report disciplinary action).

8. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Maine Agreement.

7. Respondent represents Exhibit "2" is a true and correct copy of the Kentucky Order.

8. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

9. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

10. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

11. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2020-106-L.

12. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Stacia M. Silva, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the

conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

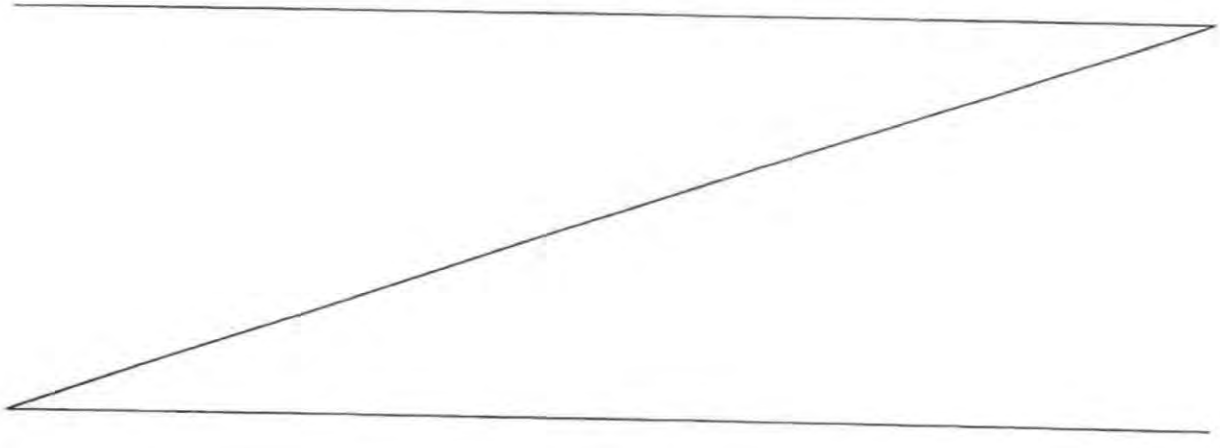
4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.



IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Agreement in the capacity shown below.

DATED: Carrollton (City), Texas (State), April 21, 2021 (Date).

IHS ACQUISITION XXX, INC., doing business as THERACOM
Respondent

By: Alicia S. Evans
(Signature)

Alicia S. Evans
(Print Name)

Its Vice President
(Print Title)

DATED: Honolulu, Hawaii, APR 30 2021.

STACIA M. SILVA
Attorney for Department of Commerce and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF IHS ACQUISITION XXX, INC., DOING BUSINESS AS THERACOM; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBITS "1" – "2"; RICO CASE NO. PHA 2020-106-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chairperson

5/20/21
DATE

JULIE YURIE TAKISHIMA-LACASA
Vice Chair

PATRICK ADAMS

CATALINA CROSS

MARY JO KEEFE

Sheri Tokumaru
SHERI TOKUMARU

Kenneth VandenBussche
KENNETH VANDENBUSSCHE

PVL 07/2020

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
IHS ACQUISITION XXX, INC.	)	CONSENT AGREEMENT
D/B/A Thermacom	)	
	)	
Complaint No. 2017-PHA-13809	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of IHS Acquisition XXX, Inc. in the State of Maine. The parties to this Consent Agreement are: IHS Acquisition XXX, Inc. d/b/a Thermacom ("Thermacom"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. At all times relevant to this matter, Thermacom was licensed by the Board as a mail order pharmacy, license no. MO40001463, located at 345 International Boulevard, Suite 200, Brooks, Kentucky.
2. On November 21, 2016, Jack McGuire replaced William Chauvin as the pharmacist in charge ("PIC") of Thermacom, thereby requiring Thermacom to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Thermacom, however, did not file a change of PIC application with the Board until January 6, 2017.
4. On January 10, 2018, Senior Consumer Assistant Specialist Meagan Damon, filed an administrative complaint with the Board alleging that Thermacom had failed to file a timely change of PIC application.

EXHIBIT "1"

5. This administrative complaint was docketed as complaint no. 2017-PHA-13809.

6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.

7. Pursuant to the Board's general delegation of authority dated October 6, 2016, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Complaint No. 2017-PHA-13809.

8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy, Complaints Division, Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333-0035 by February 10, 2018, the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Thermacom admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.

10. As DISCIPLINE for the violation admitted to in paragraph 9 above, Thermacom agrees to accept the imposition of:

    a. A WARNING; and

    b. A CIVIL PENALTY in the amount of one thousand five hundred dollars ($1500.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to the Complaints Division, Department of

Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by Thermacom shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

13. The Board and the Office of the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

14. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

15. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

16. The Board and Thermacom agree that no further agency action will be initiated against Thermacom's license by the Board based upon the specific violations admitted to herein, except or unless Thermacom fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Thermacom. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Thermacom.

17. Thermacom acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

IHS ACQUISITION XXX, INC.
d/b/a Thermacom

DATED: 1/23/2018

BY: _____
Authorized Representative

Kelly Rathiff
Printed Name

DATED: 2/1/2018

_____
JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 2/1/2018

_____
ANDREW L. BLACK
Assistant Attorney General

CK#333630
#6000

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 18-0386A

IN RE: Permit No. P07549 held by IHS ACQUISITION XXX INC

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board") and IHS Acquisition XXX, Inc. d/b/a TheraCom ("Respondent"), and both having been fully informed regarding the matter set forth herein, stateas follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control matters related to pharmacies.

(2) Respondent is a pharmacy licensed by the Board and is located at 345 International Boulevard, Suite 200, Brooks, Kentucky 40109, having been assigned permit no. P07549.

(3) (a) On or about November 1, 2018, the Board office received a complaint from a prescriber's office that a few of her patients were having difficulty receiving blood thinner medication in a timely manner without notification of the delay to the patients or prescribers resulting in the patients doing without the medication.

(b) The Board's investigation revealed there were at least three patients that did not receive the medication in a timely manner resulting in the patients doing without the medication anywhere from several days to several weeks.

(c) Respondent manages the patient assistance program and dispenses blood-thinning medication on behalf of the manufacturer (the "Program"). The Program provides free medication to patients without adequate insurance coverage and who have a yearly income at or below 300% of the federal poverty level.

(d) In November 2017, the manufacturer provided notice not to renew the Program contract upon its expiration on April 30, 2018. As a result, during the six month period between receiving notice of non-renewal and contract termination, Respondent wound

EXHIBIT "2"

APR 24 2020

down the Program by reducing, relocating and reassigning Program personnel.

(e) On April 27, 2018, Respondent transferred nearly all active Program patient files to the new pharmacy selected by the manufacturer.

(f) The new pharmacy was unable to manage the Program and in less than a month, the manufacturer requested that Respondent resume operation and control of the Program.

(g) Respondent promptly reengaged the Program, re-hired personnel and redeployed assets.

(h) Knowing the critical nature of the medication to its patients, Respondent agreed to resume the Program before it was able to fully reestablish the Program.

(i) Several patients experienced delays while Respondent was reestablishing the Program.

(j) Once the Program was fully operational and reestablished, no additional patient issues or delays have occurred.

(k) The above action subjects the Respondent to discipline pursuant to KRS 315.121(1)(a) for delaying care.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

APR 24 2020

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(a) Respondent shall be fined $6,000.000 for delaying care, payable by March 1, 2020. Respondents check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky, 40601.

(b) By entering into this Agreed Order, Respondent expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(c) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Ron Poole

Ron Poole
President
Kentucky Board of Pharmacy

2/19/2020
DATE

IHS Acquisition XXX, Inc.
Respondent

2/12/2020
DATE

APR 24 2020

Section 11: Managing Pharmacist Personal and Professional History 3/4

Esteemed Board:

I have attached my agreed order from my resident state of Kentucky. In last December of 2015, the pharmacy I was designated Pharmacist in Charge was Commons Community Pharmacy. Our pharmacy underwent an expansion where the boundary of our pharmacy as significantly expanded. I sent a faxed notification to the Kentucky Board of Pharmacy to notify them of the expansion. However, this notification was too vague, and I was required to fill out a form, pay a fee and wait for a board inspection; all of which, I was unaware. We began using this space in mid-February prior to the completion of any of these steps.

Ultimately, our unauthorized expansion was discovered upon our next board inspection. We had stored medication outside of our previously approved boundaries of our pharmacy. However, the drugs were secure and under a pharmacist supervision. Our expansion was approved after we submitted the correct forms, fees and the completion our appropriate board of pharmacy inspection. The Kentucky Board of pharmacy did not require us to make any changes to the expanded space upon their inspection.

This procedural error resulted in an agreed order. This order has been accepted, paid and finalized by the acceptance of the Kentucky Board of Pharmacy. My license is still in good standing with the board of pharmacy. I am now extremely detailed in the completion of any form or procedure required by any board of pharmacy.

Please contact me if you require any additional information.

Thank you,

Joseph Max Eiler

Joseph "Max" Eiler
345 International Blvd., STE 200
Brooks, KY 40109
502-492-0188
MEIler@thera.com

RECD KYBOP OCT31'16

FRAN
1000/Cashier
CK

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 16-0099B

IN RE: PHARMACIST LICENSE NO. 015903 HELD BY JOSEPH MAX EILER

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Joseph Max Eiler ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacist licensed by the Commonwealth of Kentucky, having been assigned license no. 015903.

(3) (a) On or about February 25, 2016, Board staff conducted a non-sterile compounding inspection at Commons Community Pharmacy in Prospect, Kentucky where Respondent is employed as the pharmacist-in-charge.
(b) The Board's investigation revealed that the pharmacy was in the midst of construction for an expansion. Legend drugs and prepared prescription medications were in the newly expanded pharmacy space which had not been approved by the Board, in violation of 201 KAR 2:205, Section 2(3)(b).
(c) Respondent is subject to discipline pursuant to KRS 315.121.

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $1,000.00, payable on or before November 4, 2016. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Bldg., Annex, Ste. 300, 125 Holmes St., Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process; the Respondent fully understands those rights; and the Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Scott Greenwell, President
Kentucky Board of Pharmacy

12-14-2016
Date

Joseph Max Eiler
Respondent

10-24-2016
Date

Jeff Hiatt, Respondent's Attorney

10-24-16
Date

BioPharma Services, L.L.C. Proof of Legal Name Change/Certificate of Formation

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AMERISOURCEBERGEN CONSULTING SERVICES, LLC", CHANGING ITS NAME FROM "AMERISOURCEBERGEN CONSULTING SERVICES, LLC" TO "BIOPHARMA SERVICES, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 2022, AT 11:07 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4878481 8100
SR# 20224054442

Authentication: 204909341
Date: 11-21-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:07 AM 11/18/2022
FILED 11:07 AM 11/18/2022
SR 20224054442 - File Number 4878481

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: AmerisourceBergen Consulting Services, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Biopharma Services, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18 day of November, A.D. 2022.

By: _____
Authorized Person(s)

Name: Elizabeth S. Campbell
Print or Type

TheraCom Pharmacy®
AmerisourceBergen

Ownership Information

AmerisourceBergen Corporation
State of organization: Delaware
Date of Formation: 3/16/2001
FEIN: 23-3079390

CORPORATE ADDRESS
1 West First Avenue
Conshohocken, PA 19428
Phone: 610-727-7000

AmerisourceBergen Corporation is publicly traded on the New York Stock Exchange (NYSE) under the symbol ABC and has been publicly traded since August 29, 2001. SEC filings made by AmerisourceBergen Corporation use CIK# 0001140859.

AmerisourceBergen Services Corporation
State of organization: Delaware
Date of Formation: 11/14/1988
FEIN: 23-2546940

CORPORATE ADDRESS
1 West First Avenue
Conshohocken, PA 19428
Phone: 610-727-7000

AmerisourceBergen Services Corporation is a wholly owned subsidiary of AmerisourceBergen Corporation

AmerisourceBergen Drug Corporation
State of organization: Delaware
Date of formation: 6/24/1985
FEIN: 23-2353106

CORPORATE ADDRESS
1 West First Avenue
Conshohocken, PA 19428
Phone: 610-727-7000

AmerisourceBergen Drug Corporation is a wholly owned subsidiary of AmerisourceBergen Services Corporation

BioPharma Services, L.L.C.
State of organization: Delaware
Date of formation: 9/29/2010
FEIN: 27-3578365

CORPORATE ADDRESS
1 West First Avenue
Conshohocken, PA 19428
Phone: 610-727-7000

AmerisourceBergen Consulting Services, LLC is a wholly owned subsidiary of AmerisourceBergen Drug Corporation

TheraCom, L.L.C.
State of organization: Ohio
Date of formation: 3/6/1996
FEIN: 52-2005869

CORPORATE ADDRESS
1 West First Avenue
Conshohocken, PA 19428
Phone: 610-727-7000

TheraCom, L.L.C. is a wholly owned subsidiary of AmerisourceBergen Consulting Services, LLC
TheraCom Pharmacy is wholly owned by TheraCom, L.L.C.

4/1/2017

TheraCom, L.L.C. (Applicant)
Officers/Owners

3939

TheraCom, L.L.C. dba TheraCom

345 International Blvd., STE 200
Brooks, KY 40109
Phone: 877-654-7812
Fax: 877-654-7813

TheraCom Pharmacy®
AmerisourceBergen

OFFICERS

Name	Title	Business Address	Business #	Date of Birth	Ownership
William Smith	SVP Opeartions, Patient Services	1 West First Avenue, Conshohocken, PA 19428	704-357-2516	03/15/1975	0%
Samuel M. Smith	Licensing Counsel & Assistant Secretary	1 West First Avenue, Conshohocken, PA 19428	610-727-7458	08/22/1992	0%
Jack. F. Quinn	Senior Vice President & Corporate Treasurer	1 West First Avenue, Conshohocken, PA 19428	610-727-7116	09/12/1955	0%
James F. Cleary	Executive Vice President & Chief Financial Officer	1 West First Avenue, Conshohocken, PA 19428	610-727-7185	07/01/1963	0%

TheraCom Pharmacy®
AmerisourceBergen

Ownership Information

AmerisourceBergen Corporation
State of organization: Delaware
Date of Formation: 3/16/2001
FEIN: 23-3079390

CORPORATE ADDRESS
1 West First Avenue
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FEIN: 23-2546940

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Phone: 610-727-7000

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Date of formation: 6/24/1985
FEIN: 23-2353106

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State of organization: Delaware
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TheraCom Pharmacy is wholly owned by TheraCom, L.L.C.

4/1/2017

Redacted AmerisourceBergen Board Minutes (showing appointed AmerisourceBergen Corporation officers)

MINUTES OF A MEETING OF THE BOARD OF DIRECTORS OF AMERISOURCEBERGEN CORPORATION HELD ON MARCH 9, 2022

Present:	Steven H. Collis, Chairman Jane E. Henney, M.D., Lead Independent Director Ornella Barra D. Mark Durcan Richard W. Gochnauer Lon R. Greenberg Kathleen W. Hyle Michael J. Long Henry W. McGee Dennis M. Nally
In Attendance:	Silvana Battaglia Elizabeth S. Campbell Gina K. Clark James F. Cleary Leslie E. Donato Laz Krikorian Robert P. Mauch Sun Park Korey Q. Pirouz Rich Rosen (Heidrick & Struggles)

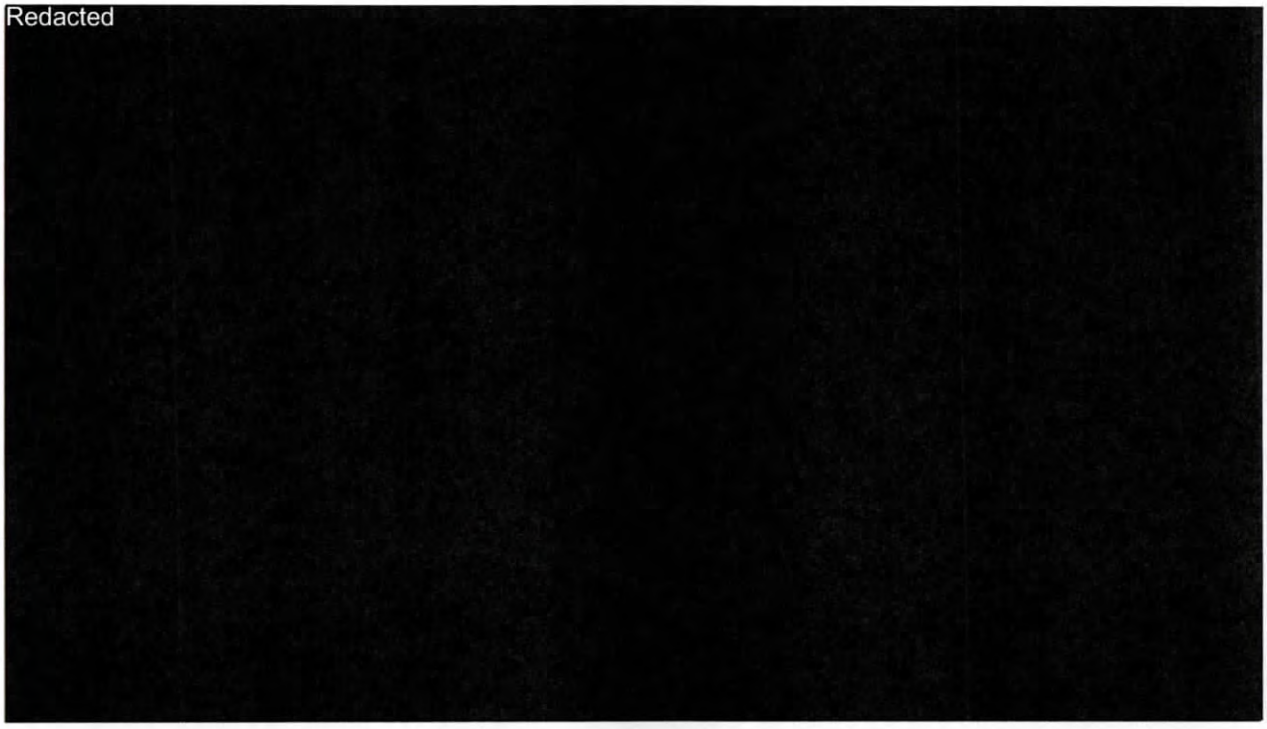
A meeting of the Board of Directors (the "Board") of AmerisourceBergen Corporation (the "Company") was held via videoconference on Wednesday, March 9, 2022. Mr. Collis called the meeting to order at 1:30 p.m. (ET) and made introductory remarks, Redacted Redacted

Corporate Governance Matters

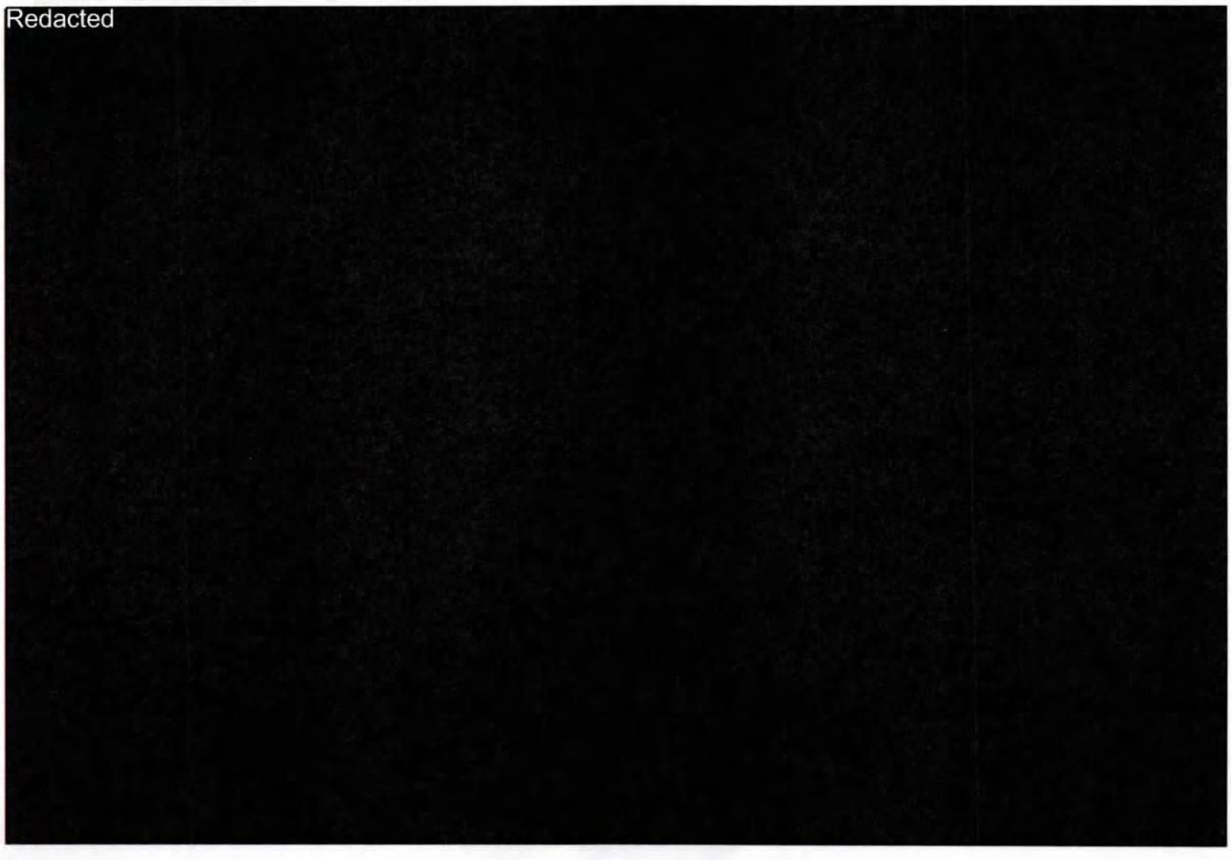
Mr. Pirouz presented the minutes of the meetings held on November 11, 2021 and January 5, 2022, which were distributed in advance of the meeting. Upon a motion duly made and seconded, the minutes were approved. Mr. Pirouz requested a motion to approve the election of officers and Section 16 designations. Upon a motion duly made and seconded, the resolutions set forth in Exhibit A and Exhibit B hereto were approved by the Board.

Legal Update – Privileged and Confidential

Redacted



Update on Finance and Operations



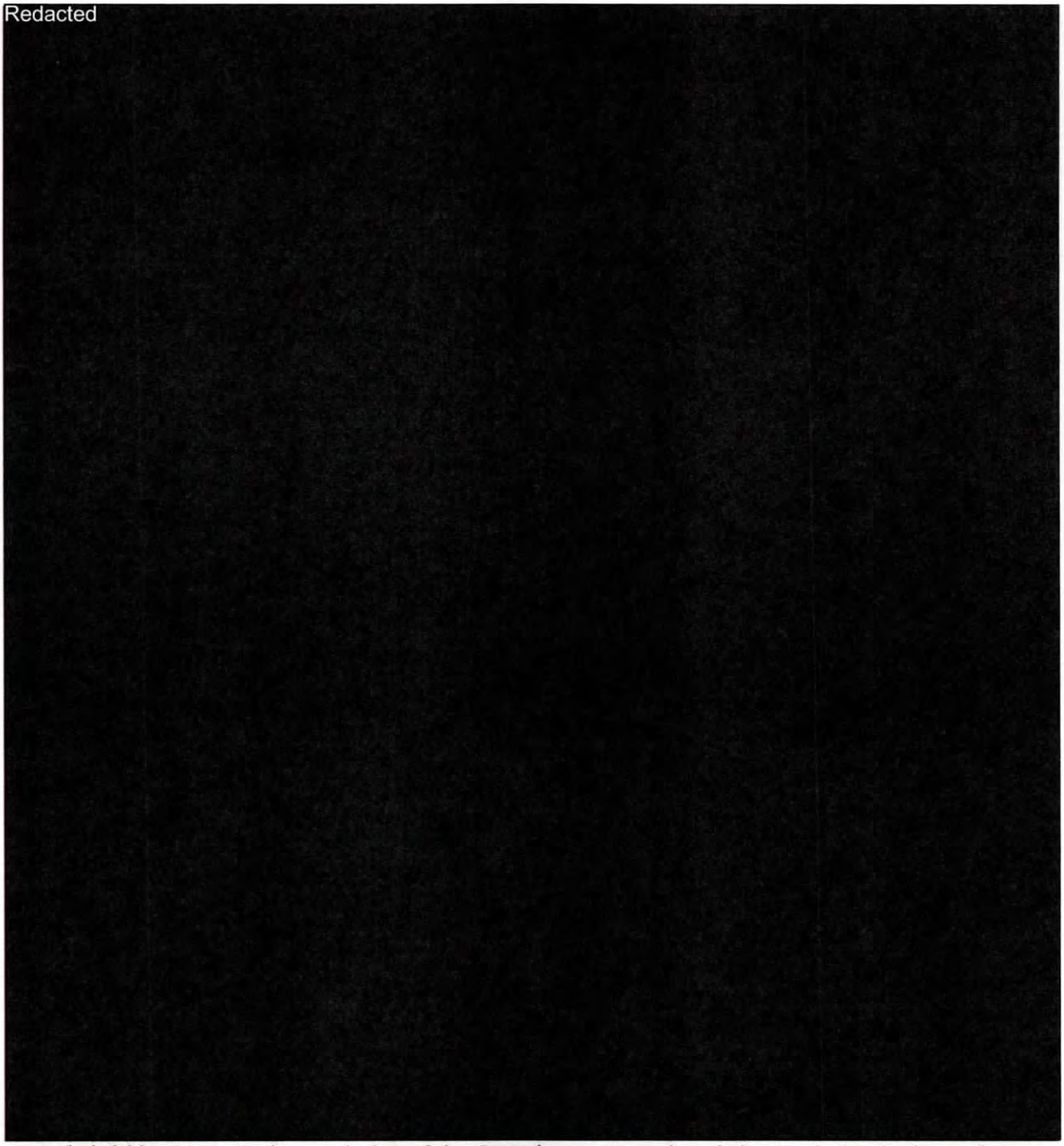
Redacted

Executive Development

Redacted

Committee Reports

Redacted



concluded his report. At the conclusion of the Committee reports, there being no further business, the meeting was adjourned at approximately 3:45 p.m. (ET).

Secretary

Exhibit A

Election of Officers

Resolved, that the following persons are elected officers of AmerisourceBergen Corporation (the "Company"), to serve in accordance with the by-laws of the Company until their successors are duly elected and shall have qualified:

Steven H. Collis	President and Chief Executive Officer
James F. Cleary	Executive Vice President and Chief Financial Officer
Elizabeth S. Campbell	Executive Vice President and Chief Legal Officer
John G. Chou	Executive Vice President and Special Advisor to the Chairman & CEO
Robert P. Mauch	Executive Vice President and Group President
Gina K. Clark	Executive Vice President and Chief Communications & Administration Officer
Silvana Battaglia	Executive Vice President and Chief Human Resources Officer
Leslie E. Donato	Executive Vice President and Chief Strategy Officer
Kathy H. Gaddes	Executive Vice President and Chief Compliance Officer
Lazarus Krikorian	Senior Vice President and Chief Accounting Officer
Kevin Conway	Senior Vice President, Tax
Mark Spykerman	Senior Vice President and Chief Information Officer
J.F. Quinn	Senior Vice President and Corporate Treasurer
Kourosh Q. Pirouz	Vice President, Associate General Counsel and Secretary
Anne Ebbesen	Assistant Secretary

Resolved, that each of the above-named officers of the Company be, and each of them hereby is, authorized and empowered in the name of and on behalf of this Company to enter into, execute and deliver, without limitation, any agreements, instruments or other documents relating to the Company, including,

without limitation, real estate leases, equipment or vehicle leases, bills of sale or purchase orders, and any amendments or addenda thereto; and

Resolved, that the President and Chief Executive Officer of the Company shall have authority to appoint a replacement or successor to any of the Company's officers upon any such officer's resignation, retirement or termination until the next regularly scheduled meeting of the Company's Board of Directors.

Exhibit B

Designation of Section 16 Officers

Whereas, AmerisourceBergen Corporation (the "Company") wishes to comply with and assist its directors and officers in complying with the requirements of Section 16 of the Securities Exchange Act of 1934 (as amended, the "Exchange Act") and the rules and regulations thereunder;

Whereas, Section 16(a) of the Exchange Act and the rules thereunder require "officers" of the Company (as such term is defined in Rule 16a-1(f) under Section 16 of the Exchange Act) to file certain reports with the Securities and Exchange Commission, securities exchanges and the Company; and

Whereas, Rule 16a-1(f) under Section 16 of the Exchange Act and Item 401(b) of Regulation S-K provide that a corporation may identify those persons performing policy-making functions for the corporation who constitute "executive officers" and thus are officers for purposes of Section 16 of the Exchange Act.

Now, therefore, be it:

Resolved, that the following persons are designated as "officers" and as "executive officers" for purposes of Section 16 of the Exchange Act:

Steven H. Collis	President and Chief Executive Officer
James F. Cleary	Executive Vice President and Chief Financial Officer
Elizabeth S. Campbell	Executive Vice President and Chief Legal Officer
John G. Chou	Executive Vice President and Special Advisor to the Chairman & CEO
Robert P. Mauch	Executive Vice President and Group President
Gina K. Clark	Executive Vice President and Chief Communications & Administration Officer
Silvana Battaglia	Executive Vice President and Chief Human Resources Officer
Leslie E. Donato	Executive Vice President and Chief Strategy Officer

Resolved, that the following person is designated as the principal accounting officer of the Company and as an "officer" for purposes of Section 16 of the Exchange Act:

Lazarus Krikorian	Senior Vice President and Chief Accounting Officer

Resolved, that for purposes of Section 16 of the Exchange Act, as of the date hereof the persons named in these resolutions are all of the Company's officers and executive officers.

List the top four stockholders and their precent ownership.

AmerisourceBergen Corporation has three top stockholders who own >1% of stock:

1. Walgreens Boots Alliance Inc. – 16.73%
2. The Vanguard Group – 8.24%
3. Blackrock, Inc. – 6.3%

Attached are the SEC documents regarding the percentage of stock issued to the three stockholders listed above.

SC 13D/A 1 d417807dsc13da.htm SC 13D/A

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

SCHEDULE 13D/A

Under the Securities Exchange Act of 1934
(Amendment No. 11)*

AMERISOURCEBERGEN CORPORATION
(Name of Issuer)

Common Stock, par value $0.01 per share
(Title of Class of Securities)

03073E105
(CUSIP Number)

Danielle Gray
Executive Vice President, Global Chief Legal Officer
Walgreens Boots Alliance, Inc.
108 Wilmot Road
Deerfield, Illinois 60015
(847) 315-2500

With a copy to:
Nicolas Grabar
Lillian Tsu
Cleary Gottlieb Steen & Hamilton LLP
One Liberty Plaza
New York, NY 10006
(212) 225-2000
(Name, Address and Telephone Number of Person Authorized to Receive Notices and Communications)

December 12, 2022
(Date of Event Which Requires Filing of This Statement)

If the filing person has previously filed a statement on Schedule 13G to report the acquisition that is the subject of this Schedule 13D, and is filing this schedule because of §§ 240.13d-1(e), 240.13d-1(f) or 240.13d-1(g), check the following box. ☐

Note: Schedules filed in paper format shall include a signed original and five copies of the schedule, including all exhibits. See §240.13d-7 for other parties to whom copies are to be sent.

* The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page.

The information required on the remainder of this cover page shall not be deemed to he "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

13D

CUSIP No. 03073E105

1	Name of Reporting Person Walgreens Boots Alliance Holdings LLC	
2	Check the Appropriate Box if a Member of a Group (See Instructions) (a) ☐ (b) ☒	
3	SEC Use Only	
4	Source of Funds (See Instructions) AF, OO	
5	Check box if Disclosure of Legal Proceedings Is Required Pursuant to Item 2(d) or 2(e) ☐	
6	Citizenship or Place of Organization Delaware	
Number of Shares Beneficially Owned by Each Reporting Person With	7	Sole Voting Power
	8	Shared Voting Power 33,659,180
	9	Sole Dispositive Power
	10	Shared Dispositive Power 33,659,180
11	Aggregate Amount Beneficially Owned by Each Reporting Person 33,659,180	
12	Check box if the Aggregate Amount in Row (11) Excludes Certain Shares (See Instructions) ☐	
13	Percent of Class Represented by Amount in Row (11) 16.73%*	
14	Type of Reporting Person (See Instructions) OO	

* This calculation is based on 202,078,436 shares of Common Stock outstanding after giving effect to the December 2022 Sale (as defined below) and the concurrent share repurchase (as represented by the Issuer in its Current Report on Form 8-K filed on December 12, 2022).

13D

CUSIP No. 03073E105

1	Name of Reporting Person WBA Investments, Inc.		
2	Check the Appropriate Box if a Member of a Group (See Instructions) (a) ☐ (b) ☒		
3	SEC Use Only		
4	Source of Funds (See Instructions) AF, OO		
5	Check box if Disclosure of Legal Proceedings Is Required Pursuant to Item 2(d) or 2(e) ☐		
6	Citizenship or Place of Organization Delaware		
Number of Shares Beneficially Owned by Each Reporting Person With	7	Sole Voting Power	
	8	Shared Voting Power 33,659,180	
	9	Sole Dispositive Power	
	10	Shared Dispositive Power 33,659,180	
11	Aggregate Amount Beneficially Owned by Each Reporting Person 33,659,180		
12	Check box if the Aggregate Amount in Row (11) Excludes Certain Shares (See Instructions) ☐		
13	Percent of Class Represented by Amount in Row (11) 16.73%*		
14	Type of Reporting Person (See Instructions) CO		

* This calculation is based on 202,078,436 shares of Common Stock outstanding after giving effect to the December 2022 Sale (as defined below) and the concurrent share repurchase (as represented by the Issuer in its Current Report on Form 8-K filed on December 12, 2022).

13D

CUSIP No. 03073E105

1	Name of Reporting Person Walgreens Boots Alliance, Inc.		
2	Check the Appropriate Box if a Member of a Group (See Instructions) (a) ☐ (b) ☒		
3	SEC Use Only		
4	Source of Funds (See Instructions) AF, OO		
5	Check box if Disclosure of Legal Proceedings Is Required Pursuant to Item 2(d) or 2(e) ☐		
6	Citizenship or Place of Organization Delaware		
Number of Shares Beneficially Owned by Each Reporting Person With	7	Sole Voting Power	
	8	Shared Voting Power 33,659,180	
	9	Sole Dispositive Power	
	10	Shared Dispositive Power 33,659,180	
11	Aggregate Amount Beneficially Owned by Each Reporting Person 33,659,180		
12	Check box if the Aggregate Amount in Row (11) Excludes Certain Shares (See Instructions) ☐		
13	Percent of Class Represented by Amount in Row (11) 16.73%*		
14	Type of Reporting Person (See Instructions) HC, CO		

* This calculation is based on 202,078,436 shares of Common Stock outstanding after giving effect to the December 2022 Sale (as defined below) and the concurrent share repurchase (as represented by the Issuer in its Current Report on Form 8-K filed on December 12, 2022).

This Amendment No. 11 to Schedule 13D (this "**Amendment No. 11**") amends and supplements the Schedule 13D (the "**Schedule 13D**") relating to the common stock, $0.01 par value per share ("**Common Stock**"), of AmerisourceBergen Corporation, a Delaware corporation (the "**Issuer**"), originally filed with the Securities and Exchange Commission (the "**SEC**") on April 15, 2014, as amended by Amendment No. 1 thereto filed on January 16, 2015, Amendment No. 2 thereto filed on January 25, 2016, Amendment No. 3 thereto filed on March 22, 2016, Amendment No. 4 thereto filed on August 25, 2016, Amendment No. 5 thereto filed on November 14, 2016, Amendment No. 6 thereto filed on January 6, 2021, Amendment No. 7 thereto filed on June 3, 2021, Amendment No. 8 thereto filed on May 12, 2022, Amendment No. 9 thereto filed on August 4, 2022 and Amendment No. 10 thereto filed on November 9, 2022. Terms used but not defined in this Amendment No. 11 have the respective meanings given to such terms in the original Schedule 13D, as previously amended.

Item 2. Identity and Background.

Item 2 is amended and supplemented as follows:

This Amendment No. 11 is being filed by: (i) Walgreens Boots Alliance Holdings LLC, a Delaware limited liability company ("**WBA Holdings**") (f/k/a WAB Holdings LLC); (ii) WBA Investments, Inc., a Delaware corporation ("**WBA Investments**"); and (iii) Walgreens Boots Alliance, Inc., a Delaware corporation ("**WBA**"). WBA Holdings, WBA Investments and WBA are collectively referred to as the "**Reporting Persons**."

WBA Holdings was formed solely for the purpose of investing in the Issuer. All of the shares of Common Stock reported as beneficially owned by any Reporting Person in this Schedule 13D are held by WBA Holdings. WBA Holdings is a wholly owned subsidiary of WBA Investments. WBA Investments is a wholly owned subsidiary of WBA. WBA, together with its subsidiaries, including the Reporting Persons, is a global pharmacy-led, health and wellbeing enterprise.

The principal business office of each of the Reporting Persons is: c/o Walgreens Boots Alliance, Inc., 108 Wilmot Road, Deerfield, Illinois 60015.

Attached as Annex A hereto and incorporated herein by reference is a list containing the (a) name, (b) residence or business address, (c) present principal occupation or employment and the name, principal business address of any corporation or other organization in which such employment is conducted, and (d) citizenship, in each case, of each director and executive officer of the Reporting Persons, as applicable.

During the last five years, each Reporting Person and, to the knowledge of such Reporting Person, each person listed in Annex A with respect to such Reporting Person, has not been convicted in any criminal proceeding (excluding traffic violations or similar misdemeanors) and has not been a party to a civil proceeding of any judicial or administrative body of competent jurisdiction as a result of which such person was or is subject to a judgment, decree or final order enjoining future violations of, or prohibiting or mandating activities subject to, federal or state securities laws or finding of any violation with respect to such laws.

Item 4. Purpose of Transaction.

Item 4 is amended and supplemented as follows by adding the following:

December 2022 Sale

On December 8, 2022, WBA Holdings sold 4,750,000 shares of the outstanding common stock, par value $0.01 per share, of the Issuer (the "Common Stock") in an unregistered block trade pursuant to Rule 144 under the Securities Act of 1933 (the "December 2022 Sale"), representing approximately 2.35% of the outstanding Common Stock after giving effect to the December 2022 Sale and concurrent share repurchase described below (as represented by the Issuer in its Current Report on Form 8-K filed on December 12, 2022).

In addition, the Issuer and WBA Holdings concurrently entered into a share repurchase agreement (the "Share Repurchase Agreement") whereby the Issuer repurchased directly from WBA Holdings 1,211,534 shares of the Common Stock at a price per share equal to the price for the December 2022 Sale.

The December 2022 Sale and the concurrent share repurchase are part of WBA's efforts to continue to optimize its capital allocation to continue to support strategic initiatives and reduce indebtedness.

From time to time, WBA undertakes a review of its strategic and capital allocation priorities. As part of this review, WBA may effect one or more further sales of Common Stock. Any such sales, which may be undertaken at any time without further notice, may take a number of forms, including registered public offerings effected pursuant to WBA's registration rights under the A&R Shareholders Agreement (which offerings may be underwritten and/or marketed), unregistered or registered block trades, unregistered market or private sales, pledges, hedges, forward sales and other derivative transactions.

Decisions to effect any such sales, as well as the size and timing thereof, are also subject to a number of factors outside of the control of WBA, including current and anticipated future trading prices of the shares of Common Stock or other securities of the Issuer, the financial condition, results of operations and prospects of the Issuer and general economic, financial market and industry conditions, other investment and/or business opportunities available to the Reporting Persons, strategic considerations in respect of the Reporting Persons, general stock market and economic conditions, tax considerations and other factors. WBA will periodically consider such sales opportunistically based on such factors and, as a result, the ultimate number of shares of Common Stock that may be sold by WBA, if any, is not ascertainable.

After the December 2022 Sale and concurrent share repurchase, WBA does not intend to make future sales of Common Stock of the Issuer until at least the next open trading window of the Issuer.

All existing commercial agreements between WBA and the Issuer (including the US pharmaceutical distribution agreement), as well as the A&R Shareholders Agreement, remain in full force and effect in accordance with their respective terms.

Ornella Barra remains a director of the Issuer. It is currently expected that Ms. Barra (or another designee of WBA) will remain a director of the Issuer unless and until the occurrence of a Walgreens Investor Rights Termination Event (as defined in the A&R Shareholders Agreement).

The foregoing summary of the Share Repurchase Agreement does not purport to be complete and is qualified in its entirety by reference to the full text of the Share Repurchase Agreement, a copy of which is attached hereto as Exhibit 99.18 and is incorporated herein by reference.

Item 5. Interest in Securities of the Issuer.

Item 5 is amended and supplemented as follows:

(a) and (b). The ownership percentages set forth below are based on 202,078,436 shares of Common Stock outstanding after giving effect to the December 2022 Sale and the concurrent share repurchase (as represented by the Issuer in its Current Report on Form 8-K filed on December 12, 2022). WBA Holdings may be deemed to beneficially own 33,659,180 shares of Common Stock, representing approximately 16.73%* of the total number of shares of Common Stock outstanding, as of the filing of this Amendment No. 11.

By virtue of relationships reported in Item 2, each of WBA Investments and WBA may be deemed to share the power to vote or direct to vote or to direct the voting of, and to dispose of or to direct the disposition of and, accordingly, may be deemed to beneficially own the 33,659,180 shares of Common Stock held by WBA Holdings, representing approximately 16.73%* of the total number of shares of Common Stock outstanding, as of the filing of this Amendment No. 11.

Neither the filing of this Schedule 13D nor any of its contents shall be deemed to constitute an admission by any Reporting Person (other than WBA Holdings) that it is the beneficial owner of any shares of Common Stock for purposes of Section 13(d) of the Exchange Act, or for any other purpose, and such beneficial ownership is expressly disclaimed.

(c) With respect to each Reporting Person, such Reporting Person and, to the knowledge of such Reporting Person, the persons listed in Annex A hereto with respect to such Reporting Person, have not effected any transaction in shares of Common Stock in the past 60 days.

(d) Other than WBA and its subsidiaries, including WBA Holdings and WBA Investments and the persons listed in Annex A hereto with respect thereto, no other person is known to have the right to receive or the power to direct the receipt of dividends from, or the proceeds from the sale of the shares of Common Stock covered by this Schedule 13D.

(e) Not applicable.

Item 7. Material to be Filed as Exhibits.

Exhibits	Description of Exhibits
99.1	Framework Agreement, dated as of March 18, 2013, by and among the Issuer, Walgreen Co. and Alliance Boots GmbH (filed as Exhibit 10.1 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on March 20, 2013 and incorporated by reference herein).
99.2	Warrant issued on March 18, 2013 (filed as Exhibit 4.1 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on March 20, 2013 and incorporated by reference herein).*
99.3	Warrant issued on March 18, 2013 (filed as Exhibit 4.2 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on March 20, 2013 and incorporated by reference herein).*
99.4	Warrant issued on March 18, 2013 (filed as Exhibit 4.3 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on March 20, 2013 and incorporated by reference herein).*
99.5	Amendment No. 1 dated August 25, 2016 to Warrant issued on March 18, 2013 (filed as Exhibit 4.1 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on August 25, 2016 and incorporated by reference herein).*
99.6	Warrant issued on March 18, 2013 (filed as Exhibit 4.4 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on March 20, 2013 and incorporated by reference herein).*
99.7	Amendment No. 1 dated August 25, 2016 to Warrant issued on March 18, 2013 (filed as Exhibit 4.2 to the Issuer's Current Report on Form 8- K (File No. 001-16671), filed on August 25, 2016 and incorporated by reference herein).*
99.8	Shareholders Agreement, dated as of March 18, 2013, by and among the Issuer, Walgreen Co. and Alliance Boots GmbH (filed as Exhibit 10.2 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on March 20, 2013 and incorporated by reference herein).
99.9	Transaction Rights Agreement, dated as of March 18, 2013, by and among Walgreen Co., Walgreens Pharmacy Strategies, LLC, Alliance Boots GmbH, Alliance Boots Luxembourg S.à r.l., and WAB Holdings LLC (filed as Exhibit 10.3 to Walgreen Co.'s Current Report on Form 8- K (File No. 1-00604), filed on March 20, 2013 and incorporated by reference herein).
99.10	Notice, dated as of December 31, 2014, provided by Walgreen Co. to AmerisourceBergen Corporation and Alliance Boots GmbH (previously filed on January 16, 2015 as Exhibit 99.11 to Amendment No. 1 to this Schedule 13D).
99.11	Joint Filing Agreement, dated August 25, 2016 (previously filed on August 25, 2016 as Exhibit 99.11 to Amendment No. 4 to this Schedule 13D).
99.12	Share Purchase Agreement, dated as of January 6, 2021, by and between Walgreens Boots Alliance, Inc., and AmerisourceBergen Corporation (incorporated herein by reference to Exhibit 2.1 of the Form 8-K Filed by Walgreens Boots Alliance, Inc. on January 7, 2021 (file number 001-36759)).
99.13	Amended and Restated AmerisourceBergen Shareholders Agreement, by and between Walgreens Boots Alliance, Inc., and AmerisourceBergen Corporation (previously filed on June 3, 2021 as Exhibit 99.13 to Amendment No. 7 to this Schedule 13D).
99.14	Amendment No. 1 to the Amended and Restated AmerisourceBergen Shareholders Agreement, dated as of July 6, 2022, by and between Walgreens Boots Alliance, Inc., and Amerisource Bergen Corporation (filed as Exhibit 10.2 to the Issuer's Quarterly Report on Form 10-Q (File No. 001-16671), filed on August 3, 2022 and incorporated by reference herein).
99.15	Underwriting Agreement, dated as of November 7, 2022, by and among AmerisourceBergen Corporation, Walgreens Boots Alliance Holdings LLC and Morgan Stanley & Co. LLC (previously filed on November 9, 2022 as Exhibit 99.15 to Amendment No. 10 to this Schedule 13D).
99.16	Share Repurchase Agreement, dated as of November 6, 2022, by and between AmerisourceBergen Corporation and Walgreens Boots Alliance Holdings LLC (previously filed on November 9, 2022 as Exhibit 99.16 to Amendment No. 10 to this Schedule 13D).
99.17	Form of Lock-Up Agreement (included in Exhibit 99.15).
99.18	Share Repurchase Agreement, dated as of December 8, 2022, by and between AmerisourceBergen Corporation and Walgreens Boots Alliance Holdings LLC (filed as Exhibit 10.1 to the Issuer's Current Report on Form 8-K (File No. 001-16671), filed on December 12, 2022 and incorporated by reference herein).

* As previously disclosed, Warrants exercised in full on March 18, 2016 and August 25, 2016.

SIGNATURES

After reasonable inquiry and to the best of the undersigned's knowledge and belief, the undersigned certifies that the information set forth in this statement is true, complete and correct.

Dated: December 12, 2022

WALGREENS BOOTS ALLIANCE HOLDINGS LLC

By: /s/ Joseph B. Amsbary, Jr.
Name: Joseph B. Amsbary, Jr.
Title: Senior Vice President and Secretary

WBA INVESTMENTS, INC.

By: /s/ Joseph B. Amsbary, Jr.
Name: Joseph B. Amsbary, Jr.
Title: Senior Vice President and Secretary

WALGREENS BOOTS ALLIANCE, INC.

By: /s/ Joseph B. Amsbary, Jr.
Name: Joseph B. Amsbary, Jr.
Title: Senior Vice President and Secretary

ANNEX A

WALGREENS BOOTS ALLIANCE HOLDINGS LLC

OFFICERS

Unless otherwise noted, the business address for each person listed below is c/o Walgreens Boots Alliance, Inc., 108 Wilmot Road, Deerfield, Illinois 60015. To the knowledge of WBA, all officers listed below are United States citizens.

Manmohan Mahajan, President

Present Principal Occupation: Senior Vice President, Global Controller and Chief Accounting Officer, Walgreens Boots Alliance, Inc.

Mark Weisz, Vice President

Present Principal Occupation: Senior Vice President, Global Tax, Walgreens Boots Alliance, Inc.

Joseph B. Amsbary, Jr., Senior Vice President and Secretary

Present Principal Occupation: Senior Vice President and Corporate Secretary, Walgreens Boots Alliance Inc.

Omorlie Harris, Treasurer

Present Principal Occupation: Senior Vice President, Global Treasurer, Walgreens Boots Alliance, Inc.

John Saylor, Assistant Secretary

Present Principal Occupation: Vice President, Tax Compliance, Walgreen Co.

WBA INVESTMENTS, INC.

DIRECTORS

Unless otherwise noted, the business address for each person listed below is c/o Walgreens Boots Alliance, Inc., 108 Wilmot Road, Deerfield, Illinois 60015. To the knowledge of WBA, each director listed below is a United States citizen.

Manmohan Mahajan, President

Present Principal Occupation: Senior Vice President, Global Controller and Chief Accounting Officer, Walgreens Boots Alliance, Inc.

Joseph B. Amsbary, Jr.

Present Principal Occupation: Senior Vice President and Corporate Secretary, Walgreens Boots Alliance, Inc.

Mark Weisz, Vice President

Present Principal Occupation: Senior Vice President, Global Tax, Walgreens Boots Alliance, Inc.

OFFICERS

Unless otherwise noted, the business address for each person listed below is c/o Walgreens Boots Alliance, Inc., 108 Wilmot Road, Deerfield, Illinois 60015. To the knowledge of WBA, all officers listed below are United States citizens..

Manmohan Mahajan, President

Present Principal Occupation: Senior Vice President, Global Controller and Chief Accounting Officer, Walgreens Boots Alliance, Inc.

Mark Weisz, Vice President

Present Principal Occupation: Senior Vice President, Global Tax, Walgreens Boots Alliance, Inc.

Joseph B. Amsbary, Jr., Senior Vice President and Secretary

Present Principal Occupation: Senior Vice President and Corporate Secretary, Walgreens Boots Alliance, Inc.

Omorlie Harris, Treasurer

Present Principal Occupation: Senior Vice President, Global Treasurer, Walgreens Boots Alliance, Inc.

John Saylor, Assistant Secretary

Present Principal Occupation: Vice President, Tax Compliance, Walgreen Co.

Sue Halliday, Assistant Treasurer

Present Principal Occupation: Divisional Vice President, Accounting Shared Services, Walgreen Co.

WALGREENS BOOTS ALLIANCE, INC.

DIRECTORS

Unless otherwise noted, the business address for each person listed below is c/o Walgreens Boots Alliance, Inc., 108 Wilmot Road, Deerfield, Illinois 60015. To the knowledge of WBA, all directors listed below are United States citizens, except for Janice M. Babiak, who is a citizen of the United States and the United Kingdom; John A. Lederer, who is a citizen of Canada; Stefano Pessina, who is a citizen of Monaco; and Dominic P. Murphy, who is a citizen of the Republic of Ireland.

Janice M. Babiak

Present Principal Occupation: Former Partner, Ernst & Young LLP

Inderpal S. Bhandari

Present Principal Occupation: Global Chief Data Officer, IBM Corporation

Rosalind Gates Brewer

Present Principal Occupation: Chief Executive Officer, Walgreens Boots Alliance, Inc.

William C. Foote

Present Principal Occupation: Lead Independent Director, Walgreens Boots Alliance, Inc. and Former Chairman and Chief Executive Officer, USG Corporation

Ginger L. Graham

Present Principal Occupation: Former President and Chief Executive Officer, Amylin Pharmaceuticals

Bryan C. Hanson

Present Principal Occupation: President, CEO and Chairman, Zimmer Biomet

Valerie B. Jarrett

Present Principal Occupation: Chief Executive Officer of the Obama Foundation and Former Senior Advisor to President Barack Obama

John A. Lederer

Present Principal Occupation: Interim Chief Executive Officer, Staples, Inc. and Senior Advisor, Sycamore Partners

Dominic P. Murphy

Business Address: 111 Strand, London WC2R 0AG, United Kingdom
Present Principal Occupation: Managing Partner and Co-Head of UK Investments, CVC Capital Partners

Stefano Pessina

Business address: 24 Boulevard du Ténao, 98000 Monaco
Present Principal Occupation: Executive Chairman, Walgreens Boots Alliance, Inc.

Nancy M. Schlichting

Present Principal Occupation: Former Chief Executive Officer, Henry Ford Health System

OFFICERS

Unless otherwise noted, the business address for each person listed below is c/o Walgreens Boots Alliance, Inc., 108 Wilmot Road, Deerfield, Illinois 60015. To the knowledge of WBA, all executive officers listed below are United States citizens, except for Stefano Pessina and Ornella Barra, who are each citizens of Monaco; and James Kehoe, who is a citizen of the Republic of Ireland.

Stefano Pessina

Business Address: 24 Boulevard du Ténao, 98000 Monaco
Present Principal Occupation: Executive Chairman of the Board, Walgreens Boots Alliance, Inc.

Ornella Barra

Business Address: 24 Boulevard du Ténao, 98000 Monaco
Present Principal Occupation: Chief Operating Officer, International, Walgreens Boots Alliance, Inc.

Rosalind Gates Brewer

Present Principal Occupation: Chief Executive Officer, Walgreens Boots Alliance, Inc.

James Kehoe

Present Principal Occupation: Executive Vice President and Global Chief Financial Officer, Walgreens Boots Alliance, Inc.

Danielle Gray

Present Principal Occupation: Executive Vice President and Global Chief Legal Officer, Walgreens Boots Alliance, Inc.

Holly May

Present Principal Occupation: Executive Vice President and Global Chief Human Resources Officer, Walgreens Boots Alliance, Inc.

Henry Lee Cooper, IV

Present Principal Occupation: Executive Vice President and President, Pharmacy

Kevin Ban, M.D.

Present Principal Occupation: Executive Vice President and Global Chief Medical Officer, Walgreens Boots Alliance, Inc.

Tracey Brown

Present Principal Occupation: President, Walgreens Retail, and Chief Customer Officer

John Driscoll

Present Principal Occupation: Executive Vice President, President of U.S. Healthcare

SC 13G/A 1 tv0249-amerisourcebergencorp.htm SCHEDULE 13G/A

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Schedule 13G

Under the Securities Exchange Act of 1934
(Amendment No.: 16)*

Name of issuer: AmerisourceBergen Corp. Class A

Title of Class of Securities: Common Stock

CUSIP Number: 03073E105

Date of Event Which Requires Filing of this Statement: **December 31, 2021**

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

☒ Rule 13d-1(b)

☐ Rule 13d-1(c)

☐ Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

(Continued on the following page(s))

13G

CUSIP No.: 03073E105

1. NAME OF REPORTING PERSON
I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

The Vanguard Group - 23-1945930

2. CHECK THE APPROPRIATE [LINE] IF A MEMBER OF A GROUP

A. B. X

3. SEC USE ONLY

4. CITIZENSHIP OF PLACE OF ORGANIZATION

Pennsylvania

(For questions 5-8, report the number of shares beneficially owned by each reporting person with:)

5. SOLE VOTING POWER

0

6. SHARED VOTING POWER

238,991

7. SOLE DISPOSITIVE POWER

16,533,941

8. SHARED DISPOSITIVE POWER

608,439

9. AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

17,142,380

10. CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES

N/A

11. PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

8.24%

12. TYPE OF REPORTING PERSON

IA

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

Schedule 13G
Under the Securities Act of 1934

Item 1(a) - Name of Issuer:

AmerisourceBergen Corp. Class A

Item 1(b) - Address of Issuer's Principal Executive Offices:

1 West First Avenue
Conshohocken, PA 19428-1800

Item 2(a) - Name of Person Filing:

The Vanguard Group - 23-1945930

Item 2(b) -- Address of Principal Business Office or, if none, residence:

100 Vanguard Blvd.
Malvern, PA 19355

Item 2(c) – Citizenship:

Pennsylvania

Item 2(d) - Title of Class of Securities:

Common Stock

Item 2(e) - CUSIP Number

03073E105

Item 3 - Type of Filing:

This statement is being filed pursuant to Rule 13d-1. An investment adviser in accordance with §240.13d-1(b)(1)(ii)(E).

Item 4 - Ownership:

(a) Amount Beneficially Owned:

(b) Percent of Class:

(c) Number of shares as to which such person has:

(i) sole power to vote or direct to vote:

(ii) shared power to vote or direct to vote:

(iii) sole power to dispose of or to direct the disposition of:

(iv) shared power to dispose or to direct the disposition of:

Comments:

The responses to questions 5 through 9 and 11 on the cover page(s) are incorporated by reference into this Item 4.

Item 5 - Ownership of Five Percent or Less of a Class:

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than 5 percent of the class of securities, check the following ☐

Item 6 - Ownership of More Than Five Percent on Behalf of Another Person:

The Vanguard Group, Inc.'s clients, including investment companies registered under the Investment Company Act of 1940 and other managed accounts, have the right to receive or the power to direct the receipt of dividends from, or the proceeds from the sale of, the securities reported herein.

No one other person's interest in the securities reported herein is more than 5%.

Item 7 - Identification and Classification of the Subsidiary Which Acquired The Security Being Reported on by the Parent Holding Company:

Not applicable

Item 8 - Identification and Classification of Members of Group:

Not applicable

Item 9 - Notice of Dissolution of Group:

Not applicable

Item 10 - Certification:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired in connection with or as a participant in any transaction having that purpose or effect, other than activities solely in connection with a nomination under §240.14a-11.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: February 9, 2022

By /s/ Christine M. Buchanan
Name: Christine M. Buchanan
Title: Principal

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us03073e1055_020222.txt

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934

(Amendment No: 13)

AMERISOURCEBERGEN CORPORATION

(Name of Issuer)

Common Stock

(Title of Class of Securities)

03073E105

(CUSIP Number)

December 31, 2021

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to
which this Schedule is filed:

[X] Rule 13d-1(b)
[ ] Rule 13d-1(c)
[ ] Rule 13d-1(d)

*The remainder of this cover page shall be filled out
for a reporting person's initial filing on this form with
respect to the subject class of securities, and for any
subsequent amendment containing information which
would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover
page shall not be deemed to be "filed" for the purpose
of Section 18 of the Securities Exchange Act of 1934
("Act") or otherwise subject to the liabilities of that
section of the Act but shall be subject to all other
provisions of the Act (however, see the Notes).

CUSIP No. 03073E105

(1)Names of reporting persons. BlackRock, Inc.

(2) Check the appropriate box if a member of a group
(a) [ ]
(b) [X]

(3) SEC use only

(4) Citizenship or place of organization

Delaware

Number of shares beneficially owned by each reporting person with:

(5) Sole voting power

11462558

(6) Shared voting power

0

(7) Sole dispositive power

13036024

(8) Shared dispositive power

0

(9) Aggregate amount beneficially owned by each reporting person

13036024

(10) Check if the aggregate amount in Row (9) excludes certain shares

(11) Percent of class represented by amount in Row 9

6.3%

(12) Type of reporting person

HC

Item 1.

Item 1(a) Name of issuer:

AMERISOURCEBERGEN CORPORATION

Item 1(b) Address of issuer's principal executive offices:

1 WEST FIRST AVENUE
CHESTERBROOK PA 19428

Item 2.

2(a) Name of person filing:

BlackRock, Inc.

2(b) Address or principal business office or, if none, residence:

BlackRock, Inc.
55 East 52nd Street
New York, NY 10055

2(c) Citizenship:

See Item 4 of Cover Page

2(d) Title of class of securities:

Common Stock

2(e) CUSIP No.:
See Cover Page

Item 3.

If this statement is filed pursuant to Rules 13d-1(b), or 13d-2(b) or (c),
check whether the person filing is a:

[ ] Broker or dealer registered under Section 15 of the Act;
[ ] Bank as defined in Section 3(a)(6) of the Act;
[ ] Insurance company as defined in Section 3(a)(19) of the Act;
[ ] Investment company registered under Section 8 of the Investment Company Act of 1940;
[ ] An investment adviser in accordance with Rule 13d-1(b)(1)(ii)(E);
[ ] An employee benefit plan or endowment fund in accordance with Rule 13d-1(b)(1)(ii)(F);
[X] A parent holding company or control person in accordance with Rule 13d-1(b)(1)(ii)(G);
[ ] A savings associations as defined in Section 3(b) of the Federal Deposit Insurance Act (12 U.S.C. 1813);
[ ] A church plan that is excluded from the definition of an investment company under section 3(c)(14) of the Investment Company Act of 1940;
[ ] A non-U.S. institution in accordance with Rule 240.13d-1(b)(1)(ii)(J);
[ ] Group, in accordance with Rule 240.13d-1(b)(1)(ii)(K). If filing as a non-U.S. institution in accordance with Rule 240.13d-1(b)(1)(ii)(J), please specify the type of institution:

Item 4. Ownership

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

Amount beneficially owned:

13036024

Percent of class

6.3%

Number of shares as to which such person has:

Sole power to vote or to direct the vote

11462558

Shared power to vote or to direct the vote

0

Sole power to dispose or to direct the disposition of

13036024

Shared power to dispose or to direct the disposition of

0

Item 5.

Ownership of 5 Percent or Less of a Class. If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than 5 percent of the class of securities, check the following [ ].

Item 6. Ownership of More than 5 Percent on Behalf of Another Person

If any other person is known to have the right to receive or the power to direct the receipt of dividends from, or the proceeds from the sale of, such securities, a statement to that effect should be included in response to this item and, if such interest relates to more than 5 percent of the class, such person should be identified. A listing of the shareholders of an investment company registered under the Investment Company Act of 1940 or the beneficiaries of employee benefit plan, pension fund or endowment fund is not required.

Various persons have the right to receive or the power to direct the receipt of dividends from, or the proceeds from the sale of the common stock of
AMERISOURCEBERGEN CORPORATION.
No one person's interest in the common stock of
AMERISOURCEBERGEN CORPORATION
is more than five percent of the total outstanding common shares.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on by the Parent Holding Company or Control Person.

See Exhibit A

Item 8. Identification and Classification of Members of the Group

If a group has filed this schedule pursuant to Rule 13d-1(b)(ii)(J), so indicate under Item 3(j) and attach an exhibit stating the identity and Item 3 classification of each member of the group. If a group has filed this schedule pursuant to Rule 13d-1(c) or Rule 13d-1(d), attach an exhibit stating the identity of each member of the group.

Item 9. Notice of Dissolution of Group

Notice of dissolution of a group may be furnished as an exhibit stating the date of the dissolution and that all further filings with respect to transactions in the security reported on will be filed, if required, by members of the group, in their individual capacity.

See Item 5.

Item 10. Certifications
By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

Signature.

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated: February 2, 2022
BlackRock, Inc.

Signature: Spencer Fleming

Name/Title Attorney-In-Fact

The original statement shall be signed by each person on whose behalf the statement is filed or his authorized representative. If the statement is signed on behalf of a person by his authorized representative other than an executive officer or general partner of the filing person, evidence of the representative's authority to sign on behalf of such person shall be filed with the statement, provided, however, that a power of attorney for this purpose which is already on file with the Commission may be incorporated by reference. The name and any title of each person who signs the statement shall be typed or printed beneath his signature.

Attention: Intentional misstatements or omissions of fact constitute Federal criminal violations (see 18 U.S.C. 1001).

Exhibit A

Subsidiary

BlackRock Life Limited
BlackRock Advisors, LLC
Aperio Group, LLC
BlackRock Capital Management, Inc.
BlackRock (Netherlands) B.V.
BlackRock Institutional Trust Company, National Association
BlackRock Asset Management Ireland Limited
BlackRock Financial Management, Inc.
BlackRock Japan Co., Ltd.
BlackRock Asset Management Schweiz AG
BlackRock Investment Management, LLC
BlackRock Investment Management (UK) Limited
BlackRock Asset Management Canada Limited
BlackRock (Luxembourg) S.A.
BlackRock Investment Management (Australia) Limited
BlackRock Advisors (UK) Limited
BlackRock Fund Advisors
BlackRock Asset Management North Asia Limited
BlackRock (Singapore) Limited
BlackRock Fund Managers Ltd

*Entity beneficially owns 5% or greater of the outstanding shares of the security class being reported on this Schedule 13G.

Exhibit B

POWER OF ATTORNEY

The undersigned, BLACKROCK, INC., a corporation duly organized under the laws of the State of Delaware, United States (the "Company"), does hereby make, constitute and appoint each of Christopher Meade, Daniel Waltcher, Una Neary, Richard Cundiff, Charles Park, Enda McMahon, Arlene Klein, Con Tzatzakis, Karen Clark, David Maryles, Daniel Ronnen, John Stelley, Daniel Riemer, Elizabeth Kogut, Maureen Gleeson, Daniel Kalish and Spencer Fleming acting severally, as its true and lawful attorneys-in-fact, for the purpose of, from time to time, executing in its name and on its behalf, whether the Company individually or as representative of others, any and all documents, is acting certificates, instruments, statements, other filings and amendments to the foregoing (collectively, "documents") determined by such person to be necessary or appropriate to comply with ownership or control-person reporting requirements imposed by any United States or non-United States governmental or regulatory authority, Including without limitation Forms 3, 4, 5, 13D, 13F, 13G and 13H and any amendments to any of the Foregoing as may be required to be filed with the Securities and Exchange Commission, and delivering, furnishing or filing any such documents with the appropriate governmental, regulatory authority or other person, and giving and granting to each such attorney-in-fact power and authority to act in the premises as fully and to all intents and purposes as the Company might or could do if personally present by one of its authorized signatories, hereby ratifying and confirming all that said attorney-in-fact shall lawfully do or cause to be done by virtue hereof. Any such determination by an attorney-in-fact named herein shall be conclusively evidenced by such person's execution, delivery, furnishing or filing of the applicable document.

This power of attorney shall expressly revoke the power of attorney dated 8th day of December, 2015 in respect of the subject matter hereof, shall be valid from the date hereof and shall remain in full force and effect until either revoked in writing by the Company, or, in respect of any attorney-in-fact named herein, until such person ceases to be an employee of the Company or one of its affiliates.

IN WITNESS WHEREOF, the undersigned has caused this power of attorney to be executed as of this 2nd day of January, 2019.

BLACKROCK, INC.

Certificate of Corporate Status/Certificate of Good Standing (AmerisourceBergen Corporation)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THERACOM, L.L.C., an Ohio Limited Liability Company, Registration Number 934236, was organized in the State of Ohio on March 6, 1996, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of January, A.D. 2023.

Ohio Secretary of State

Validation Number: 202300604606

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERISOURCEBERGEN CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3368747 8300

SR# 20224131991

Authentication: 204964087

Date: 11-30-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Inspection Report

Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

Inspection Report

Pharmacy

Name: *THERACOM LLC* Permit No.: *P07549*

Address: *345 INTERNATIONAL BLVD Ste 200, BROOKS, KY 40109*

Phone: *(877) 654-7812* Fax: *(877) 654-7813* Email: *MEiler@thera.com*

Current:

Inspection

Date: *10/06/2022* Time In: *10:56 AM* Time Out: *12:36 PM*

Type: *Routine*

Notes: *mail order facility dispenses for patient assistance programs*

Pharmacist and Interns

Cindy L Dusko		
License: *PT00363206*	Status: *Active*	PIC: *No*
STEVE TUAN NGUYEN		
License: *021071*	Status: *Active*	PIC: *No*
Daniel R Yetter		
License: *PT00360432*	Status: *Active*	PIC: *No*
Veronica L Askew		
License: *PT00352478*	Status: *Active*	PIC: *No*
LAURA E STOLL		
License: *PT00012363*	Status: *Active*	PIC: *No*
Richard Ronquillo		
License: *PT00378169*	Status: *Active*	PIC: *No*
Yaminah Jackson		
License: *PT00370475*	Status: *Lapsed*	PIC: *No*
Kennedy L Sievert		
License: *PT00361763*	Status: *Lapsed*	PIC: *No*
Jamie S Manning		
License: *PT00378202*	Status: *Active*	PIC: *No*

Pharmacist and Interns *(continued)*

RACHEL NICOLE FISCHER		
License: *019243*	Status: *Active*	PIC: *No*
Jorge Aguilar		
License: *PT00378196*	Status: *Active*	PIC: *No*
SARA A SCHANK		
License: *PT00026487*	Status: *Active*	PIC: *No*
Tonya R Bush		
License: *PT00013888*	Status: *Active*	PIC: *No*
Blake A Garr		
License: *017394*	Status: *Active*	PIC: *No*
DOMINIQUE MOORE		
License: *PT00378212*	Status: *Active*	PIC: *No*
VIRGINIA DIANE HAMMAN		
License: *010445*	Status: *Active*	PIC: *No*
Sydney K Johnson		
License: *PT00354017*	Status: *Active*	PIC: *No*
Lesrianna Barber		
License: *PT00378199*	Status: *Active*	PIC: *No*
Tamara McNary		
License: *PT00359349*	Status: *Lapsed*	PIC: *No*
angelica james		
License: *PT00358057*	Status: *Lapsed*	PIC: *No*
Chrystinia J Carmical		
License: *PT00360508*	Status: *Lapsed*	PIC: *No*
Rachelle Popotte		
License: *PT00360501*	Status: *Lapsed*	PIC: *No*
Sarina Hollaway		
License: *PT00361408*	Status: *Active*	PIC: *No*
JOSHUA KEITH JONES		
License: *015646*	Status: *Active*	PIC: *No*

Pharmacist and Interns *(continued)*

Marya s Kirby		
License: *PT00377583*	Status: *Active*	PIC: *No*
Jennifer Bognar		
License: *PT00368823*	Status: *Lapsed*	PIC: *No*
PENNY M SEXTON		
License: *PT00012092*	Status: *Active*	PIC: *No*
Melissa Tuttle		
License: *PT00031627*	Status: *Active*	PIC: *No*
Natasha C Crook		
License: *PT00378167*	Status: *Active*	PIC: *No*
ZACHARY ALLAN STORER		
License: *013429*	Status: *Active*	PIC: *No*
Victoria Webster		
License: *PT00376880*	Status: *Active*	PIC: *No*
Candace Guthrie		
License: *PT00378176*	Status: *Active*	PIC: *No*
Nirmita Biswas		
License: *PT00378219*	Status: *Active*	PIC: *No*
Larissa Beauchamp		
License: *PT00376826*	Status: *Active*	PIC: *No*
JESSICA F FOLLOWWILL		
License: *012631*	Status: *Active*	PIC: *No*
Brittanie N Bennett		
License: *PT00378186*	Status: *Active*	PIC: *No*
Anaiah G Daughtry		
License: *PT00366050*	Status: *Lapsed*	PIC: *No*
Kevin L White		
License: *PT00361838*	Status: *Active*	PIC: *No*
HANABLE ABID SADIQ		
License: *020101*	Status: *Active*	PIC: *No*

Pharmacist and Interns *(continued)*

Colleen Williams		
License: *PT00371588*	Status: *Active*	PIC: *No*
Alexis Foster		
License: *PT00378198*	Status: *Active*	PIC: *No*
Desteny M Malone		
License: *PT00357521*	Status: *Lapsed*	PIC: *No*
Chloe Scrivener		
License: *PT00363471*	Status: *Lapsed*	PIC: *No*
christiana taybron		
License: *PT00378182*	Status: *Active*	PIC: *No*
Austin K Rowe		
License: *PT00377368*	Status: *Active*	PIC: *No*
Glynneshia O McAfee-Miller		
License: *PT00378189*	Status: *Active*	PIC: *No*
STEVEN DANIEL DOYEN		
License: *016093*	Status: *Active*	PIC: *No*
Alice A Timmering		
License: *PT00372457*	Status: *Active*	PIC: *No*
Kelcey L Duerson		
License: *020828*	Status: *Active*	PIC: *No*
SARAH BLUME WHEELER		
License: *015819*	Status: *Active*	PIC: *No*
Austin T Gilman		
License: *PT00371014*	Status: *Lapsed*	PIC: *No*
Ashlea D Cannon		
License: *PT00371111*	Status: *Active*	PIC: *No*
JACLYN ANN HAMROCK		
License: *018642*	Status: *Active*	PIC: *No*
DUSTEN B EVANS		
License: *PT00012338*	Status: *Active*	PIC: *No*

Pharmacist and Interns *(continued)*

Denisia L Ford		
License: *PT00378193*	Status: *Active*	PIC: *No*
ASHLEY MARIE RITCHIE		
License: *019489*	Status: *Active*	PIC: *No*
RACHEL LOGSDON		
License: *PT00012883*	Status: *Active*	PIC: *No*
Gina N Thompson		
License: *PT00369049*	Status: *Active*	PIC: *No*
CAROL HACK PIERCE		
License: *012699*	Status: *Active*	PIC: *No*
Tami R Decker		
License: *PT00361026*	Status: *Active*	PIC: *No*
SHAKIAH WATKINS		
License: *PT00378209*	Status: *Active*	PIC: *No*
Lynn W Baker		
License: *PT00011263*	Status: *Active*	PIC: *No*
ALEXUS S BENNETT		
License: *PT00376627*	Status: *Active*	PIC: *No*
Amanda L Fugitt		
License: *PT00377601*	Status: *Active*	PIC: *No*
Jill M Crowe		
License: *PT00364504*	Status: *Active*	PIC: *No*
JOSEPH MAX EILER		
License: *015903*	Status: *Active*	PIC: *Yes*
Dorothy A Alspaugh		
License: *PT00347043*	Status: *Active*	PIC: *No*
Aubrey M Baker		
License: *PT00370046*	Status: *Active*	PIC: *No*
SHANIKA N WHITE		
License: *PT00017911*	Status: *Lapsed*	PIC: *No*

Pharmacist and Interns *(continued)*

Teresa A Bennett		
License: *PT00372639*	Status: *Active*	PIC: *No*
Kyler T Flener		
License: *PT00361083*	Status: *Active*	PIC: *No*
STEPHEN LEWIS BLANFORD		
License: *009227*	Status: *Active*	PIC: *No*
Megan W Vaughn		
License: *PT00377410*	Status: *Active*	PIC: *No*
Amanda F Lamb		
License: *PT00031934*	Status: *Active*	PIC: *No*
Jessica Michelle Green		
License: *015637*	Status: *Active*	PIC: *No*
Preston Seedle		
License: *PT00370588*	Status: *Active*	PIC: *No*
Ashleigh Thomas		
License: *PT00354681*	Status: *Active*	PIC: *No*
Joshua Richardson		
License: *PT00377400*	Status: *Active*	PIC: *No*
JOHN S SHANNON		
License: *010275*	Status: *Active*	PIC: *No*
Chris A Konrad		
License: *PT00363771*	Status: *Lapsed*	PIC: *No*
Anna Smith		
License: *PT00376121*	Status: *Active*	PIC: *No*
Linda K Esterly-Birch		
License: *PT00376356*	Status: *Active*	PIC: *No*
Tamara T Clyburn		
License: *PT00378217*	Status: *Active*	PIC: *No*
Dirianna Rivera		
License: *PT00366506*	Status: *Active*	PIC: *No*

Pharmacist and Interns *(continued)*

Shantara M Helton		
License: *PT00349294*	Status: *Lapsed*	PIC: *No*
ANGEL GRAY		
License: *PT00010731*	Status: *Active*	PIC: *No*
Sarah L Carter		
License: *PT00372298*	Status: *Active*	PIC: *No*
NATHAN WILLIAM COONS		
License: *014707*	Status: *Active*	PIC: *No*
Chelsie Knighton		
License: *PT00378179*	Status: *Active*	PIC: *No*
Kimberly Ladson		
License: *PT00378164*	Status: *Active*	PIC: *No*
Jasmine M Carter		
License: *PT00377962*	Status: *Active*	PIC: *No*
Angelea M Rickert		
License: *PT00369334*	Status: *Active*	PIC: *No*
Danny Crittenden		
License: *PT00026720*	Status: *Active*	PIC: *No*
Francine Douglas		
License: *PT00377992*	Status: *Active*	PIC: *No*
Silvia Guerra		
License: *PT00377955*	Status: *Active*	PIC: *No*
Ryan Christopher Dwyer		
License: *018078*	Status: *Active*	PIC: *No*
DAVID TYLER JUSTICE		
License: *015612*	Status: *Active*	PIC: *No*
Dreshawn L Kinslow-Stewart		
License: *PT00361448*	Status: *Active*	PIC: *No*
Cedrick D Britt		
License: *PT00030416*	Status: *Active*	PIC: *No*

Pharmacist and Interns *(continued)*

Lisa A Logsdon		
License: *PT00377118*	Status: *Active*	PIC: *No*
Desiree A Blackmon		
License: *PT00378165*	Status: *Active*	PIC: *No*
Jennifers Dunbar		
License: *PT00378185*	Status: *Active*	PIC: *No*
Ronald L Poynter		
License: *PT00364974*	Status: *Active*	PIC: *No*
Oumar Cherif		
License: *PT00372378*	Status: *Active*	PIC: *No*
LaKrystal G Brown		
License: *PT00359130*	Status: *Lapsed*	PIC: *No*

Pharmacy Area

Reference Material (201 KAR 2:090) Section 1	*Compliant*
Equipment (201 KAR 2:090) Section 2	*Not Inspected*

Comments

does not compound

Security and Control (201 KAR 2:100)	*Compliant*
Sanitation (201 KAR 2:180)	*Compliant*
Refrigeration (201 KAR 2:090) Section 2 (1)(h)	*Compliant*
Drug Storage (201 KAR 2:180) Section 5	*Compliant*
Exclusive Compounding Area (KRS 217.055(2)) 201 KAR 2:180 Section 1	*Not Inspected*

Comments

does not compound

General

Valid R.Ph License Displayed (KRS 315.110) (2)	*Compliant*
Valid Pharmacy Permit (KRS 315.035) and KRS 315.020 (add PIC info)	*Compliant*
Valid Intern Registration Identification Card (201 KAR 2:040) Section 4	*Not Inspected*

General *(continued)*

Valid Technician Registration Displayed: KRS 315.138 (2)	*Compliant*
Records/Computer Records (201 KAR 2:170)	*Compliant*

Comments

discusser signotures for remote pharmacists

Syringe/Needle Register (KRS 217.177)	*N/A*
Outdated Stock Removed (KRS 217.055)	*Compliant*
Prescription Labeling Requirements (KRS 217.065)	*Compliant*
Pseudoephedrine Log (KRS 218A.1437) KRS 218A. 1446	*N/A*
Collaborative Care Agreements (201 KAR 2:220)	*N/A*
Board Authorized Protocols (201 KAR 2:380)	*N/A*

Generic Substitution

Additional Prescription Recordkeeping (KRS 217.822) and 201 KAR 2:280	*Compliant*
Generic Drug Sign Posted (KRS 217.830)	*Not Inspected*
Pamphlet (KRS 217.896)	*Not Inspected*

Controlled Substances

CII Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	*N/A*
Oral CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	*Compliant*
Written CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105	*Compliant*
Purchase Records/DEA 222 Forms (KRS 218A.200)	*Compliant*
KASPER (902 KAR 55:105, 110)	*Compliant*
CII-V Filing Requirements - Prescription/Po: 21 (CFR 1304.04)	*Compliant*
Exempt CV Register (KRS 218A.190)	*Not Inspected*
Biennial Inventory Complete (21 CFR 1304.11) and KRS 218A. 200 (7)	*Compliant*
Power-of-Attorney Current 21 (CFR 1305.05)	*Not Inspected*
Inform Public of Proper and Safe Disposal of Controlled Substances (KRS 218A.170(3)(4))	*Compliant*

THERACOM LLC P07549

Patient Records/Counseling

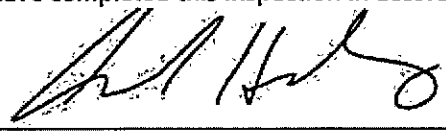
Patient Record System (201 KAR 2:210)	*Compliant*
Patient Recordkeeping (201 KAR 2:210)	*Compliant*
Drug Utilization Review (201 KAR 2:210)	*Compliant*
Patient Counseling (201 KAR 2:210)	*Compliant*
Refused Offers Documented (201 KAR 2:210)	*Not Inspected*

Comments

mail order facility - offer made with printed information and contacts with patient

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.



Inspector: *Amanda Harding*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.



Pharmacist: *JOSEPH EILER*

Home State License

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Resident Pharmacy

EFFECTIVE DATE: 02/05/2013

NUMBER: P07549

EXPIRATION DATE: 06/30/2023

PIC: JOSEPH MAX EILER

Issued to:
THERACOM LLC
dba THERACOM

345 INTERNATIONAL BLVD
STE 200
BROOKS, KY 40109

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

meiler@thera.com

License Verification

Kentucky Board of Pharmacy

License Verification Details

Detail for License Number P07549

THERACOM LLC

dba THERACOM
345 INTERNATIONAL BLVD
STE 200
BROOKS, KY 40109

Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

License Information

Expiration Date	6/30/2023
Effective Date	2/5/2013
Status of Permit	Active
Board Action	Yes
Case Number(s)	18-0386

The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.

DEA Registration

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI3681106	11-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	M/O PHARMACY	10-01-2021

THERACOM, L.L.C.
DBA THERACOM
345 INTERNATIONAL BLVD STE 200
BROOKS, KY 401096202

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI3681106	11-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	M/O PHARMACY	10-01-2021

THERACOM, L.L.C.
DBA THERACOM
345 INTERNATIONAL BLVD STE 200
BROOKS, KY 401096202

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Section 2.

PIC Licensed in NV & KY License Pharmacists list at facility

Last Name	First Name	KY Lic #	Role	NV Lic #
Followwill	Jessica	012631	Pharmacist	N/A
Wheeler	Sarah	015819	Pharmacist	N/A
Tran	Lyndz	019539	Pharmacist	N/A
Summers	Hayden	019511	Pharmacist	N/A
Hamman	Virginia	010445	Pharmacist	N/A
Garr	Blake	017394	Pharmacist	N/A
Duerson	Kelcey	020828	Pharmacist	N/A
Nguyen	Steve	021071	Pharmacist	N/A
Ritchie	Ashley	019489	Pharmacist	N/A
Coons	Nathan	014707	Pharmacist	N/A
Dwyer	Ryan	018078	Pharmacist	N/A
Jones	Joshua	15646	Pharmacist	N/A
Diboni	Rebecca	012283	Pharmacist	N/A
Sadiq	Hanable	020101	Pharmacist	N/A
Pierce	Carol	012699	Pharmacist	N/A
Blanford	Stephen	09227	Pharmacist	N/A
Dallape	Melissa	020177	Pharmacist	N/A
Eiler	Joseph Max	015903	Pharmacist	22217
Green	Jessica	015637	Pharmacist	N/A
Justice	David (Tyler)	015612	Pharmacist	N/A

4EEEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 02866	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Mail-Order Pharmacy	☑ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Truax Patient Services, LLC

Physical Address: 1112 Railroad St SE STE 4

City: Bemidji State: MN Zip: 56601

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 218-444-8217 Toll Free # (NAC 639.708, NRS 639.23286): 844-289-3981

Fax: 218-444-2267 Contact Email: BWTRUAX@GMAIL.COM

Website: www.tps-rx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Terry Storm

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21207

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Terry Storm	NV Pharmacist Registration #: 21207
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MN

Parent Company (if any): N/A

Corporation/Organization Name: Truax Patient Services, LLC

Mailing Address: 1112 Railroad St SE STE 4

City: Bemidji State: MN Zip: 56601

Telephone: 218-444-8217 Email: BWTRUAX@GMAIL.COM

Contact Person Name: Tyler Truax

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP of Operations (title) for Truax Patient Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Tyler Truax

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/15/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Tyler Truax hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP of Operations (title) for Truax Patient Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15 day of March, 2023

Notary Public

JENNIFER ELIZABETH HAZELTON
NOTARY PUBLIC
MINNESOTA
My Commission Expires 01/31/28

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tyler Truax

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/15/2023
Date

Board Use Only	Date Received: 3·20·23	Amount: 500.00 CK - 8461

PH # (218) 444-8217
FAX # (218) 444-2267

TRUAX PATIENT SERVICES

NATIONAL SPECIALTY/MAIL ORDER PHARMACY

1112 RAILROAD ST SE STE#4, BEMIDJI, MN 56601

RE: Letter of explanation describing State of Maine BOP Reprimand.

Dear State Board of Pharmacy,

Truax Patient Services (TPS) failed to apply for a license within 7 days prior to change of location for the Maine BOP out of state license. I (Brian Truax PIC) did not realize TPS's noncompliance. It is my job to make sure of compliance and I missed it. TPS continued to mail prescriptions to the state of Maine without proper licensure. TPS agreed to reprimand and paid fine. The Maine BOP approved the TPS change of location/new out of state licensure application and TPS is currently licensed in the state of Maine.

Thank you for your consideration,

Brian Truax RPh/PIC

4001

CASHIER'S CHECK

SERIAL #: 0938101822

ACCOUNT#: 4861-511830

0009381 / Office AU #

11-24 / 1210(8)

Remitter: BRIAN TRUAX
Purchaser: BRIAN TRUAX
Purchaser Account: 6881174832
Operator I.D.: u565866
Funding Source: Paper Items(s)

August 10, 2018

main1508

PAY TO THE ORDER OF ***TREASURER, STATE OF MAINE***

Eleven thousand seven hundred fifty dollars and no cents

$11,750.00

Payee Address:
Memo:

VOID IF OVER US $ 11,750.00

NON-NEGOTIABLE

WELLS FARGO BANK, N.A.
2024 PAUL BUNYAN DR NW
BEMIDJI, MN 56601
FOR INQUIRIES CALL (480) 394-3122

NOTICE TO PURCHASER -- IF THIS INSTRUMENT IS LOST, STOLEN OR DESTROYED, YOU MAY REQUEST CANCELLATION AND REISSUANCE. AS A CONDITION TO CANCELLATION AND REISSUANCE, WELLS FARGO BANK MAY IMPOSE A FEE AND REQUIRE AN INDEMNITY AGREEMENT AND BOND.

Purchaser Copy

FB004 M4203 50211076

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MAINE BOARD OF PHARMACY
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

August 10, 2018

Via email: bwtruax@tps-rx.com

Brian Truax
Dba Truax Patient Services
1112 Railroad Street SE Suite #4
Bemidji MN 56601

Re: NOTICE OF PRELIMINARY DENIAL (MO 40002380) 2018-PHA-14737

Dear Mr. Truax:

At its meeting on June 7, 2018, the Maine Board of Pharmacy ("the Board") reviewed your initial application for mail order pharmacy license, which was submitted on March 12, 2018. The Board voted to preliminarily deny this application based upon your apparent violation of 32 M.R.S. § 13751 (1) by failing to obtain an active license prior to shipping prescription drugs to Maine. You have reported making twenty (20) shipments to Maine during the period of January 15, 2018, to April 18, 2018. Pursuant to 10 MRS § 8003 (5-A)(A)(1) misrepresentation in obtaining a license specifically a misrepresentation was made in an amended application page you provided on March 20, 2018 indicating the change of location occurred on March 2, 2018.

In lieu of denying your pending application outright, the Board voted to offer you a consent agreement as a means to resolve this issue without an adjudicatory hearing. A consent agreement is a voluntary, negotiated agreement among you, the Board and the Office of the Attorney General. The terms of the consent agreement are spelled out in the enclosed Consent Agreement.

If you do not want to sign the Consent Agreement, by law, you have the right to request a hearing to contest the Board's preliminary denial of your application for licensure. If you wish to request a hearing regarding the preliminary denial of your application, you must do so **within thirty (30) days of receipt of this letter** by submitting a written request to the Maine Board of Pharmacy, Department of Professional and Financial Regulation, 35 State House Station, Augusta, ME 04333. **If you fail to submit a timely written request for hearing to the Board and fail to sign**

Signed : Sent 8/10/18

STATE OF MAINE
BOARD OF PHARMACY

IN RE:)
)
Brian Truax)
dba Truax Patient Services)
)
Complaint No. 2018-PHA-14737)

CONSENT AGREEMENT

FedEX said it will be there Monday 8/13/18

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order pharmacy license of Brian Truax dba Truax Patient Services in the State of Maine. The parties to this Consent Agreement are: Brian Truax dba Truax Patient Services ("Truax"), the Maine Board of Pharmacy ("the Board"), and the Maine Office of the Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

FACTS

1. From July 17, 2012, until January 13, 2018, Truax operated a mail order pharmacy at the registered location of 602 Beltrami Avenue NW, Suite 105 in Bemidji, Minnesota, which was licensed in Maine as a mail order pharmacy, license number MO40001335.
2. On January 13, 2018, Truax relocated its mail order pharmacy to 1112 Railroad Street SE Suite #4, in Bemidji, Minnesota.
3. Pursuant to Board Rules Chapter 11 § 3, upon change of location of a mail order pharmacy, the mail order pharmacy must file a new application with the Board no less than 7 days prior to the change.

the preliminary denial of Truax's application for the change of location of its mail order pharmacy license will become final.

COVENANTS

10. Truax admits to the facts as stated above and admits that such conduct constitutes grounds for discipline as follows:

    a. Pursuant to 10 M.R.S. § 8003(5-A)(A)(4) for violating a governing law of the Board, specifically 32 M.R.S. § 13751(1) by repeatedly making shipments of pharmaceutical drugs into Maine from a location that was not properly licensed by the Board as a mail order pharmacy;

    b. Pursuant to 10 MRS § 8003 (5-A)(A)(1) for making a misrepresentation in an obtaining a license, specifically by modifying the change-of-location date in the application to March 2, 2018;

    c. Pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a Board rule, specifically Board Rules Chapter 11 § 3, by failing to file a new mail order pharmacy application with the Board no less than 7 days prior to a change of location.

11. As DISCIPLINE for the violations admitted to in paragraph 12 above, Truax agrees to accept the following discipline and conditions:

    a. A REPRIMAND;

    b. A condition to cease desist from shipping pharmaceutical drugs to patients in Maine until validly licensed by the Board; and

    c. The imposition of a CIVIL PENALTY in the amount of eleven thousand seven hundred and fifty dollars ($11,750.00); which consists of $500.00 per prescription

unless Truax fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct in the event that other allegations are brought against Truax and this Consent Agreement will be admitted into evidence at any future adjudicatory hearings involving Truax. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Truax.

19. Truax acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: _____

BRIAN TRUAX
d/b/a TRUAX PATIENT SERVICES

DATED: _____

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: _____

ANDREW L. BLACK
Assistant Attorney General

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
COMPLAINT DIVISION
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Commissioner

August 28, 2018

Brian Truax
d/b/a Truax Patient Services
1112 Railroad St. SE, Suite #4
Bemidji, MN 56601-4871

Re: Complaint No. 2018-PHA-14737

Dear Mr. Truax:

Enclosed please find the fully executed consent agreement between you, the Maine Board of Pharmacy ("Board") and the Office of the Attorney General in the above referenced matter.

This letter also acknowledges receipt of your fine payment in the amount of $11,750.00. Your fine is paid in full and this complaint file is now closed; however, you are cautioned that in accordance with paragraph 11 (b) of the Consent Agreement you are under an obligation to cease and desist from shipping pharmaceutical drugs to patients in Maine until validly licensed by the Board.

Please feel free to contact our office at (207) 624-8696 with any questions.

Sincerely,

Complaint Division

Enclosure

cc: Andrew Black, Esq., Assistant Attorney General
Geraldine Betts, Board Administrator
Thomas Avery, Chief Field Investigator
Jessica Gowell, Professional Licensing Supervisor
Meagan Damon, Senior Consumer Assistant Specialist
Kelly McLaughlin, Comprehensive Health Planner / Complainant

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
Brian Truax	)	CONSENT AGREEMENT
dba Truax Patient Services	)	
	)	
Complaint No. 2018-PHA-14737	)	

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BT 8/10/18

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BT 8/10/18

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19. Truax acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 8/10/18

BRIAN TRUAX
d/b/a TRUAX PATIENT SERVICES

DATED: 8/19/2018

JOSEPH BRUNO, R.Ph., President
MAINE BOARD OF PHARMACY

DATED: 8/23/2018

ANDREW L. BLACK
Assistant Attorney General

Truax Patient Services, LLC
Owner
FEIN: 85-2580433
Address: 1112 Railroad Street SE, Suite 4, Bemidji, MN 56601

Officers
Amy Truax, Member-Manager
100% ownership
Mailing Address: [redacted]Island View Drive NE, Bemidji, MN 56601
Business Address: 1112 Railroad Street SE, Suite 4, Bemidji, MN 56601

Tyler Truax, Vice President of Operations
Mailing Address: [redacted]Rodeo Drive NW, Bemidji, MN 56601
Business Address: 1112 Railroad Street SE, Suite 4, Bemidji, MN 56601

Business Record Details »

Minnesota Business Name
Truax Patient Services, LLC

Business Type
Limited Liability Company (Domestic)

File Number
1171015400027

Filing Date
8/10/2020

Renewal Due Date
12/31/2024

Registered Agent(s)
Business Filings Incorporated

Principal Executive Office Address
1112 Railroad St SE, Ste 4
Bemidji, Minnesota 56601
USA

MN Statute
322C

Home Jurisdiction
Minnesota

Status
Active / In Good Standing

Registered Office Address
1010 Dale ST N
Saint Paul, MN 55117-5603
USA

Manager
Amy Truax
1112 Railroad St SE, Ste 4
Bemidji, Minnesota 56601
USA

Filing History

Filing History

Select the item(s) you would like to order: Order Selected Copies

	Filing Date	Filing	Effective Date
☐	8/10/2020	Original Filing - Limited Liability Company (Domestic) (Business Name: Truax Patient Services, LLC)	

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MINNESOTA
BOARD OF PHARMACY

335 Randolph Avenue, Suite 230
St. Paul, MN 55102
Phone: 651-201-2825 Fax: 651-215-0951
Email: pharmacy.board@state.mn.us
www.pharmacy.mn.gov

COMMUNITY PHARMACY SURVEY

Pharmacy Name	License #
Truax Patient Services	**266250**
Address 1112 Railroad St SE Ste #4	Phone /Fax (218) 444-8217
City/Zip Bemidji, MN 56601	DEA #
PIC Coralyn Strodtman (effective 1/3/2023)	License # 119299

PHARMACISTS PARTICIPATING IN INSPECTION	TECHNICIANS
Coralyn Strodtman 119312	
Jennifer Hazelton 119299	

GENERAL	
Inspection: X Routine ☐ New Opening ☐ Remodel ☐ Investigation Other pharmacy services provided: See Supplemental Inspection Form ☐ LTC Pharmacy ☐ Sterile Compounding ☐ Other	Routine Inspection
Pharmacy and pharmacist licenses posted (MR 6800.0600, MR. 6800.1150)	✔
Pharmacy substitution sign posted (MS 151.21)	Closed door
PMP notification provided (MS 152.126)	Written/limited
Lighting, counter space; pharmacy security (MR 6800.0700)	✔
Counseling area provides reasonable assurance of privacy (MR 6800.0700)	NA Closed door, Variance 002
Required references available, one current dosage and toxicology reference in hard copy (MR 6800.1050) Ref: Lexicomp Date:	
Pharmacy maintained in an orderly, clean, and sanitary conditions (MR 6800.2300)	✔
Equipment and sink available in pharmacy (MR 6800.1050)	NA – Variance 001
Non-Sterile Compounding follows USP 795 Standards (MR 6800.3300)	No Compounding
HIPAA practices; Confidential information disposal	✔
Refrigerator/freezer for drug storage, documented temperature for proper drug storage every business day (if storing/providing immunizations, 2x daily) (MR 6800.1050)	Manual documentation daily/security system alerts outside of business hours
Proper storage and removal of expired medications from dispensing inventory (MR 6800.2400, MS 151.35)	✔
Hazardous pharmaceutical waste per MPCA (MR 6800.2350) Collection receptacle? (MS 151.37 subd6a)	No hazardous dispensing
Pharmacy provides emergency kits and obtains required documentation (MR 6800.6700)	NA
Variances current (MR 6800.9900)	✔
AUTOMATION	
Automation utilized in pharmacy? (MR 6800.2600) Type:	No Automation
Written policy and procedures for automation, procedure to prevent cross contamination and quality assurance process (MR 6800.2600)	NA
All staff utilizing automation trained. Documentation of initial and ongoing training, trainer, and date must be maintained (MR 6800.2600)	NA
Pharmacist certification of product in automation (MR 6800.2600)	NA
PHARMACY PRACTICE	
Work Conditions Rule: List of drugs not allowed to dispense, counseling documentation (MR 6800.2160)	NA – Multiple RPh
Pharmacist verification and certification of all prescription drug orders (MR 6800.3100, MS 151.215) Operating system: **Datascan**	✔
Individual unique identification documentation of all portions of the prescription dispensing process maintained for a minimum of 2 years (MR 6800.0100, 6800.3100, 6800.3110)	manual
Patient profile maintained and reviewed by pharmacist prior to every new and refilled prescription drug order, RPH override alerts (MR 6800.3100, MR 6800.3110)	reviewed
Quality assurance plan for new Rx current (MR 6800.3950)	✔
Pharmacist mandatory consult on all new prescriptions, refusal to **RPh only** (MR 6800.0910)	✔
Pharmacy maintains documentation of refusal with circumstances (on prescription, patient record, or in specially developed log) (MR 6800.0910)	Documented electronically

Pharmacy has incident reporting policy and procedure (MR 6800.2400)	✔
Central Service pharmacy with current policy? Notification posted? (MR 6800.4075)	NA
PROTOCOLS	
Pharmacy provides immunizations and has signed current protocol in place (MS 151.01 subd27) Date:	NA
Training and CPR current (MS 151.01 subd27)	NA
Pharmacy accesses and reports required immunizations to MIIC (MS 151.01 subd27)	NA
Pharmacy provides naloxone under protocol (MS 151.01 subd27, MS 151.37)	NA
Pharmacist prescribes per 151.37 □ Self-administered hormonal contraceptives □ Nicotine Replacement □ Opiate Antagonist Training, counseling and documentation maintained	NA
PHARMACY TECHNICIANS and INTERNS	
Pharmacy technicians wear name badge identifying themselves as "Pharmacy Technician" (MR 6800.3850)	Closed door
Pharmacy technician registration posted. *Must report any changes in name, residence or place of employment to the Board within 10 days* (MR 6800.3850)	✔
PIC has written procedures (current within 5 years) for use of technicians and training documentation maintained for 2 years. A copy of the procedures available in the pharmacy (MR 6800.3850) Date:	Send updated technician policy to kelly.hadsall@state.mn.us
Current pharmacist to technician ratio. (MR 6800.3850, MS 151.102)	3:1+1
Interns are properly registered, identified and supervised (MR 6800.5300, MS 151.101)	No interns
CONTROLLED SUBSTANCES	
Perpetual Inventory maintained for Schedule II CS; monthly reconciliation documented (MR 6800.4600)	NA
CS Biennial inventory current and completed (21CFR 1304.11) Date:	NA
Storage of Controlled Substances (21 CFR 1301.75)	NA
Schedule II prescriptions filed separately; III-V readily retrievable (21CFR 1304.04)	NA
Schedule II CSOS / DEA 222 executed and reconciled (21CFR 1305)	NA
Pharmacist verification of CS refills (Logbook or CS daily printout) (21CFR 1306.22)	NA – no federally scheduled control

- ***During this inspection, not all rules and regulations were inspected for compliance, nor are they all represented above. This does not preclude your pharmacy from the requirements to comply with all rules and regulations of the Minnesota Board of Pharmacy.***
- ***MR 6800.2400: The pharmacist-in-charge of any pharmacy wherein deficiencies are noted upon inspection by the board or its staff shall, within 30 days of receiving notice of such deficiency, submit in writing to the board the steps taken or proposed to eliminate the deficiency.***

---

1. Onsite inspection with Coralyn Strodtman took place on 12/20/2022. Follow up questions discussed over the phone with Jennifer Hazelton on 1/3/2023.
2. Upcoming ownership change discussed. Current license to remain effective until new owner established.
3. Discussed that variances remain in effect with new PIC but will need to submit upon change in ownership.

Surveyor___ Kelly Hadsall __ Date__1/3/2023___ RPh ___Coralyn Strodtman & Jennifer Hazelton___

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Truax Patient Services, LLC

Pharmacy/Wholesaler License # (if applicable) PH02866

Physical Address 1112 Railroad St SE STE 4

City Bemidji State MN Zip 56601

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone 218-444-8217 Website www.tps-rx.com

Licensing Company Email BWTRUAX@GMAIL.COM

Section 2: Personal Information

First Tyler Middle Nathaniel Last Truax

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address 1112 Railroad St SE STE 4

City Bemidji State MN Zip 56601

Telephone 218-444-8217 Email ttruax@tps-rx.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Pharmacy Technicians University		2014	
Address	**City**	**State**	**Zip**
Online	N/A	N/A	N/A
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Bemidji State		2006	
Address	**City**	**State**	**Zip**
1500 Birchmont Dr NE	Bemidji	MN	56601
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Bemidji High School		2000-2003	
Address	**City**	**State**	**Zip**
2900 Division St W	Bemidji	MN	56601
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-Present	[redacted]Rodeo Dr NW	Bemidji	MN	56601
2010-2019	[redacted]Kimmur Rd SW	Bemidji	MN	56601

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Truax Patient Services, LLC			2013- Present
Business Address	**City**	**State**	**Zip**
1112 Railroad St SE STE 4	Bemidji	MN	56601
Phone	**Title**	**Number of Employed Hours**	
218-444-8217	VP of Operations	20,800 Hours	
Description of Duties			
Day to day operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

3/15/2023
Date

I, Tyler Truax, **certify that as the designated representative for**

Truax Patient Services, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___ I am at least 21 years of age;
3. ___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tyler Truax
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tyler Truax
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/15/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Minnesota, ss. County of Beltrami

I, Tyler Truax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/15/2023
Date

Subscribed and Sworn to before me this 15 day of March.

Notary Public Signature

JENNIFER ELIZABETH HAZELTON
NOTARY PUBLIC
MINNESOTA
My Commission Expires 01/31/28

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Truax Patient Services, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) 02866

Physical Address 1112 Railroad St SE, STE 4

City Bemidji State MN Zip 56601

Mailing Address (if different from physical address) Same as above.

City _____ State _____ Zip _____

Telephone 218-444-8217 Website www.tps-rx.com

Licensing Company Email bwtruax@gmail.com

Section 2: Personal Information

First Amy Middle Jean Last Truax

Alias(es, nicknames, name changes, etc.) Amy Detwiler, Amy Sandberg

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address 1112 Railroad St SE, STE 4

City Bemidji State MN Zip 56601

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwest Technical College		2004-2005	
Address	**City**	**State**	**Zip**
905 Grant Ave SE	Bemidji	MN	56601
Diploma/Degree obtained, if any			
Dental Assistant Diploma			
School Name		From - To (MM/YY – MM/YY)	
Bemidji High School		1989-1992	
Address	**City**	**State**	**Zip**
2900 Division St W	Bemidji	MN	56601
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2001-Present	[redacted]sland view Dr NE	Bemidji	MN	56601
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Knollwood Apartments, LLC				From - To (MM/YY – MM/YY): 2000- Present
Business Address: 11700 Irvine Ave NW		City: Bemidji	State: MN	Zip: 56601
Phone: 218-766-8948	Title: Owner			
Description of Duties: Landlord				

Business Name: Progressive Health Care				From - To (MM/YY – MM/YY): 2005-2013
Business Address: 405 Beltrami Ave NW		City: Bemidji	State: MN	Zip: 56601
Phone: 218-444-6876	Title: IV Technician			
Description of Duties: Sterile compounding for home infusion pharmacy				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name				From - To (MM/YY – MM/YY)
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted) Date 3/15/23

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Amy Truax
Print Name (First, Last)

Amy Truax
Original Signature (electronic, copies or stamps not accepted)

3/15/23
Date

Please have this section completed in the presence of a Notary Public.

State of Minnesota, ss. County of Beltrami

I, Amy Truax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amy Truax
Original Signature

3/15/23
Date

Subscribed and Sworn to before me this 15 day of 2023.

Notary Public Signature

JENNIFER ELIZABETH HAZELTON
NOTARY PUBLIC
MINNESOTA
My Commission Expires 01/31/28

(Seal)

State of Minnesota

BOARD OF PHARMACY
ST PAUL, MN 55102

HAS ISSUED

PHARMACY LICENSE NUMBER: 26705 (ACTIVE)
Limited Service

To:

TRUAX PATIENT SERVICES, LLC
1112 RAILROAD ST SE
SUITE 4
BEMIDJI MN 56601

EFFECTIVE DATE
03/08/2023

EXPIRATION DATE
06/30/2023

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/31/2022
Amount:
License #: 21207

Terry L. Storm

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/31/2022
Expires:10/31/2023

Terry L. Storm

License #
21207
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21207
Effective Date:03/31/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Terry L. Storm

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

FAX # (218)444-2267

PH # (218)444-8217

TRUAX PATIENT SERVICES

NATIONAL SPECIALTY PHARMACY

1112 Railroad St SE Suite #4, Bemidji, MN. 56601

February 6, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

Re: Emergency Notice of Change for Truax Patient Services, LLC - #PH02866

Dear Authority,

Please be advised of the following emergency change for Truax Patient Services, LLC ("TPS").

We are saddened to update the agency of the passing of my father, Brian Truax, on December 30, 2022. Brian was the sole member of the LLC holding the pharmacy's license.

The Minnesota Board has advised that although the circumstances of my father's passing require a change in ownership application under Minnesota law, the Board will exercise its enforcement discretion regarding the timing of this application. Accordingly, the Board advised that TPS' previous license remain in effect and valid such that TPS may continue operations without interrupting patient care. The Minnesota Board has approved the change of ownership application for TPS, effective March 15, 2023. During the interim "pre-approval" period, the LLC was managed by Brian's estate attorney in collaboration with its future owner, Amy Truax, and the licensed pharmacy operations will be managed by licensed professionals employed by the pharmacy.

Additionally, the Minnesota Board has approved TPS' change of pharmacist-in-charge.

Thank you in advance for your time and consideration. If you have any questions or concerns upon reviewing the application, please do not hesitate to contact us at compliance.truax@gmail.com.

Very truly yours,
Tyler Truax
VP of Operations

4FFFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 03662	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other:	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: TrustedMedRx, LLC

Physical Address: 1200 S. Rogers Circle, Suite 4A

City: Boca Raton State: FL Zip: 33487-5703

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 561-206-6688 Toll Free # (NAC 639.708, NRS 639.23286): 855-939-6337

Fax: 561-206-6688 Contact Email: cbyrom@bf-law.com

Website: N/A

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Verina Essam Guirguis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23341

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Verina Essam Guirguis	NV Pharmacist Registration #: 23341
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): CHP HC, LLC

Corporation/Organization Name: TrustedMedRx, LLC

Mailing Address: 1200 S. Rogers

City: Boca Raton State: FL Zip: 33487

Telephone: 806-345-6311 Email: cbyrom@bf-law.com

Contact Person Name: Colleen Byrom

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PIC / President (title) for Trustedmed rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Verina Essam Gourgeis
Print Name of Authorized Person

Verina
Original signature of Authorized Person (copies or stamps not accepted)

4/10/2023
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Verina Essam Guirguis hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC/President (title) for Trusted med rx (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Verina Guirguis
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30 day of March, 2023

Notary Public

AMANDA ACHONG
MY COMMISSION # GG 910276
EXPIRES: September 4, 2023
Bonded Thru Notary Public Underwriters

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Verina Essam Gairgais

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Verina Gairgais

Original signature of Authorized Person (copies or stamps not accepted)

4/10/2023

Date

Board Use Only	Date Received: 4-11-23	Amount: 500.00 CK-42144

BROWN & FORTUNATO

Colleen T. Byrom
806-345-6311
cbyrom@bf-law.com

April 10, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: TrustedMedRx Disciplinary Action Summary

Ladies and Gentlemen:

Brown & Fortunato, P.C. has been asked to assist TrustedMedRx, LLC ("TMRx") in preparing its application to the Nevada Board of Pharmacy.

Under the previous ownership, TrustedMedRx, LLC ("TMRx") received the following disciplinary actions:

1. On May 5, 2021, the Alabama State Board of Pharmacy, TMRx, and former TMRx Pharmacist In Charge ("PIC") executed a Consent Order resolving the Board's finding that TMRx failed to notify the Board within 10 days of PIC ceasing to be the Supervising Pharmacist (Alabama defines the PIC as "Supervising Pharmacist"). Pursuant to the Consent Order, TMRx paid an administrative fine of $2,000, and PIC paid an administrative fine of $1,000.

2. On May 19, 2022, the Hawaii Department of Commerce and Consumer Affairs and TMRx executed a Settlement Agreement resolving a finding that TMRx failed to notify the Hawaii Board of Pharmacy within 30 days of the execution of the Consent Order between TMRx and the Alabama State Board of Pharmacy (see item 1. above). Pursuant to the Settlement Agreement, TMRx paid an administrative fine of $1,000.

3. On September 29, 2022, the Maine Board of Pharmacy, the Office of the Maine Attorney General, and TMRx executed a Consent Agreement resolving the Board's findings that (i) TMRx failed to notify the Board within 7 days of a change in the individual designated as the PIC for purposes of TMRx's Maine pharmacy license and (ii) TMRx failed to notify the Board within 10 days of the execution of the Consent Order between TMRx and the Alabama State Board of Pharmacy (see item 1. above). Pursuant to the Consent Agreement, TMRx accepted a reprimand and paid a civil penalty of $1,000.

Complete copies of these actions are attached for your reference.

Please note that the above transpired with previous ownership, supervision, and PIC(s); all of whom have since been replaced. The incoming ownership of TMRx recognizes the importance of, and is committed to, complying with the requirements imposed by all states in which TMRx is licensed, including requirements to notify state licensing agencies of changes or actions taken by other state agencies in a timely manner.

Sincerely,

Colleen T. Byrom

JSM/
Enc.
c:

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IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
TRUSTEDMEDRX, LLC	)	**BOARD OF PHARMACY**
Non-Resident Pharmacy Permit No.: 114947	)	
and	)	**CASE NO: 20-L-0144**
TRAMAINE PRESTON SMITH	)	
License No.: 20874	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against TrustedMedRx, LLC and Tramaine Preston Smith (hereinafter referred to as "Smith") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the parties engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds TrustedMedRx, LLC has violated the provisions law based upon the conduct set forth in Counts One and Two of the Statement. All other Counts applicable to TrustedMedRx, LLC shall be dismissed with prejudice.

2. The Board finds Smith has violated the provisions of law based upon the

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conduct set forth in Count Four of the Statement. All other Counts applicable to Smith shall be dismissed with prejudice.

3. TrustedMedRx, LLC shall pay an administrative fine in the amount of Two Thousand Dollars ($2,000.00) and Smith shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall TrustedMedRx, LLC or Smith attempt to discharge the same.

4. TrustedMedRx, LLC and Smith expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against them and any judicial review. TrustedMedRx, LLC and Smith further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. TrustedMedRx, LLC and Smith acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

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thereof, result in further disciplinary sanctions against TrustedMedRx, LLC and Smith's permit/license, including, but not limited to revocation.

6. By execution of this Consent Order, TrustedMedRx, LLC and Smith hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

7. TrustedMedRx, LLC and Smith acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. TrustedMedRx, LLC and Smith acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 30th day of April, 2021.

TrustedMedRx, LLC

BY: [signature]

ITS: Malcolm Murphy, Chief Operating Officer

Tramaine Preston Smith

[signature]

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DONE this the 5th day of MAY, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

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EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
TRUSTEDMEDRX, LLC	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy Permit No.: 114947	)	
	)	
and	)	**CASE NO: 20-L-0144**
	)	
TRAMAINE PRESTON SMITH	)	
	)	
License No.: 20874	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: TrustedmedRx, LLC
1200 S. Rogers Circle
Suite 4A
Boca Raton, Florida 33487

Tremaine Preston Smith
8077 Baltic Amber Road
Delray Beach, Florida 33446

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on May 18, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate TrustedmedRx, LLC should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and TrustedmedRx, LLC have been guilty of the following, to wit:

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COUNT ONE

As to TrustedmedRx, LLC, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(8) by you being unable to maintain a designated Supervising Pharmacist and failed to notify the Board within ten (10) days with an action plan to designate another pharmacist as Supervising Pharmacist to-wit: Tramaine Preston Smith ceased to be your Supervising Pharmacist on or about September 18, 2020 and you, as of the date hereof, have not submitted the referenced action plan to the Board.

COUNT TWO

As to TrustedmedRx, LLC, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT THREE

As to Tramaine Preston Smith, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(2) by upon assuming the duties of the Supervising Pharmacy of TrustedmedRx, LLC you failed to notify the Board within ten (10) days to-wit: you assumed the duties of the Supervising Pharmacist of TrustedmedRx, LLC on October 2, 2020 but the Board was not notified until December 16, 2020.

COUNT FOUR

As to Tramaine Preston Smith, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Three above.

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Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIVE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 12th day of January, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
TRUSTEDMEDRX, LLC	)	CONSENT AGREEMENT
	)	
Case No. 2022-PHA-18250	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Trustedmedrx, LLC for the renewal of its mail order prescription pharmacy license. The parties to this Consent Agreement are: Trustedmedrx, LLC ("Trustedmedrx"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since September 13, 2019, Trustedmedrx has been licensed in Maine as a mail order prescription pharmacy with a registered location of 1200 S Rogers Circle, Suite 4A, Boca Raton, Florida (license number **MO40002707**).

2. On October 29, 2020, Carline Applys replaced David Levi Steinberg as the pharmacist in charge ("PIC"), thereby requiring Trustedmedrx to submit a change of PIC application to the Board within 7 days after the PIC change.

3. Trustedmedrx, however, did not file a change of PIC application with the Board until November 16, 2021.

4. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order prescription pharmacy must file a change of PIC application with the Board by registered mail no later than seven (7) days after the change.

5. On May 5, 2021, the Alabama State Board of Pharmacy entered a consent order with Trustedmedrx that resolved Case No. 20-L-0144 and imposed discipline against Trustedmedrx's Alabama permit (# 114947).

6. Trustedmedrx then failed to report the Alabama disciplinary action to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

7. On December 13, 2021, Trustedmedrx applied for the renewal of its license and reported to the Board for the first time that the Alabama State Board of Pharmacy had imposed discipline upon Trustedmedrx's Alabama permit.

8. Pursuant to 10 M.R.S. § 8003(5-A)(A)(5) and Board Rules Chapter 11, § 3, the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to file a new application with the Board no later than 7 days after the change of PIC.

9. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

10. At its meeting on September 1, 2022, the Board reviewed the above information and voted to preliminarily deny Trustedmedrx's application for renewal of its license to be a mail order prescription pharmacy. In lieu of the denial, the Board also voted to offer Trustedmedrx this Consent Agreement. Unless Trustedmedrx either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Maine Board of Pharmacy,

Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333-0035, by October 6, 2022, the preliminary denial of Trustedmedrx's application for renewal of licensure as a mail order prescription pharmacy will become final.

COVENANTS

11. Trustedmedrx admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its license and for the imposition of discipline as follows:

a. Pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3 for failing to file a new application with the Board no later than 7 days after a change of PIC; and

b. Pursuant to 10 M.R.S. § 8003(5-A)(A) (11) and 10 M.R.S. § 8003-G(2)(C) for failing to report a disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

12. As discipline for the violations admitted to in paragraph 11 above, Trustedmedrx agrees to accept the following DISCIPLINARY ACTION:

a) A REPRIMAND; and

b) A CIVIL PENALTY in the amount of one thousand dollars ($1,000.00), which penalty is comprised of a $500.00 for failing to timely report a PIC change and $500.00 for failing to report discipline within 10 days, payment of which shall be made to the "Treasurer, State of Maine" and delivered to Maine Board of Pharmacy, Compliance Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333-0035, and must be submitted with the signed Consent Agreement.

13. Violation of any of the terms or conditions of this Consent Agreement by Trustedmedrx shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

14. The Board and Trustedmedrx agree that no further agency action will be initiated against its license by the Board based upon the specific violations admitted to herein, except or unless Trustedmedrx fails to comply with the terms and conditions of this Consent Agreement. The Board may however consider the conduct described above as evidence of a pattern of misconduct if other allegations are brought against Trustedmedrx, and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Trustedmedrx. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Trustedmedrx.

15. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

16. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

17. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew Trustedmedrx's license contingent upon it meeting all other eligibility criteria.

18. This Consent Agreement is a public record within the meaning of 1 M.R.S. § 402 and will be available for inspection and copying by the public pursuant to 1 M.R.S. § 408-A.

19. Nothing in this Consent Agreement shall be construed to affect any right or interest of any person not a party hereto.

20. This Consent Agreement may be signed in counterparts, with all counterparts together constituting one original instrument. Signatures below may be applied and/or saved

electronically, and such electronic signatures will be given the same effect as a paper document signed in ink.

21. Trustedmedrx acknowledges by its duly authorized representative's signature hereto that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executes this Consent Agreement voluntarily, and that it agrees to abide by all terms and conditions set forth herein.

DATED: 9/22/2022

TRUSTEDMEDRX, LLC

By: _____

Print Name: Stephen Wade

Title: CEO.

DATED: 9-29-22

EDWARD J. KANE, Esq., President
MAINE BOARD OF PHARMACY

DATED: 9.29.22

JENNIFER A. WILLIS
Assistant Attorney General

SETH J. CORPUZ-LAHNE 10949
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

Attorney for Department of Commerce and Consumer Affairs

2022 MAY 23 A 11: 22

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

eFiled 6/24/2022 4:19 pm

HEARINGS OFFICE

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of TRUSTEDMEDRX, LLC, Respondent.	PHA 2022-23-L SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent TRUSTEDMEDRX, LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under miscellaneous permit number PMP 1486. The permit was issued on or about March 14, 2018. The permit is set to expire or forfeit on or about December 31, 2023.

2. Respondent's mailing address for purposes of this action is 1200 S. Rogers Circle, Suite 4, Boca Raton, Florida 33487.

3. On or about April 30, 2021, Respondent entered into a Consent Order with the Alabama State Board of Pharmacy ("Alabama Board") in Case No. 20-L-0144 (hereinafter the "Consent Order"). A copy of the Consent Order is attached hereto as Exhibit "1". The Consent

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

Order was based on allegations that Respondent failed to maintain a designated Supervising Pharmacist and failed to notify the Alabama Board within ten (10) days with an action plan to designate another pharmacist as Supervising Pharmacist after Tramaine Preston Smith ceased to be Respondent's Supervising Pharmacist on or about September 18, 2020. Respondent was issued a $2,000.00 fine.

4. RICO alleges Respondent was disciplined by the Alabama Board.

5. RICO alleges Respondent failed to report, in writing to the Board, the Consent Order entered into with the Alabama Board within thirty days.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute: Hawaii Revised Statutes (HRS) § 436B-19(13) (disciplinary action by another state or federal agency for any reason provided by the licensing laws or this section) and Hawaii Administrative Rules (HAR) § 16-95-110(a)(18) (failure to report, in writing to the licensing authority, any disciplinary decision issued against the licensee or applicant within thirty days of the disciplinary decision).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Order.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this Settlement Agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2022-23-L.

11. Respondent acknowledges that upon its approval, this Settlement Agreement constitutes disciplinary action and understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to HRS Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS ($1,00.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: Seth J. Corpuz-Lahne, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1. above, Respondent's miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

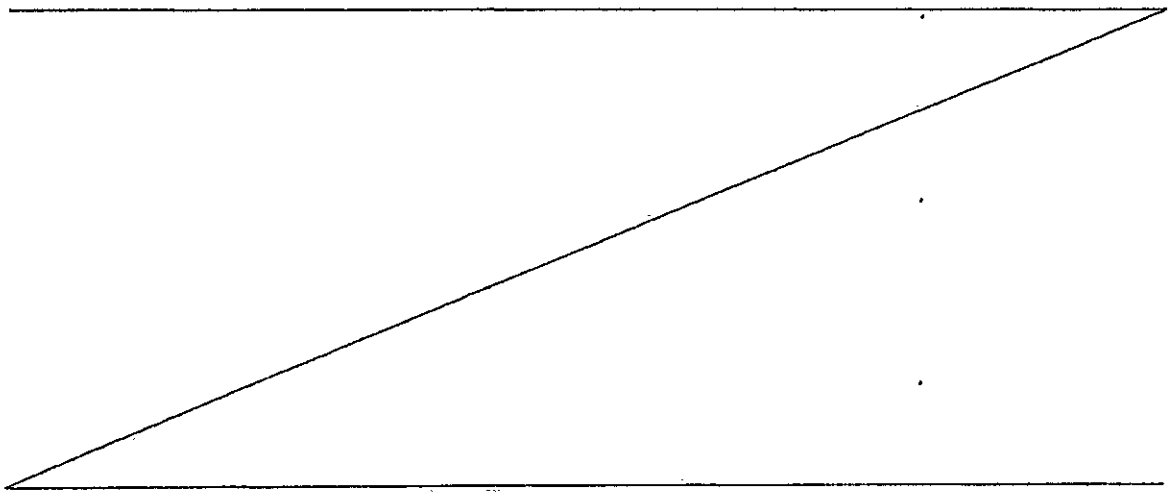
4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.



IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below. Each signatory to this Settlement Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Settlement Agreement in the capacity shown below.

DATED: Boca Raton (City) Florida (State) May 16, 2022 (Date).

TRUSTEDMEDRX, LLC
Respondent

By: _____
(Signature)

Bryan Plawsky
(Print Name)

Its CFO
(Print Title)

DATED: Honolulu, Hawaii, May 19, 2022.

_____
SETH J. CORPUZ-LAHNE
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF TRUSTEDMEDRX, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2022-23-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE Chairperson	June 16, 2022 DATE
JULIE YURIE TAKISHIMA-LACASA Vice Chairperson	PATRICK ADAMS
MARK BROWN	CATALINA CROSS
KENT KIKUCHI	SHERI TOKUMARU

PVL 4/20/22

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IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
TRUSTEDMEDRX, LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit No.: 114947	)	
	)	
and	)	CASE NO: 20-L-0144
	)	
TRAMAINE PRESTON SMITH	)	
	)	
License No.: 20874	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against TrustedMedRx, LLC and Tramaine Preston Smith (hereinafter referred to as "Smith") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the parties engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds TrustedMedRx, LLC has violated the provisions law based upon the conduct set forth in Counts One and Two of the Statement. All other Counts applicable to TrustedMedRx, LLC shall be dismissed with prejudice.

2. The Board finds Smith has violated the provisions of law based upon the

Exhibit 1

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conduct set forth in Count Four of the Statement. All other Counts applicable to Smith shall be dismissed with prejudice.

3. TrustedMedRx, LLC shall pay an administrative fine in the amount of Two Thousand Dollars ($2,000.00) and Smith shall pay an administrative fine in the amount of One Thousand Dollars ($1,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall TrustedMedRx, LLC or Smith attempt to discharge the same.

4. TrustedMedRx, LLC and Smith expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against them and any judicial review. TrustedMedRx, LLC and Smith further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. TrustedMedRx, LLC and Smith acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

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thereof, result in further disciplinary sanctions against TrustedMedRx, LLC and Smith's permit/license, including, but not limited to revocation.

6. By execution of this Consent Order, TrustedMedRx, LLC and Smith hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

7. TrustedMedRx, LLC and Smith acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. TrustedMedRx, LLC and Smith acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 30th day of April, 2021.

TrustedMedRx, LLC

BY: _____

ITS: Malcolm Murphy, Chief Operating Officer

Tramaine Preston Smith

_____

DocuSign Envelope ID: 1EDC988C-7926-46C6-A1F4-FC1E1D49096F

DONE this the 5th day of MAY, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

DocuSign Envelope ID: 1EDC988C-7926-46C6-A1F4-FC1E1D49096F

EXHIBIT "A"

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
TRUSTEDMEDRX, LLC	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit No.: 114947	)	
	)	
and	)	CASE NO: 20-L-0144
	)	
TRAMAINE PRESTON SMITH	)	
	)	
License No.: 20874	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: TrustedmedRx, LLC
1200 S. Rogers Circle
Suite 4A
Boca Raton, Florida 33487

Tremaine Preston Smith
8077 Baltic Amber Road
Delray Beach, Florida 33446

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on May 18, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate TrustedmedRx, LLC should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and TrustedmedRx, LLC have been guilty of the following, to wit:

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COUNT ONE

As to TrustedmedRx, LLC, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(8) by you being unable to maintain a designated Supervising Pharmacist and failed to notify the Board within ten (10) days with an action plan to designate another pharmacist as Supervising Pharmacist to-wit: Tramaine Preston Smith ceased to be your Supervising Pharmacist on or about September 18, 2020 and you, as of the date hereof, have not submitted the referenced action plan to the Board.

COUNT TWO

As to TrustedmedRx, LLC, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

COUNT THREE

As to Tramaine Preston Smith, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(2) by upon assuming the duties of the Supervising Pharmacy of TrustedmedRx, LLC you failed to notify the Board within ten (10) days to-wit: you assumed the duties of the Supervising Pharmacist of TrustedmedRx, LLC on October 2, 2020 but the Board was not notified until December 16, 2020.

COUNT FOUR

As to Tramaine Preston Smith, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Three above.

DocuSign Envelope ID: 1EDC988C-7926-46C6-A1F4-FC1E1D49096F

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIVE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of January, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

ATTACHMENT A
List of Officers

Name:	Verina Essam Guirguis
Title:	President/ Pharmacist In Charge
Home Address	[redacted]Richmond [redacted], Deerfield Beach Fl 33442
Date of Birth	[redacted]
Phone Number	[redacted]
Email Address	[redacted]

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

www.FloridaHealth.gov

File # 24369
Insp # 172909

NAME	PERMIT NUMBER	DATE OF INSPECTION
TrustedMedRx, LLC	30632	03/24/2023
DOING BUSINESS AS		
TRUSTEDMEDRX		
STREET ADDRESS	**TELEPHONE #**	**EXT**
1200 S. ROGERS CIRCLE SUITE 4A		
CITY	**COUNTY**	**STATE/ZIP**
BOCA RATON	PALM BEACH	FL/33487

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Weekly Hours 9 am - 5 pm
Monday N	Tuesday N
Wednesday N	Thursday N
Friday N	Saturday Y
Saturday Hours closed	Sunday Y
Sunday Hours closed	

Registered Pharmacist / Intern / Tech

License # 65307	Licensee Name Shaena Renberg
License Type Pharmacy Tech	
License # 51142	Licensee Name Dianelys Landa
License Type Pharmacy Tech	
License # 60471	Licensee Name Verina Essam Guirguis
License Type Registered Pharmacists	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FT4948557	

License Relations

Pharmacy Affiliate

PLONSKY, BRYAN MICHAEL	License #
WOLFE, STEPHEN D	License #

RX DPT MGR/COR/POR

GUIRGUIS, VERINA ESSAM	License # 60471

Special Sterile Compounding

TRUSTEDMEDRX,LLC	License # 30631

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	Yes

INV359 - Community Requirements

Insp # 172909 | TrustedMedRx, LLC | File # 24369

Patient Consultation Area sign is posted. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C] *Daily logs observed, in compliance.*	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *OutdatedRX*	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *CQI's observed, in compliance.*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *Controlled substance inventory dated 3/1/23, OOB.*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	Yes
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] *None to report.*	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.] *None to report.*	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	Yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.] *No compounding conducted at this establishment.*	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *McKesson*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

INV359 - Community Requirements

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Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	
Pharmacy hes policies and procedures in place to provide instructions to the patient on reporting concems with delivery and storage of medicinal drugs.	

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the neme of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accurecy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication batween patients in this state end a pharmacist at the phermacy who has eccess to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Routine inspection conducted by Inspector Asaro on 3/24/23 along with Verina Guiguis, PDM.
SCS permit not in use, keeping paperwork updated and license current.
No compounding conducted.
No vaccines at this time.

I have read and have had this inspection report and the laws end regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

ASARO, JENNIFER

Date:3/24/2023

Representative:

Verina Guirguis

Date:3/24/2023

Department of Health

TrustedMedRx, LLC TrustedMedRx

License Number: PH30632

Data As Of 4/17/2023

Profession	Pharmacy	
License	PH30632	
License Status	CLEAR/	
Qualifications	Schedule II & III	Community Pharmacy
License Expiration Date	2/28/2025	
License Original Issue Date	02/13/2017	
Address of Record	1200 S. ROGERS CIRCLE SUITE 4A BOCA RATON, FL 33487	
Discipline on File	No	
Public Complaint	No	

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

SUNBIZ.org DIVISION of CORPORATIONS
an official State of Florida website

Detail by Entity Name

Florida Limited Liability Company
TRUSTEDMEDRX, LLC

Filing Information

Document Number	L16000180553
FEI/EIN Number	36-4848798
Date Filed	09/27/2016
Effective Date	03/01/2013
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	02/07/2022
Event Effective Date	NONE

Principal Address

1200 S ROGERS CIRCEL #4A
BOCA RATON, FL 33487

Changed: 06/28/2021

Mailing Address

1200 S ROGERS CIRCLE #4
BOCA RATON, FL 33487

Registered Agent Name & Address

MURPHY, MALCOLM
1200 S ROGERS CIRCLE #4
BOCA RATON, FL 33487

Authorized Person(s) Detail

Name & Address

Title AMBR

WOLFE, STEPHEN
17734 CADENA DRIVE
BOCA RATON, FL 33496

Title AMBR/ MGR

PLONSKY, BRYAN
1200 S ROGERS CIRCLE #4
BOCA RATON, FL 33487

Annual Reports

Report Year	Filed Date
2021	01/19/2021
2022	01/24/2022
2023	01/19/2023

Document Images

01/19/2023 -- ANNUAL REPORT	View image in PDF format
02/07/2022 -- LC Amendment	View image in PDF format
01/24/2022 -- ANNUAL REPORT	View image in PDF format
06/28/2021 -- LC Amendment	View image in PDF format
01/19/2021 -- ANNUAL REPORT	View image in PDF format
01/15/2020 -- ANNUAL REPORT	View image in PDF format
12/16/2019 -- LC Amendment	View image in PDF format
02/06/2019 -- ANNUAL REPORT	View image in PDF format
01/07/2019 -- CORLCDSMEM	View image in PDF format
03/19/2018 -- ANNUAL REPORT	View image in PDF format
03/06/2017 -- ANNUAL REPORT	View image in PDF format
12/05/2016 -- CORLCDSMEM	View image in PDF format
09/27/2016 -- Florida Limited Liability	View image in PDF format

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TrustedMedRx, LLC

Pharmacy/Wholesaler License # (if applicable) PH03662

Physical Address 1200 S. Rogers Circle, Suite 4A

City Boca Raton State FL Zip 33487-5703

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 561-939-6337 Website NA

Licensing Company Email compliance@chpllc.co

Section 2: Personal Information

First Verina Middle Essam Last Guirguis

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Richmond [redacted]

City Deerfield Beach State FL Zip 33442

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Saint Fatima International School		2009-2014	
Address	**City**	**State**	**Zip**
66 Ismail Al Qabbani, al Manteqah Al Oula, Nasr City	Cairo Governorate, Egypt		
Diploma/Degree obtained, if any			
American Diploma			
School Name		From - To (MM/YY – MM/YY)	
Misr International University		2009-2014	
Address	**City**	**State**	**Zip**
KM 28 Cairo – Ismailia Road، Ahmed Orabi District،	القاهرة, Egypt		
Diploma/Degree obtained, if any			
Bachelor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2019-Present	[redacted]Richmond[redacted]	Deerfield Beach	FL	33442
06/2017-06-2019	4[redacted]Durham[redacted]	Deerfield Beach	FL	33442
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: TrustedMedRx				From - To (MM/YY – MM/YY): 03/22- Present
Business Address: 1200 S. Rogers Circle		City: Boca Raton	State: FL	Zip: 33487
Phone: 561-939-6337	Title: Pharmacy Manager			Number of Employed Hours: 2240
Description of Duties: See Attached				

Business Name: Remedy Pharmacy				From - To (MM/YY – MM/YY): 11/20-02/22
Business Address: 7142 N University Dr.		City: Tamarac	State: FL	Zip: 33321
Phone: 954-485-4949	Title: Pharmacy Manager			Number of Employed Hours: 3240
Description of Duties: See Attached				

Business Name: All Heart Pharmacy				From - To (MM/YY – MM/YY): 08/19-10/20
Business Address: 911 SE 6th Avenue		City: Delray Beach	State: FL	Zip: 33483
Phone: 561-501-6915	Title: Graduate Pharmacy Intern			Number of Employed Hours: 2200
Description of Duties: See Attached				

Business Name: PS Drugs				From - To (MM/YY – MM/YY): 08/17-05/19
Business Address: 1234 NE 4th Avenue		City: Fort Lauderdale	State: FL	Zip: 333047
Phone: 954-764-6257	Title: Graduate Pharmacy Intern			Number of Employed Hours: 4960
Description of Duties: See Attached				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			Number of Employed Hours:
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/30/2023
Date

I, Verina E. Guirguis, **certify that as the designated representative for**

TrustedMed Rx, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. VG I am at least 21 years of age;
3. VG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. VG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. VG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. VG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. VG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Verina Guirguis
Print Name (First, Last)

Verina Guirguis
Original Signature (electronic, copies or stamps not accepted)

03/30/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Verina Guirguis
Print Name (First, Last)

Verina Guirguis
Original Signature (electronic, copies or stamps not accepted)

03/30/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Palm Beach

I, Verina Essam Guirguis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Verina Guirguis
Original Signature

03/30/2023
Date

Subscribed and Sworn to before me this 30 day of March.

Notary Public Signature

AMANDA ACHONG
MY COMMISSION # GG 910276
EXPIRES: September 4, 2023
Bonded Thru Notary Public Underwriters

(Seal)

Work History

Pharmacy Manager- at Trustedmedrx (Mail order Pharmacy) Pharmacy March 1st-Present (2240 hours)

Address: 1200 S Rogers circle, Boca Raton, FL 33487

Duties:

- Interpretation and evaluation of prescriptions
- Advising of the therapeutic value, reaction, drug interaction, hazard and use of a drug.
- Selection of the source, storage and distribution of a drug.
- Maintenance of proper documentation of the source, storage and distribution of a drug.
- Interpretation of clinical data contained in a person's record of medication.
- Ensuring compliance with all State and Federal laws for all boards of pharmacies in all 50 states pertaining to dispensing, shipping, record keeping, annual/biennial controlled substances inventory.
- Models, enforces, and provides direction and guidance to pharmacy staff on proper customer service approaches and techniques to ensure customer needs, complaints, and issues are successfully resolved within company guidelines and standards.
- Provides supervision and development opportunities for pharmacy staff in assigned areas by selecting, training, mentoring, assigning duties, providing performance feedback, providing recognition, and ensuring diversity awareness.
- Drives sales and profit in the pharmacy and OTC areas by ensuring effective merchandise presentation, including accurate and competitive pricing, proper signing, in stock and inventory levels, budgeting and forecasting sales, developing and maintaining cross functional relationships, and assessing economic trends and demographics.
- Provides comprehensive patient care to customers by processing and accurately dispensing prescription orders; administering immunizations; counseling customers regarding health care and prescription medication needs; and maintaining confidential information, controlled medications and required documentation

Pharmacy Manager at Remedy Pharmacy (Retail-Community pharmacy) November 2020- Feburary 2022 (3240 hours)

Address: 7142 N University Dr, Tamarac FL 33321

- Administering Covid 19 PCR tests
- Selection of the source, storage and distribution of all medications.
- Supervising pharmacy staff
- Managing patients records according to state and Federal laws and ensuring patient's confidentiality
- Managing drug Inventory and maintaining records for Controlled substances inventory as required by state and federal laws
- Scheduling appointments for patients to take their weekly/monthly/3month long term Antipsychotic medications on time
- Administering vaccines
- Making sure Pharmacy abides with state and federal laws
- Medication Therapy Management
- Counselling Patients
- Record Keeping
- Verifying and dispensing Prescriptions
- Continuous Quality Improvement every 3 months
- Counseling patients on proper use and storage of medications

- Performance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients.
- Interpretation and evaluation of prescriptions or orders for medicine.
- Advising of the therapeutic value, reaction, drug interaction, hazard and use of a drug. Selection of the source, storage and distribution of a drug.
- Maintenance of proper documentation of the source, storage and distribution of a drug. Interpretation of clinical data contained in a person's record of medication.

Graduate Pharmacy Intern at All Heart Pharmacy (Retail- Community Pharmacy) from August 2019-October2020 (2200 hours)

Address: 911 SE 6th Ave #105, Delray Beach, FL 33483

- Patient counseling under pharmacist supervision
- Selection of the source, storage and distribution of all medications
- Receiving verbal orders under pharmacist supervision
- Typing/processing/prescriptions
- Receiving/typing/labelling/filling prescriptions
- Familiarity with drug literature references
- Managing inventory
- Contacting doctors/nurses for prescription error verification
- Participating in maintenance of proper documentation of the source, storage and distribution of a drug.

Graduate Pharmacy Intern at PS Drugs (Mail order Non Sterile Compounding) from August 2017-May 2019 (4960 hours)

Address: 1234 NE 4th Ave, Fort Lauderdale, FL 33304

- Receiving verbal orders and making sure they are accurate
- Contacting doctors/nurses for prescription error verification.
- Maintenance of proper documentation of the source, storage and distribution of a drug.
- Counselling patients under pharmacist supervision in a simple language and making sure they understood Compounding nonsterile medications according to the master formula and documenting all the procedures in the compounding log and making sure product is done in compliance with chapter 795 for non-sterile compounding
- Handling insurance claims specific to Medicaid with respect to state and federal compliance laws.
- Handling insurance reject claims on behalf of patients with language barrier.
- Use of visual superscript system to process prescriptions.
- Filing prescriptions.
- Participating in maintenance of proper documentation of the source, storage and distribution of a drug.

4GGGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH PH04295	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Watson RX Solutions, Inc.

Physical Address: 2577 Mall Rd., Suite B

City: Florence State: AL Zip: 35630

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 256-246-2433 Toll Free # (NAC 639.708, NRS 639.23286): 833-928-7660

Fax: 833-928-7661 Contact Email: adam@watsonrxsolutions.com

Website: Watsonrxsolutions.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Adam Myers ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22500 ✓

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Adam Myers	NV Pharmacist Registration #: 22500
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Wyoming

Parent Company (if any): _____

Corporation/Organization Name: Dalrada Life Sciences, Inc.

Mailing Address: 600 La Terraza Blvd.

City: Escondido, State: CA Zip: 92025

Telephone: 858-500-0710 Email: Legal@dalrada.com

Contact Person Name: Michele Kinser

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist In Charge (title) for Watson RX Solutions. Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Adam Myers

Print Name of Authorized Person

Adam Myers — 7/8/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Adam Myers hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist In Charge (title) for Watson RX Solutions, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Adam Myers
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9 day of July, 2022 in Collin County, Texas

MC
Notary Public



I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle McCollum

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/2/22

Date

Board Use Only	Date Received: 8·8·22	Amount: 500.00 CK - 10000138 ✓

IMPORTANT NOTICE Completion of this form is necessary for consideration for licensure under 225 ILCS 120 (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

PHARMACY
CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT
CT-PH

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. You are authorized to photocopy this form as necessary.

1. NAME OF BUSINESS, CORPORATION, OR LLC: Watson Rx Solutions, Inc
2. DBA (ASSUMED NAME): Watson Rx Solutions
3. FACILITY STREET ADDRESS: 2577 Mall Road, suite B
4. FACILITY CITY: Florence | 5. STATE: AL | 6. ZIP CODE: 35630 | 7. TELEPHONE NUMBER (include Area Code): 8339287660

I hereby authorize AL Board of Pharmacy to furnish to the Illinois Department of Financial and Professional Regulation the information requested below.

Date 7/6/22 Signature of Applicant Adam Mayo

DO NOT RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the Certification. Please record N/A in areas which are not applicable.

A. LICENSE NUMBER: 113889
B. LICENSE STATUS: Active
C. DATE ISSUED: 4-13-12
D. DATE LICENSE EXPIRES: 12-31-22

F. TYPE OF LICENSE
- [x] Pharmacy
- [ ] Wholesale Drug Distributor/Manufacturer
- [ ] HME / DME
- [ ] Other

E. HAS THIS LICENSE BEEN ENCUMBERED IN ANY WAY?
- [x] Yes
- [ ] No

If "yes," please attach certified copies of all pertinent legal documents.

G. TYPE OF ENCUMBERANCE
- [ ] Revoked
- [ ] Surrendered
- [ ] Limited
- [ ] Suspended / Restricted
- [ ] Probation

$1500 - fine

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS.

1. Has the applicant been convicted under any federal, state, or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances, or the provision of home medical equipment and its services? [ ] Yes [x] No
2. Has the applicant furnished any false or fraudulent material in any application made in connection with a pharmacy, physician, drug manufacturing or distribution, or home medical equipment or its services? [ ] Yes [x] No
3. Have a[illegible] deficiency ratings? (If yes, please explain.) [ ] Yes [x] No
4. Has t[illegible] requirements in your state? [x] Yes [ ] No

BOARD S[illegible] licensing agency below)

RETURN FORM TO:
Illinois Department of Financial and Professional Regulation
Health Services Section
320 W Washington
Springfield, Illinois 62786

Signature: Rhonda Coker
Title: Licensing Supervisor
State: Alabama
Date: 7-6-22

IL 486-2006 05/14 (LT)

DocuSign Envelope ID: E9132ABF-812B-4425-86A5-B7B05E828AD4

THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
WATSON RX SOLUTIONS, INC.	)	BOARD OF PHARMACY
	)	
Community Pharmacy Permit No. 113889	)	CASE NO: 21-L-0053

FINAL ORDER

On June 15, 2021, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Watson RX Solutions, Inc. (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent is a community pharmacy to which the Board issued permit number 113889. The Respondent is located at 1106 Bradshaw Drive, Florence, Alabama 35630. (Board Exhibit One)

2. The Respondent was properly notified of the charges. The Respondent did not appear at the scheduled hearing before the Board and did not have legal representation at such hearing. (Board Exhibit One and Two)

3. The Respondent's owner, Adam Myers, PharmD, was present and was given the opportunity to offer testimony to the Board by the Hearing Officer.

4. The Respondent entered no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

DocuSign Envelope ID: E9132ABF-812B-4425-86A5-B7B05E828AD4

5. A Final Order was issued on January 21, 2021 by the Mississippi Board of Pharmacy based on the Respondent dispensing a controlled substance to a patient in Mississippi without obtaining a required controlled substance registration and/or shipping compounded prescriptions to a patient in Mississippi without first obtaining a required compounding certificate from the Mississippi Board.

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, Code of Alabama (1975), § 34-23-92(12), and Code of Alabama (1975), § 41-22-12.

2. The Respondent was properly notified of the charges and did not appear at the administrative hearing and was not represented at the administrative hearing by counsel. Its owner did appear to offer testimony.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent is due to be fined and found guilty of the charges in the Statement of Charges and Notice of Hearing dated February 18, 2021.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

DocuSign Envelope ID: E9132ABF-812B-4425-86A5-B7B05E828AD4

1. The Respondent is guilty of a violation of Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Final Order by the Mississippi Board of Pharmacy dated January 21, 2021, which was based on Respondent's dispensing of a controlled substance, Ketamine HCL Powder, to a patient in Mississippi on eight occasions, without obtaining a controlled substance registration as required. Based upon such conduct, the Respondent is due to be fined.

2. The Respondent is guilty of a violation of Code of Alabama (1975), § 34-23-33(13) based upon the entry of a Final Order by the Mississippi Board of Pharmacy dated January 21, 2021 which was based on Respondent's dispensing of a controlled substance, Ketamine HCL Powder, to a patient in Mississippi on eight occasions, without obtaining a controlled substance registration as required. Based upon such conduct, the Respondent is due to be fined.

3. The Respondent is guilty of a violation of Code of Alabama (1975), § 20-2-54(a)(4)(2) by violating the provisions of Code of Alabama (1975), § 34-23-1 et. seq. based upon the entry of a Final Order by the Mississippi Board of Pharmacy dated January 21, 2021 which was based on Respondent's dispensing of a controlled substance, Ketamine HCL Powder, to a patient in Mississippi on eight occasions, without obtaining a controlled substance registration as required. Based upon such conduct, the Respondent is due to be fined.

4. The Respondent is guilty of Counts One, Two and Three (see paragraphs "1." through "3." above) as contained in the Statement of Charges and Notice of Hearing and is hereby ORDERED to pay the Board a disciplinary fine of Fifteen Hundred ($1,500.00) Dollars.

5. The disciplinary fine of Fifteen Hundred ($1,500.00) Dollars is due and payable to the Board within thirty (30) days of the date of this Final Order.

DocuSign Envelope ID: E9132ABF-812B-4425-86A5-B7B05E828AD4

DONE and ORDERED, this 28th day of June, 2021.

Brenda R. Denson, Pharm.D., President
Alabama State Board of Pharmacy

Copies to:
Watson RX Solutions, Inc.
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. James F. Hampton, Esq.
Mr. Vance L. Alexander, Esq.

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
WATSON RX SOLUTIONS, INC.	)	**BOARD OF PHARMACY**
	)	
Community Pharmacy Permit No. 113889	)	**CASE NO: 21-L-0053**
	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Watson RX Solutions, Inc.
1106 Bradshaw Drive
Florence, Alabama 35630

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 15, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Watson RX Solutions, Inc. should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Watson RX Solutions, Inc. has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Final Order entered by the Mississippi Board of Pharmacy on January 21, 2021 attached hereto as Exhibit "A" and/or dispensing Ketamine HCL Powder, a controlled substance, to a patient in Mississippi without obtaining a required controlled substance registration and/or you shipping compounded prescriptions to a patient in Mississippi without first

obtaining a required compounding certificate from the Mississippi Board all as more particularly set out in the above referenced Order.

COUNT TWO

Violating Code of Alabama, (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 18th day of February, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

EXHIBIT "A"

On January 21, 2021, came on the matter of Watson Rx Solutions, Inc., Permit to Operate a Pharmacy Number 14447/7.1, herein also referred to as Respondent, pursuant to a "Notice of Hearing and Complaint" filed by the Mississippi Board of Pharmacy. Board members Ronnie Bagwell and Guy Phillips served on the Investigative Review Committee (IRC) and did not participate in the hearing.

BEFORE THE MISSISSIPPI BOARD OF PHARMACY

IN THE MATTER OF:

WATSON RX SOLUTIONS, INC
1106 BRADSHAW DRIVE
FLORENCE, AL 35630

PERMIT TO OPERATE AS A PHARMACY NUMBER 14447/7.1

JURISDICTION

The Mississippi Board of Pharmacy has jurisdiction of the subject matter and person of Watson Rx Solutions, Inc., Permit to Operate a Pharmacy Number 14447/7.1, pursuant to Section 73-21-97(1)(f), Mississippi Code of 1972, Annotated.

STATEMENT OF CHARGES

Watson Rx Solutions, Inc., Permit to Operate a Pharmacy Number 14447/7.1, is alleged to have committed the following violations:

I. Violation of Section 41-29-125(1)(a), Mississippi Code of 1972, Annotated:

(a) Every person who manufactures, distributes or dispenses any controlled substance within this state or who distributes or dispenses any controlled substance into this state from an out-of-state location, or who proposes to engage in the manufacture, distribution or dispensing of any controlled substance within this state or the distribution or dispensing of any controlled substance into this state from an out-of-state location, must obtain a registration issued by the State Board of Pharmacy, the State Board of Medical Licensure, the State Board of Dental Examiners, the Mississippi Board of Nursing or the Mississippi Board of Veterinary Medicine, as appropriate, in accordance with its rules and the law of this state. Such registration shall be obtained annually or biennially, as specified by the issuing board, and a reasonable fee may be charged by the issuing board for such registration.

Specifically, Watson Rx Solutions, Inc., Permit to Operate a Pharmacy Number 14447/7.1 has dispensed Ketamine HCL Powder, a controlled substance, to a patient in Mississippi on eight (8) occasions beginning January 20, 2020 without obtaining a controlled substance registration as required by law.

II. Violation of Mississippi Pharmacy Practice Regulations ARTICLE XXXI COMPOUNDING GUIDELINES, Paragraph 1, A:

A. **Prior to engaging in the compounding of pharmaceuticals, a pharmacy shall obtain a compounding certificate from the Mississippi Board of Pharmacy**.

i. To obtain a compounding certificate, an applicant must complete a compounding certificate application.

ii. A compounding certificate will expire when the pharmacy permit expires and can be renewed at the time a pharmacy permit is renewed.

iii. **Compounding, without obtaining the compounding certificate, shall be grounds for disciplinary action**.

iv. Every pharmacy that engages in compounding shall submit a compounding statistical report to the Board on or about January 31st of each year on a form prescribed by the Board.

v. Failure to submit the report as required by this regulation shall be grounds for disciplinary action.

Specifically, Watson Rx Solutions, Inc., Permit to Operate a Pharmacy Number 14447/7.1, has shipped compounded prescriptions to a patient in Mississippi without first obtaining a compounding certificate from the Mississippi Board of Pharmacy.

FINDINGS OF FACT

The Mississippi Board of Pharmacy, after being presented clear and convincing evidence, makes the following findings of fact:

(1) That the Respondent was properly notified of the charges by a duly processed "Notice of Hearing and Complaint" along with a sworn affidavit detailing those charges as provided for in Section 73-21-99, Mississippi Code of 1972, Annotated, and the Respondent has been afforded all due process required by law;

(2) That the Respondent was issued a permit to operate as a pharmacy by the Board, Permit Number 14447/7.1, and as such was subject to jurisdiction of the Board pursuant to Section 73-21-97 (l)(f), Mississippi Code of 1972, Annotated;

(3) That the Respondent committed the violation as charged.

FINAL ORDER OF THE BOARD

This ORDER OF THE BOARD is effective immediately. A certified copy of this ORDER shall be served on the Respondent and a copy maintained on file in the office of the Board.

- Respondent shall stop dispensing controlled substances to patients in Mississippi until a controlled substance registration is obtained from the Board.
- Respondent shall stop dispensing compounded prescriptions to patients in Mississippi until a compounding certificate is obtained from the Board (or alternatively provide an attestation that compounded prescriptions will not be shipped to Mississippi patients).
- Pursuant to Section 73-21-103 (l)(d), Respondent shall pay the sum of Two Thousand Five Hundred Dollars ($2,500.00) as a monetary penalty of all claims alleged by the Board in this matter.
- Pursuant to Section 73-21-103 (l)(d)(iii), Respondent shall pay the cost of investigation and conduct of a proceeding in the amount of One Hundred Fifty Dollars ($150.00).

- The total monetary penalty and cost of investigation shall be Two Thousand Six Hundred Fifty Dollars ($2,650.00). The monetary penalty and cost of investigation is due and payable in the office of the Board within thirty (30) days of receipt of this Order.

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

ORDERED AND AGREED TO, this the 21st day of January 2021.

	AYE	NAY	RECUSE
Jillian Foster, President	✓		
Larry Calvert, Vice-President	✓		
J. Todd Barrett, Secretary	✓		
IRC Ronnie Bagwell			IRC
Ryan Harper	✓		
IRC Guy Phillips			IRC
Tony Waits	X		

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Watson Rx Solutions, Inc. was formed in Lauderdale County, Alabama on March 30, 2012. The Alabama Entity Identification number for this entity is 000-048388. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/16/2022

Date

J. H. Merrill

John H. Merrill **Secretary of State**

20220516000006462

Business Lookup Online Application

This is primary source verification

Date Printed : 4/26/2023

License Information

Name : WATSON RX SOLUTIONS, INC.
License # : 113889
Supervising Pharmacist: PAUL TIMOTHY HENSLEE
Email Address: adam@watsonrxsolutions.com
License Type : Community Pharmacy
License Status : Active
Issue Date : 04/13/2012
Expiration Date : 12/31/2024
Discipline : Y
Address : 2577 MALL RD SUITE B
City : FLORENCE
State : AL
Zip : 35630
Designated Representative :
USP 795 : No
USP 797 : No

Controlled Substance Information

Status : Active
Issue Date : 01/01/2023
Expiration Date : 12/31/2024

Office: 111 Village Street Birmingham, AL 35242 **Voice:** 205-981-2280 **OFFICE HOURS:** 8:00AM - 4:00PM CST Privacy Policy (https://www.i3verticals.com/privacypolicy)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW3159781	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-01-2021

WATSON RX SOLUTIONS, INC.
2577 MALL RD
SUITE B
FLORENCE, AL 35630

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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WATSON RX SOLUTIONS, INC.
2577 MALL RD
SUITE B
FLORENCE, AL 35630

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Form DEA-223 (9/2016)

ALABAMA BOARD OF PHARMACY

Inspection Retail Pharmacy For WATSON RX SOLUTIONS, INC

DEMOGRAPHICS

☐ Not Licensed

AL License Number	DEA Number	Status
113889	fw3159781	Closed - Compliant
Supervising Pharmacist	**Supervising Pharmacist-License**	**Supervising Pharmacist Email**
PAUL TIMOTHY HENSLEE	9526	timbob94@bellsouth.net
Pharmacist Assisting	**Pharmacist Assisting License**	**Pharmacist Assisting Email**
Inspection Type	**Inspection Date**	**Inspector Name**
Routine	04/19/2022	RLambruschi

☐ Case Number

NOT APPROVED FOR MORE THAN 5% USP 795 NON-STERILE COMPOUNDING

ADDRESS INFORMATION

Address 1 : 2577 MALL RD
Address 2 : SUITE B
City : FLORENCE
State / Zip : AL 35630

REQUIREMENT

Pharmacy space and layout 16 sq. ft counter space; 24 sq ft if 2 or more pharmacists.	◉ Yes	○ No	○ N/A	34-23-71
Reference Books or online data: Facts and Comparisons.	◉ Yes	○ No	○ N/A	
All required licenses and permits are displayed prominently	◉ Yes	○ No	○ N/A	34-23-70(b)
Private consultation area available.	◉ Yes	○ No	○ N/A	680-X-2-.27
Is the method used to collect patient signatures to approve or refuse pharmacist counseling HIPAA compliant? (Signatures should not be visible to other customers)	◉ Yes	○ No	○ N/A	
Pharmacy Staff makes verbal offer to counsel on each new prescription.	◉ Yes	○ No	○ N/A	680-x-2-.21
Access to pharmacy (keys or code) with pharmacist only.	◉ Yes	○ No	○ N/A	680-X-2-.11
Designated Key Holder (List Name) (Approval Form must be posted in pharmacy)	○ Yes	○ No	◉ N/A	680-X-2-.11
Refrigerator is clean, temperature between 2 – 8 degrees C, or 36-46 degrees F.	◉ Yes	○ No	○ N/A	
Only drug related products stored in refrigerator.	◉ Yes	○ No	○ N/A	
Prescription area is clean and orderly. Minimal chance to confuse orders.	◉ Yes	○ No	○ N/A	
Drugs in date;	◉ Yes	○ No	○ N/A	34-23-9
Drugs purchased from reputable sources.	◉ Yes	○ No	○ N/A	34-23-32-1
Do you provide prescriptions to patients in a Skilled Nursing Facility (SNF) and/or Intermediate Care Facility (ICF)?	○ Yes	◉ No	○ N/A	

TECHNICIANS

ALABAMA BOARD OF PHARMACY

Inspection Retail Pharmacy For WATSON RX SOLUTIONS, INC.

Pharmacy technicians: supervised, registered, have name tag. ◉ Yes ○ No ○ N/A
T04845 Coosenberry T56920 Hutton 34-23-131

Pharmacist:technician ratio of 1:2, 1:3 if one tech is certified. ◉ Yes ○ No ○ N/A

Pharmacy technician manual, may use www//abop.com ◉ Yes ○ No ○ N/A
680-X-2-.14(5)

Technicians have been trained in all assigned tasks. ◉ Yes ○ No ○ N/A
680-X-2-.14(5)

Are technicians prevented from processing/receiving prescriptions before a pharmacist arrives or after the pharmacist leaves? ◉ Yes ○ No ○ N/A

Does a pharmacist verify all work performed by technicians and document this verification? ◉ Yes ○ No ○ N/A

CONTROLS/MONITORED MEDICATIONS

Pharmacy connected to NPLEX if selling ephedrine pseudoephedrine products (Those selling by prescription only, do not have to submit to database) ◉ Yes ○ No ○ N/A
20-2-190

Pharmacy is reporting to PDMP ◉ Yes ○ No ○ N/A
(Pharmacies should be uploading every day)
(Should be uploading a zero balance even if no CS filled)
20-2-213

Controlled Substance Inventory (Date of Last Inventory) ◉ Yes ○ No ○ N/A
01/15/22 680-X-3-.06

PRESCRIPTIONS

refills limited to prescriber's orders. ◉ Yes ○ No ○ N/A

Record keeping of prescriptions (initials, number, date, label, notes compounding notes) ◉ Yes ○ No ○ N/A
680-X-2-.07 680-X-2-.14

all controlled substance prescriptions shall bear full name and address of the patient along with date, drug, strength, dosage form, quantity, directions for use, and name, address and registration number of practitioner. ◉ Yes ○ No ○ N/A

DRUG RETURN

Pharmacy takes back non-controlled medication from patients for destruction. ○ Yes ◉ No ○ N/A

Pharmacy takes back controlled medication from patients for destruction. ○ Yes ◉ No ○ N/A

Quarantined all out-dated medications (both prescription and OTC)? Note: This includes compounding supplies and items in the refrigerator. ◉ Yes ○ No ○ N/A

COMPOUNDING

Have a separate, clean area for any compounding (only compounding equipment, orderly, clean) ○ Yes ○ No ◉ N/A
34-23-152

Compounding area has washable counter, floors, ceiling, shelves. ○ Yes ○ No ◉ N/A

Sink with potable hot and cold water, sink clean, available to hand washing before compounding. ◉ Yes ○ No ○ N/A

Preparation is reviewed and Weight, Technical Equipment commensurate with its level of practice	◉ Yes	○ No	○ N/A
Purified water used for compounding or reconstitution	◉ Yes	○ No	○ N/A
Last time calibrated balance or scale: Date: _____	○ Yes	○ No	◉ N/A
Prepares a compounding record with each compound which includes amount of components, lot number and expiration date	○ Yes	○ No	◉ N/A
Master formula and compounding instructions available for commonly used formulas	○ Yes	○ No	◉ N/A
Compounding of hazardous drugs follows USP 800	○ Yes	○ No	◉ N/A
Any staff who compound hazardous drugs have been trained and have signed an informed consent	○ Yes	○ No	◉ N/A

AUTOMATED FILLING DEVICES

Are you able to identify brand name, or generic name & manufacturer, strength, lot number, expiration date, or equivalent control number which references the manufacturer and lot number used for medications placed into all carts in automated dispensing machines?	○ Yes	○ No	◉ N/A
Does pharmacist verify formulation filled in automated dispensing machines?	○ Yes	○ No	◉ N/A

COMMENTS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Watson Rx Solutions

Pharmacy/Wholesaler License # (if applicable): PH04295

Physical Address: 2577 Mall Road, Suite B

City: Florence State: AL Zip: 35630

Mailing Address (if different from physical address): 2577 Mall Road, Suite B

City: Florence State: AL Zip: 35630

Telephone: 833-928-7660 Website: www.watsonrxsolutions.com

Licensing Company Email: adam@watsonrxsolutions.com

Section 2: Personal Information

First: Adam Middle: M Last: Myers

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Culverdale Ln

City: Frisco [redacted] State: TX Zip: 75034

Telephone: [redacted] Email: adam@watsonrxsolutions.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622-120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Xavier University of Louisiana			08/97-05/01	
Address		City	State	Zip
		New Orleans	LA	
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
University of New Orleans			08/95-07/97	
Address		City	State	Zip
		New Orleans	LA	
Diploma/Degree obtained, if any				
Pharmacy prerequisites				
School Name			From - To (MM/YY – MM/YY)	
Archbishop Rummel High School			08/91-05/95	
Address		City	State	Zip
		Metairie	LA	
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/22-present	[redacted]Culverdale Ln	Frisco	TX	75034
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/04-05/22	[redacted]aura Ln	Destrehan	LA	70047
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Watson Rx Solutions			05/20-present	
Business Address		**City**	**State**	**Zip**
2577 Mall Road, Suite B		Florence	AL	35630
Phone	**Title**		**Number of Employed Hours**	
833-928-7660	Pharmacist		4,800	
Description of Duties				
Pharmacy owner, Pharmacist, record keeping, inventory, dispensing, processing				

Business Name			From - To (MM/YY – MM/YY)	
Fast Access Specialty Therapeutics			04/10-10/17	
Business Address		**City**	**State**	**Zip**
3131 N I-10 Service Rd E		Metairie	LA	70003
Phone	**Title**		**Number of Employed Hours**	
877-828-3940	Pharmacist, COO		17,440	
Description of Duties				
Chief Operations Officer, Pharmacist, record keeping, insurance contracts, dispensing, processing				

Business Name			From - To (MM/YY – MM/YY)	
C's Discounnt Pharmacy			02/00-04/12	
Business Address		**City**	**State**	**Zip**
1401 Veterans Blvd		Metairie	LA	70005
Phone	**Title**		**Number of Employed Hours**	
504-455-6780	Pharmacist		25,120	
Description of Duties				
Pharmacist, record keeping, dispensing, processing, insurance contracts				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Adam Myers, **certify that as the designated representative for**

Watson Rx Solutions,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. AM I am at least 21 years of age;
3. AM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Adam Myers

Print Name (First, Last)

Adam Myers

Original Signature (electronic, copies or stamps not accepted)

10/26/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam Myers

Print Name (First, Last)

Adam Myers

Original Signature (electronic, copies or stamps not accepted)

10/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of TEXAS, ss. County of Collin

I, Adam Myers, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Adam Mye

Original Signature

10/26/22

Date

Subscribed and Sworn to before me this 26 day of October, 2022

Desiree Vance

Notary Public Signature

DESIREE VANCE
Notary Public, State of Texas
Comm. Expires 06-20-2025
Notary ID 125427965

(Seal)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/03/2022
Amount:
License #: 22500

Adam M. Myers

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/03/2022
Expires:10/31/2023

Adam M. Myers

License #
22500
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

- Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22500
Effective Date:03/03/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Expires: 10/31/2023
STATUS: Active

Adam M. Myers

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Watson Rx Solutions, Inc.

Physical Address 2577 Mell Rd. Suite B

City Florence State AL Zip 35630

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 256-246-2433 Website watsonrxsolutions.com

Licensing Company Email _____

Section 2: Personal Information

First Kyle Middle Temple Last McCollum

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] La Terraza Blvd.

City Escondido State CA Zip 92025

Telephon[redacted] Email kmccollum@dalrada.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials KM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Montana		09/05 - 05/07	
Address	City	State	Zip
32 Campus Dr.	Missoula	MT	59812
Diploma/Degree obtained, if any			
Masters of Accountancy			

School Name		From - To (MM/YY – MM/YY)	
University of Montana		09/01 – 05/05	
Address	City	State	Zip
32 Campus Dr.	Missoula	MT	59812
Diploma/Degree obtained, if any			
Bachelor of Science - Emphasis Accounting			

School Name		From - To (MM/YY – MM/YY)	
Whitehall High School		09/98 - 05/01	
Address	City	State	Zip
1 Yellowstone Trail	Whitehall	MT	59759
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21 - Present	[redacted] Schoolhouse Way	San Marcos	CA	92078
05/18 - 08/21	[redacted] Promontory Point Dr W	Newport Beach	CA	92660
03/14 - 05/18	[redacted] E. 23rd St	New York	NY	10010
04/09 - 03/14	[redacted] 41st St.	Newport Beach	CA	92663
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials KM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Dalrada Financial Corporation			05/21 - Present
Business Address	**City**	**State**	**Zip**
600 La Terraza Blvd	Escondido	CA	92025
Phone	**Title**		
858-283-1253	CFO		
Description of Duties			
CFO			

Business Name			From - To (MM/YY – MM/YY)
McCollum + Co. Advisors			05/20 - 05/21
Business Address	**City**	**State**	**Zip**
213 Promontory Point Dr. W	Newport Beach	CA	92660
Phone	**Title**		
949-375-6566	Owner/Principal		
Description of Duties			
CFO/Controller Consulting			

Business Name			From - To (MM/YY – MM/YY)
Better Choice Company Inc.			09/18 - 05/21
Business Address	**City**	**State**	**Zip**
12400 Race Track Road	Tampa	FL	33626
Phone	**Title**		
212-896-1254	SVP of Finance		
Description of Duties			
Oversee Accounting & Finances			

Business Name			From - To (MM/YY – MM/YY)
Das & Co.			03/14 - 09/18
Business Address	**City**	**State**	**Zip**
488 Madison Ave 19th FL	New York	NY	10022
Phone	**Title**		
212-588-9150	Controller		
Description of Duties			
Oversee Accounting for Portfolio			

Business Name			From - To (MM/YY – MM/YY)
24th Street Capital			03/13 - 03/14
Business Address	**City**	**State**	**Zip**
20 N. Wacker Suite 2050	Chicago	IL	60606
Phone	**Title**		
872-256-9597	SVP of Finance		
Description of Duties			
Oversee Accounting for Portfolio			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Fletcher Robbe International LLP			09/08-03/13
Business Address	**City**	**State**	**Zip**
18101 Von Karman, 3rd Floor	Irvine	CA	92612
Phone	**Title**		
949-225-4400	SVP of Finance		
Description of Duties			
Oversee Accounting & Finance of Company			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

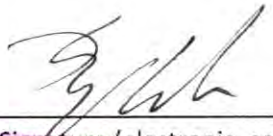
Applicant's initials KM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

8-3-22

Date

Applicant's initials KM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle McCollum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-2-22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Kyle McCollum, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/3/22

Date

Subscribed and Sworn to before me this 3rd day of August.

Notary Public Signature

P. HUNNICUTT
Notary Public - California
San Diego County
Commission # 2258991
My Comm. Expires Oct 18, 2022

(Seal)

Applicant's initials KM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Watson Rx Solutions, Inc.

Physical Address 2577 Mall Rd., Suite B

City Florence State AL Zip 35630

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 256-246-2433 Website Watsonrxsolutions.com

Licensing Company Email _____

Section 2: Personal Information

First Kyle Middle Temple Last McCollum

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] La Tijera Blvd.

City Escondido State CA Zip 92025

Telephone [redacted] Email kmccollum@dutrade.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials KM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Montana			09/05 - 05/07	
Address		City	State	Zip
32 Campus Dr.		Missoula	MT	59812
Diploma/Degree obtained, if any				
Masters of Accountancy				
School Name			From - To (MM/YY – MM/YY)	
University of Montana			09/01 - 05/05	
Address		City	State	Zip
32 Campus Dr.		Missoula	MT	59812
Diploma/Degree obtained, if any				
Bachelor of Science - Emphasis Accounting				
School Name			From - To (MM/YY – MM/YY)	
Whitehall High School			09/98 - 05/01	
Address		City	State	Zip
1 Yellowstone Trail		Whitehall	MT	59759
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/21 - Present	[redacted] Schoolhouse Way	San Marcos	CA	92078
From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - 08/21	[redacted] Promontory Point Dr W	Newport Beach	CA	92660
From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/14 - 05/18	[redacted] E. 23rd St	New York	NY	10010
From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/09 - 03/14	[redacted] 41st St.	Newport Beach	CA	92663
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's Initials KM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner or related capacity within the last 10 years.

Business Name: Dalrada Financial Corporation				From - To (MM/YY – MM/YY): 05/21 - Present
Business Address: 600 La Terraza Blvd	City: Escondido	State: CA	Zip: 92025	
Phone: 858-283-1253	Title: CFO			
Description of Duties: CFO				

Business Name: McCollum + Co. Advisors				From - To (MM/YY – MM/YY): 05/20 - 05/21
Business Address: 213 Promontory Point Dr. W	City: Newport Beach	State: CA	Zip: 92660	
Phone: 949-375-6566	Title: Owner/Principal			
Description of Duties: CFO/Controller Consulting				

Business Name: Better Choice Company Inc.				From - To (MM/YY – MM/YY): 09/18 - 05/21
Business Address: 12400 Race Track Road	City: Tampa	State: FL	Zip: 33626	
Phone: 212-896-1254	Title: SVP of Finance			
Description of Duties: Oversee Accounting & Finances				

Business Name: Das & Co.				From - To (MM/YY – MM/YY): 03/14 - 09/18
Business Address: 488 Madison Ave 19th Fl	City: New York	State: NY	Zip: 10022	
Phone: 212-588-9150	Title: Controller			
Description of Duties: Oversee Accounting for Portfolio				

Business Name: 24th Street Capital				From - To (MM/YY – MM/YY): 03/13 - 03/14
Business Address: 20 N. Wacker Suite 2050	City: Chicago	State: IL	Zip: 60606	
Phone: 872-256-9597	Title: SVP of Finance			
Description of Duties: Oversee Accounting for Portfolio				

Continue on next page if additional space is needed.

Applicant's initials KM

Business Name			From - To (MM/YY – MM/YY)
Fletcher Robbe International LLP			09/08-03/13
Business Address	**City**	**State**	**Zip**
18101 Von Karman, 3rd Floor	Irvine	CA	92612
Phone	**Title**		
949-225-4400	SVP of Finance		
Description of Duties			
Oversee Accounting & Finance of Company			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section B: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

8-1-22
Date

Applicant's initials KM

I, Kyle McCollum, **certify that as the designated representative for** Watson Rx Solutions, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kyle McCollum
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-3-22
Date

Applicant's initials KM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle McCollum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-2-22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of San Diego

I, Kyle McCollum, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

8/3/22

Date

Subscribed and Sworn to before me this 3rd day of August.

Notary Public Signature

P. HUNNICUTT
Notary Public - California
San Diego County
Commission # 2258991
My Comm. Expires Oct 18, 2022

(Seal)

Applicant's initials _____

4HHHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Wholescripts Pharmacy, LLC

Physical Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 8334633729 Toll Free # (NAC 639.708, NRS 639.23286): 8334633729

Fax: 8776337298 Contact Email: pharmacy@wholescriptsrx.com

Website: www.wholescriptsrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kurt Alexander Willis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22439

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Kurt Alexander Willis	NV Pharmacist Registration #: 22439
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): Xymogen, Inc. Managing Member

Corporation/Organization Name: Wholescripts Pharmacy, LLC

Mailing Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Telephone: 407-722-8330 Email: brian.blackburn@xymogen.com

Contact Person Name: Brian Blackburn

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Executive Officer (title) for Wholescripts Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Brian Blackburn, Sr.

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/24/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Brian Blackburn hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Executive Officer (title) for Wholescripts Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of March, 2023

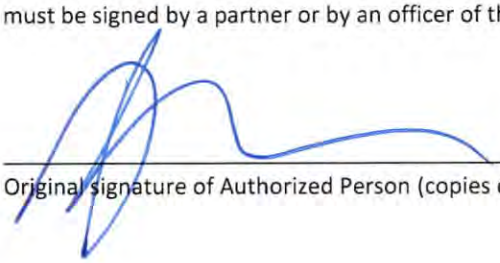
Notary Public

KIM M. JOHNSON
MY COMMISSION # HH 164806
EXPIRES: December 12, 2025
Bonded Thru Notary Public Underwriters

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Blackburn- Chief Executive Officer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

3-17-23

Date

Board Use Only	Date Received: 4-3-23	Amount: 500.00 CK-530254 7825

Wholescripts Pharmacy, LLC: Owners

FEIN: 84-3475131

Name: Stephanie Blackburn **Sex:** F
Home Address: [redacted] Shore Court
City: Orlando **State:** FL **Zip:** 32819
Date of Birth: [redacted]
Contact Telephone: [redacted]
Email Address: stephanie.blackburn@xymogen.com
Firm Name: Wholescripts Pharmacy, LLC.
Position or Title: Chief Operating Officer

Name: Brian Blackburn Sr., **Sex:** M
Home Address: [redacted] Shore Court
City: Orlando **State:** FL **Zip:** 32819
Date of Birth: [redacted]
Contact Telephone: [redacted]
Email Address: brian.blackburn@xymogen.com
Firm Name: Wholescripts Pharmacy, LLC.
Position or Title: Chief Executive Officer

Wholescripts Pharmacy, LLC: Officers

Name: Kyle Blackburn **Sex:** M
Home Address: [redacted] Via Vittoria Way
City: Orlando **State:** FL **Zip:** 32819
Date of Birth: [redacted]
Contact Telephone: [redacted]
Email Address: kyle.blackburn@xymogen.com
Firm Name: Wholescripts Pharmacy, LLC.
Position or Title: Officer

Name: Brian Blackburn Jr., **Sex:** M
Home Address: [redacted] Via Bella Notte
City: Orlando **State:** FL **Zip:** 32836
Date of Birth: [redacted]
Contact Telephone: [redacted]
Email Address: brian.blackburnjr@xymogen.com
Firm Name: Wholescripts Pharmacy, LLC.
Position or Title: Officer

Name: Sarah Blackburn **Sex:** F
Home Address: [redacted] Toscana Blvd
City: Orlando **State:** FL **Zip:** 32819
Date of Birth: [redacted]
Contact Telephone: [redacted]
Email Address: sarah.blackburn@xymogen.com
Firm Name: Wholescripts Pharmacy, LLC
Position or Title: Officer


Ownership
Brian Blackburn CEO/President 41%
Stephanie Blackburn COO/Vice-President 41%
Kyle Blackburn Secretary 6%
Brian Blackburn Jr., Assistant Secretary 6%
Sarah Blackburn Assistant Secretary 6%
XYMOGEN,INC
Xymogen
Tax ID: 54-1577044
100% Ownership of Wholescripts Pharmacy
Wholescripts Pharmacy, LLC
Wholescripts Pharmacy
Tax ID: 84-3475131

State of Florida
Department of State

I certify from the records of this office that WHOLESCRIPTS PHARMACY, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 23, 2019.

The document number of this limited liability company is L19000255490.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on March 30, 2023, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Thirtieth day of March, 2023

Secretary of State

Tracking Number: 9833037057CC

To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Vision: To be the **Healthiest State** in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

March 28, 2023

Kurt Willis
Wholescripts Pharmacy
6800 Kingspointe Parkway
Suite 100
Orlando, FL 32819

RE: License Certification for Wholescripts Pharmacy, Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH33010
ORIGINAL CERTIFICATION:	10/27/2020
EXPIRATION DATE:	02/28/2025
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn B. Freeman

Gwendolyn B. Freeman
Operations and Management Consultant Manager

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Wholescripts Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-463-3729 Website: www.wholescriptsrx.com

Licensing Company Email: pharmacy@wholescriptsrx.com

Section 2: Personal Information

First: Kurt Middle: Alexander Last: Willis

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Bellino Boulevard

City: New Smyrna Beach State: FL Zip: 32168

Telephone: [redacted] Email: kurt.willis@wholescriptsrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida Agricultural and Mechanical University		08/1989 - 04/1995	
Address	**City**	**State**	**Zip**
1500 S Martin Luther King Jr. Blvd,	Tallahassee	FL	32307
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Glenmuir High School		09/1984 - 07/1988	
Address	**City**	**State**	**Zip**
10 Glenmuir Road	May Pen, Jamaica W.I.		
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2017 - Present	[redacted] Bellino Boulevard	New Smyrna Beach	FL	32168
08/2014 - 03/2017	[redacted] NE 69th Street, Apt 2310	Miami	FL	33138
08/2012 - 08/2014	[redacted] SE 10th Avenue, Apt 714	Fort Lauderdale	FL	33316
05/2005 - 08/2012	[redacted] NW 51st Place	Coral Springs	FL	33076

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Wholescripts Pharmacy			06/2020 - 11/2022	
Business Address		**City**	**State**	**Zip**
6800 Kingspointe Parkway, Suite 100		Orlando	FL	32819
Phone	**Title**		**Number of Employed Hours**	
833-463-3729	Pharmacy Manager		5108	
Description of Duties				
Opening and managing a new pharmacy, filling prescriptions, ordering/managing inventory and counseling patients				

Business Name			From - To (MM/YY – MM/YY)	
Therigy Pharmacy Solutions			09/2019 - 05/2020	
Business Address		**City**	**State**	**Zip**
2301 Maitland Center Parkway		Orlando	FL	32751
Phone	**Title**		**Number of Employed Hours**	
407-992-8750	Director of Pharmacy Operations		1280	
Description of Duties				
Managed the operations of specialty pharmacies including workflow, processing and dispensing of prescriptions, ordering and mananging pharmacy inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Healthcare Support Staffing/Envolve Pharmacy Solutions			12/2018 - 09/2019	
Business Address		**City**	**State**	**Zip**
101 Southhall Lane, Suite 100		Maitland	FL	32751
Phone	**Title**		**Number of Employed Hours**	
407-478-0332	Clinical Pharmacist		1360	
Description of Duties				
Reviewed and processed prior authorizations for State Medicaid programs and third party insurance providers, oversaw drug utilization reviews and medication therapy management programs for specialty medications.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Kurt Alexander Willis, **certify that as the designated representative for**

Wholescripts Pharmacy, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KAW I am at least 21 years of age;
3. KAW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KAW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KAW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KAW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KAW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KURT, WILLIS

Print Name (First, Last)

Kurt Willis

Original Signature (electronic, copies or stamps not accepted)

11/17/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kurt,Willis

Print Name (First, Last)

Kurt Willis

Original Signature (electronic, copies or stamps not accepted)

11/17/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Kurt Willis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kurt Willis

Original Signature

11/17/22

Date

Subscribed and Sworn to before me this 17th day of November 2022

Notary Public Signature

LILLIAN GONZALEZ
MY COMMISSION # GG 353630
EXPIRES: July 10, 2023
Bonded Thru Notary Public Underwriters

(Seal)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 27162
Insp # 178175

NAME	PERMIT NUMBER	DATE OF INSPECTION
WHOLESCRIPTS PHARMACY, LLC	33010	04/07/2022
DOING BUSINESS AS WHOLESCRIPTS PHARMACY		
STREET ADDRESS 6800 Kingspointe Parkway Suite 100	**TELEPHONE #** 407-722-5076	**EXT**
CITY ORLANDO	**COUNTY** ORANGE	**STATE/ZIP** FL/32819

Additional Information

Business Operation Hours

M-T-W-TH-F Y	Monday Y
Monday Hours 9:00 am to 5:00 pm	Tuesday Y
Tuesday Hours 9:00 am to 5:00 pm	Wednesday Y
Wednesday Hours 9:00 am to 5:00 pm	Thursday Y
Thursday Hours 9:00 am to 5:00 pm	Friday Y
Friday Hours 9:00 am to 5:00 pm	Saturday N
Sunday N	Sunday Hours closed

Registered Pharmacist / Intern / Tech

License # 30682	Licensee Name Kurt Alexander Willis
License Type Registered Pharmacists	
License # RPT6095	Licensee Name Lauren Jones
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # BC999999	

License Relations

Pharmacy Affiliate

BLACKBURN, BRIAN	License #
BLACKBURN, BRIAN J	License #
BLACKBURN, KYLE	License #
BLACKBURN, SARAH	License #
BLACKBURN, STEPHANIE	License #

RX DPT MGR/COR/POR

WILLIS, KURT ALEXANDER	License # 30682

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	N/A

INV359 - Community Requirements

Insp # 178175 WHOLESCRIPTS PHARMACY, LLC File # 27162

Patient Consultation Area sign is postad. [64B16-30.003, F.A.C]	Yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05] *NO Cll's Stocks 3-5's*	N/A
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]	Yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *Inmar Rx*	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	Yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	Yes
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	Yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *CQI's are up to date.*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.] *No Cll's / 3-5*	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *No Cll's /3-5*	Yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)] *3-5's*	Yes
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	Yes
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	Yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

INV359 - Community Requirements

Insp # 178175

WHOLESCRIPTS PHARMACY, LLC

File # 27162

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-26.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	
If a controlled substance, the word "central fill" appears on the face of the original prescription.	
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Offered eduation on labeling of the multi dose packets.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

BLAKE, ELLEN

Date:4/7/2022

Representative:

Kurt Willis

Date:4/7/2022

AC# 11298426

4155

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/10/2022	PH 33010	131063

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

Expiration Date: **FEBRUARY 28, 2025**
WHOLESCRIPTS PHARMACY, LLC
Wholescripts Pharmacy
6800 KINGSPOINTE PARKWAY
SUITE 100
ORLANDO, 32819

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 11298426

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/10/2022	PH 33010	131063

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: FEBRUARY 28, 2025

WHOLESCRIPTS PHARMACY, LLC
Wholescripts Pharmacy

REGISTRANT SIGNATURE

QUALIFICATION(S):
Schedule II & III
Community Pharmacy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW9926859	05-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-12-2021

WHOLESCRIPTS PHARMACY, LLC
WHOLESCRIPTS PHARMACY
6800 KINGSPOINTE PKWY STE 100
ORLANDO, FL 328198592

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW9926859	05-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	01-12-2021

WHOLESCRIPTS PHARMACY, LLC
WHOLESCRIPTS PHARMACY
6800 KINGSPOINTE PKWY STE 100
ORLANDO, FL 328198592

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 02/16/2022
Amount:
License #: 22439

Kurt A. Willis

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:02/16/2022
Expires:10/31/2023

Kurt A. Willis

License #
22439
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22439
Effective Date:02/16/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Kurt A. Willis

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wholescripts Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-463-3729 Website: www.wholescriptsrx.com

Licensing Company Email: pharmacy@wholescriptsrx.com

Section 2: Personal Information

First: Brian Middle: Last: Blackburn

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Shore Court

City: Orlando State: FL Zip: 32819

Telephone: [redacted] Email: brian.blackburn@xymogen.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
John Carroll University		1973-1977	
Address	**City**	**State**	**Zip**
1 John Carroll Boulevard	University Heights	OH	44118
Diploma/Degree obtained, if any			
BS Chemistry			

School Name		From - To (MM/YY – MM/YY)	
Brother Rice High School		1969-1973	
Address	**City**	**State**	**Zip**
10001 S. Pulaski Road	Chicago	IL	60655
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1990-present	[redacted] Shore Court	Orlando	FL	32819
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
XYMOGEN			1990 to present	
Business Address		**City**	**State**	**Zip**
6900 Kingspointe Parkway		Orlando	FL	32819
Phone	**Title**			
800-647-6100	CEO/President			
Description of Duties				
General supervision over the business and affairs of the Corporation, financial, and all related matters thereto.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2012	10/2012	FL		Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Breach of Agreement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Thorne Research vs. XYMOGEN			Arbitration	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research filed a Demand for Arbitration against XYMOGEN for an alleged breach of a prior settlement agreement. The matter was arbitrated. The Final Award was determined and entered by the Arbitrator and has been paid in full, thereby satisfying and canceling the Final Award (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

IN RE: ARBITRATION

THORNE RESEARCH, INC., an Idaho corporation,

Claimant,

vs.

ATLANTIC PRO-NUTRIENTS, INC., d/b/a XYMOGEN, an Illinois corporation,

Respondent.

SATISFACTION OF FINAL AWARD

Claimant, THORNE RESEARCH, INC., an Idaho corporation, does hereby acknowledge that all sums due under the Final Award have been fully paid and the Final Award is here by satisfied and is cancelled in full.

DATED this 16th day of November, 2012.

THORNE RESEARCH, INC.

By: Thomas P. McKenna
Its: Chief Operating Officer

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2018	10/2018	FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-1057-Orl-31GJK	US District Court for the Middle District of Florida

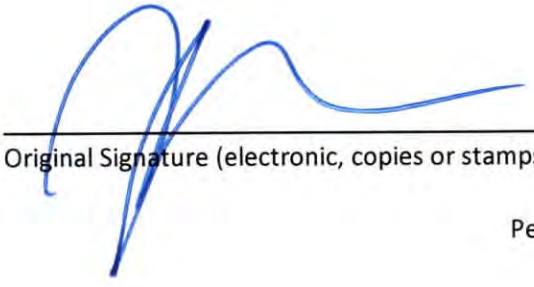
Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Coding Technologies vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Coding Technologies alleged unauthorized use by XYMOGEN of its patented technology for providing mobile service with the use of code pattern. The matter was settled between the parties with a license agreement allowing XYMOGEN use, and an Order of Dismissal was filed (copy attached).



Original Signature (electronic, copies or stamps not accepted)

3/21/2023

Date



UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

CODING TECHNOLOGIES, LLC,

Plaintiff,

v. **Case No: 6:18-cv-1057-Orl-31GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL WITHOUT PREJUDICE

Upon consideration of the Notice of Settlement (Doc. 16), it is

ORDERED that this case is DISMISSED without prejudice pursuant to Local Rule 3.08(b), subject to the right of any party to move the Court within sixty (60) days for the purpose of entering a stipulated form of final order or judgment; or, on good cause shown, to reopen the case for further proceedings. The Court will not dismiss this case with prejudice inasmuch as an Answer has been filed at Doc. 13.

Any pending motions are **DENIED** as moot. The Clerk is directed to close this file.

DONE and **ORDERED** in Chambers in Orlando, Florida on October 22, 2018.

GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies furnished to:

Counsel of Record
Unrepresented Parties

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/2020	03/2021	FL	Orlando	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
6:20-cv-2134-WWB-DCI		US District Court for the Middle District of Florida, Orlando Division		
Reason/Charge				
Trademark Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
XYMOGEN vs. Dorvilus, et als			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

XYMOGEN alleged trademark infringement against the Defendants for their unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties, and a Confidential Settlement Agreement and Release of Claims was entered into.

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2019	11/2021			
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
91249473 & 91252582		US Patent and Trademark Office		
Reason/Charge				
Opposition of Trademark Applications				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Healthy Web, et al vs. XYMOGEN			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Healthy Web filed an opposition with the USPTO to XYMOGEN's trademark application for the "WHOLESCRIPTS" mark in view of its registration of the "FULLSCRIPT" mark. The case proceeded before the Trademark Trial and Appeal Board, but Healthy Web ultimately withdrew its opposition thereby allowing the "WHOLESCRIPTS" mark to proceed to registration. (Copy of Withdrawal is attached)

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Trademark Trial and Appeal Board Electronic Filing System. https://estta.uspto.gov
ESTTA Tracking number: **ESTTA1171739**
Filing date: **11/11/2021**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91249473
Party	Plaintiff Healthy Web Inc. and Natural Partners, Inc.
Correspondence Address	AMANDA ROACH AMIN TALATI WASSERMAN LLP 100 S WACKER DRIVE, SUITE 2000 CHICAGO, IL 60606 UNITED STATES Primary Email: amanda@amintalati.com Secondary Email(s): sanjay@amintalati.com, trademark@amintalati.com 312-327-3328
Submission	Withdrawal of Opposition
Filer's Name	Sanjay S. Karnik
Filer's email	Sanjay@amintalati.com, Amanda@amintalati.com, Trademark@amintalati.com
Signature	/Sanjay S. Karnik/
Date	11/11/2021
Attachments	Withdrawal of Opp With Prej. Xymogen Opp. 11-11-21.pdf(159975 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Healthy Web Inc. and Natural Partners, Inc., **Opposers,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91249473** **Application Serial No. 88249502** **Mark: WHOLESCRIPTS** **Date of Publication: May 14, 2019**
Healthy Web Inc., d/b/a Fullscript, a Canadian Corporation, **Opposer,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91252582** **Application Serial No. 88456530** **Mark: WS WHOLESCRIPTS** **Date of Publication: October 1, 2019**

WITHDRAWAL OF OPPOSITION WITH PREJUDICE

Opposers Healthy Web Inc. and Natural Partners, Inc. ("Opposers"), with agreement by Applicants Xymogen, Inc. and Xymogen IP, LLC ("Applicants"), hereby withdraw this Opposition proceeding with prejudice.

This 11th day of November, 2021.

Respectfully submitted,

/s/ Sanjay S. Karnik

George Spatz
Sanjay S. Karnik
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Attorneys for Opposers

AGREEING TO WITHDRAWAL OF OPPOSITION WITH PREJUDICE:

/s/ Anne H. Baroody
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Attorneys for Applicants

CERTIFICATE OF SERVICE

I hereby certify that on November 11, 2021, I caused a true and correct copy of the foregoing WITHDRAWAL OF OPPOSITION WITH PREJUDICE to be sent via email and electronic service to:

Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
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Facsimile: (404) 422-8409

Attorneys for Applicant

/s/ Sanjay S. Karnik
Sanjay S. Karnik

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2017	05/2018	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:17-cv-869-Orl-31KRS	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Digitalev/Pure Therapeutics	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Digitalev for its unauthorized use of XYMOGEN trademarks in online selling of its own brand of products through its Pure Therapeutics storefront. The matter was settled between the parties through Mediation, and a Confidential Release and Settlement Agreement was entered into.

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/2015	02/2017	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:15-cv-790-Or-37DAB	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Breach of Contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nutrimatix vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Nutrimatix alleged a breach of contract against XYMOGEN for a delay in product delivery. A jury determined no damages were sustained by Nutrimatix and the case was dismissed (copy of Order of Dismissal attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

NUTRIMATIX INC.,

Plaintiff,

v. **Case No: 6:15-cv-790-Orl-37GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL

Before the Court is the parties' Joint Notice of Withdrawal of All Pending Post-Trial Motions and Stipulation of Voluntary Dismissal with Prejudice (Doc. 136), filed March 30, 2017. Accordingly, it is

ORDERED that, pursuant to Federal Rules of Civil Procedure 41(a)(A)(ii), this case is hereby **DISMISSED** with prejudice, with each party to bear its own fees and costs. The Clerk is directed to **CLOSE** this case.

DONE AND ORDERED at Orlando, Florida this 3rd day of April, 2017.

ROY B. DALTON JR.
United States District Judge

Copies: Counsel of Record

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/2016	01/2017	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
16V1711-JLS-BGS	US District Court, Southern District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Natural Alternatives International vs. Cenegenics and XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Natural Alternatives alleged a patent infringement against Cenegenics and XYMOGEN for a raw material used in a formula XYMOGEN manufactured for Cenegenics. The matter was settled among the parties and a Stipulation of Voluntary Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

WILSON TURNER KOSMO LLP
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HUBERT KIM (204957)
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Attorneys for Defendant CENEGENICS, LLC

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Facsimile: (650) 521-5931

Attorneys for Defendant XYMOGEN, INC.

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

NATURAL ALTERNATIVES INTERNATIONAL, INC.,

Plaintiff,

v.

CENEGENICS, LLC, and ATLANTIC-PRO NUTRIENTS d/b/a XYMOGEN, LLC,

Defendants.

Case No. 16-cv-1711-JLS-BGS

STIPULATION OF VOLUNTARY DISMISSAL WITH PREJUDICE

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), Plaintiff Natural Alternatives International, Inc. ("Plaintiff") and Defendants Cenegenics, LLC and Xymogen, Inc. (formerly known as Atlantic Pro-Nutrients, Inc. d/b/a Xymogen) (collectively, "Defendants"), through their respective counsel of record, hereby stipulate and agree that the present action be dismissed with prejudice as Plaintiff and Defendants, by private agreement, have reached an acceptable resolution of all differences related to this action. Each party will bear its own attorney's fees and costs.

All claims in this action have now been dismissed with prejudice and the case should be closed by the Court.

IT IS SO STIPULATED.

Dated: January 24, 2017

WILSON TURNER KOSMO LLP

By: s/ Frederick W. Kosmo, Jr.
FREDERICK W. KOSMO, JR.
fkosmo@wilsonturnerkosmo.com

Attorney for Plaintiff
NATURAL ALTERNATIVES INTERNATIONAL, INC.

Dated: January 24, 2017

GREENBERG TRAURIG, LLP

By: s/ Jordan D. Grotzinger
JORDAN D. GROTZINGER
grotzingerj@gtlaw.com

Attorney for Defendant
CENEGENICS, LLC

Dated: January 24, 2017

TURNER BOYD LLP

By: s/ Karen I. Boyd
KAREN I. BOYD
boyd@turnerboyd.com

Attorney for Defendant
XYMOGEN, INC.

SIGNATURE ATTESTATION

Pursuant to Section 2(f)(4) of the Electronic Case Filing Administrative Policies and Procedures Manual, I hereby certify that the content of this document is acceptable to all signatories shown above and that I have obtained such signatories' authorization to affix their electronic signatures to this document.

s/ Frederick W. Kosmo, Jr.
Frederick W. Kosmo, Jr.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/2014	01/2015	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-2591-T-35AEP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Vitamin Rite	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Vitamin Rite for its unauthorized online sale of XYMOGEN products. The matter was settled between the parties and XYMOGEN dismissed its Complaint.

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2014	09/2014	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-01431-JSM-MAP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Total Health, Total Health Discount Vitamins and	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Total Health for its unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties and XYMOGEN dismissed its Complaint. (Copy of Dismissal attached)

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

XYMOGEN, INC., an Illinois corporation,

Plaintiff,

v. Case No.: 8:14-cv-01431-JSM-MAP

TOTAL HEALTH NETWORK CORP., a foreign corporation, d/b/a TOTAL HEALTH DISCOUNT VITAMINS, and PUREFORMULAS.COM, a Florida corporation,

Defendants.
_____/

PLAINTIFF, XYMOGEN, INC.'S NOTICE OF VOLUNTARY DISMISSAL WITHOUT PREJUDICE

Plaintiff, XYMOGEN, Inc. ("XYMOGEN"), by counsel and pursuant to Rule 41(a)(1)(A)(i), Federal Rules of Civil Procedure, hereby dismisses the above-styled cause without prejudice, with each party to bear its own costs and fees.

Dated: September 2, 2014

Respectfully submitted,

/s/John A. Schifino
Harvey S. Kauget, Esq.
Florida Bar No. 116254
John A. Schifino, Esq.
Florida Bar No. 0072321
BURR & FORMAN LLP
P.O. Box 380
Tampa, Florida 33601-0380
(813) 221-2626 (telephone)
(813) 221-7335 (facsimile)
hkauget@burr.com
jschifino@burr.com

Attorneys for Plaintiff, XYMOGEN, Inc.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been electronically filed this 2nd day of September, 2014 with the Clerk of the Court by using the CM/ECF system.

/s/John A. Schifino
John A. Schifino, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/2014	08/2015	CA		Alameda

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
RG14722249	Superior Court of the State of California, County of Alameda

Reason/Charge
California Proposition 65

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Environmental Research Center vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Environmental Research Center alleged improper labeling under California Proposition 65 for XYMOGEN products being sold in California. The matter was settled between the parties and an Order was entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

ENDORSED
FILED
ALAMEDA COUNTY

AUG 11 2015

CLERK OF THE SUPERIOR COURT
By Xian-Xii Bowie

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
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Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation,

Plaintiff,

vs.

ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC.

Defendants.

Case No. RG14722249

ASSIGNED FOR ALL PURPOSES TO:
JUDGE WYNN CARVILL
DEPARTMENT 21

NOTICE OF ENTRY OF ORDER

TO ALL PARTIES TO THIS ACTION: Please take notice that on August 5, 2015 the Court issued the attached Order Granting Motion to Approve and Enter Stipulated Consent Judgment.

Dated: August 11, 2015

Richard T. Drury
Attorney for Plaintiff
Environmental Research Center

ATTACHMENT

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
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Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

ENDORSED
FILED
ALAMEDA COUNTY

AUG 05 2015

K. McCoy, Exec. Off./Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation, Plaintiff, vs. ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC. Defendants.	Case No. RG14722249 ASSIGNED FOR ALL PURPOSES TO: JUDGE WYNN CARVILL DEPARTMENT 21 ~~[PROPOSED]~~ **ORDER GRANTING MOTION TO APPROVE AND ENTER STIPULATED CONSENT JUDGMENT** Hearing Date: August 5, 2015 Time: 8:30 a.m. Reservation No. R-1638982 Case Filed: April 21, 2014 First Amend. Compl. Filed: Oct. 14, 2014

The Motion of Plaintiff ENVIRONMENTAL RESEARCH CENTER to Approve and Enter the Stipulated Consent Judgment came on regularly for hearing before this Court on August 5, 2015 at 8:30 a.m., before the Honorable Wynne Carvill presiding. Rebecca L. Davis appeared for Plaintiff Environmental Research Center. Edward P. Sangster appeared for Defendants Xymogen Inc. and Atlantic-Pro-Nutrients, Inc. dba Xymogen. Having read and considered the Motion, the memorandum of points and authorities, and the declarations and other evidentiary matter filed by

the parties, having heard the argument of counsel, and having weighed the evidence presented by both parties, and good cause appearing therefore,

IT IS HEREBY ORDERED THAT:

The Motion to Approve and Enter the Stipulated Consent Judgment is GRANTED.

The Court makes the following findings pursuant to California Health and Safety Code Section 25249.7(f) and 11 Cal. Code Regs. Section 3201 *et seq.*:

1. The warning required by the Stipulated Consent Judgment complies with Health and Safety Code sections 25249.5 *et seq.* ("Proposition 65");
2. The award of attorneys' fees and costs provided in the Stipulated Consent Judgment is reasonable under California law;
3. The penalties provided by the Stipulated Consent Judgment are reasonable based on the criteria set forth in Health and Safety Code Section 25249.7(b);
4. Plaintiff's continued prosecution of the action was necessary to obtain the relief in the Stipulated Consent Judgment; and
5. The Stipulated Consent Judgment is in the public interest.

Therefore, for the foregoing reasons, the Stipulated Consent Judgment shall be entered as the Judgment of this Court as of the date of entry this Order.

IT IS SO ORDERED.

Dated: Aug 5, 2015

Honorable Wynne Carvill
Judge of the Superior Court

PROOF OF SERVICE

I, Theresa Rettinghouse, declare as follows:

I am a resident of the State of California, and employed in Oakland, California. I am over the age of 18 years and am not a party to the above-entitled action. My business address is 410 12th Street, Suite 250 Oakland, CA 94607. On August 11, 2015, I served a copy of the following documents:

- **NOTICE OF ENTRY OF ORDER**

☒ By placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oakland, California addressed as set forth below.
☐ By sending the documents as an electronic mail attachment in PDF format to the e-mail addresses below

Edward Sangster
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4 Embarcadero Center, Suite 1200
San Francisco, CA 94111-5994
United States of America
P: +1.415.882.8200
Edward.Sangster@klgates.com

Theresa Rettinghouse

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2013	05/2014	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
SACV13-01071 JVS (RNBx)	US District Court, Central District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Sundesa vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Sundesa alleged a patent infringement against XYMOGEN for a blender bottle being distributed by XYMOGEN. The matter was settled between the parties and an Order of Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Tyson K. Hottinger (California State Bar No. 253221)
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E-mail: abeckstrom@mabr.com

JS6

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Facsimile: (435) 252-1361

&

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Telephone: (949) 202-1900
Facsimile: (949) 453-1104

Attorneys for Plaintiff Sundesa, LLC

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

Sundesa, LLC, a Utah Limited Liability Company,

Plaintiff,

v.

Atlantic Pro-Nutrients, Inc., an Illinois Corporation, d/b/a XYMOGEN

Defendant.

Civil Action No.: 8:13-cv-01071-JVS-RNB

ORDER GRANTING STIPULATED NOTICE OF DISMISSAL WITH PREJUDICE

Assigned For All Purposes To:
Hon. James V. Selna
Department 10C

In view of the Parties' Stipulated Notice of Dismissal with Prejudice, the Court hereby ORDERS that all claims, counterclaims, demands, causes of action, and defenses that were, or could have been, asserted in the above-captioned action are hereby dismissed with prejudice. Each party will bear its own costs and attorneys' fees.

DATED: JUNE 10, 2014

Judge James V. Selna
United States District Court

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2013	02/2018	UT		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:13-cv-784-TS		US District Court for the Central District of Utah		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Thorne Research vs. XYMOGEN		Lawsuit		
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research alleged a patent infringement against XYMOGEN related to a product formula being distributed by XYMOGEN. A jury determined the patent was invalid and there was no wrong doing on the part of XYMOGEN.

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/2023	Pending	DE		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
22-11284	US Bankruptcy Court for the District of Delaware

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmaca Integrative Pharmacy, Inc., Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 11 Bankruptcy Case (copy attached) and filed its Proof of Claim.

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Epiq Corporate Restructuring, LLC
PO Box 4470
Beaverton, OR 97076
Address Service Requested

Legal Documents Enclosed -
Please direct to the attention
of the Addressee,
Legal Department or President

2,201



MHT 341 NTC 01-13-2023 (MERGE2,TXNUM2)
******4000001355****** BAR(23) MAIL ID *** 000213801691 ***

WHOLESCRIPTS
6900 KINGSPOINTE PKWY
ORLANDO FL 32819

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Information to identify the case:

Debtor Medly Health Inc., *et al.*
Name

EIN 82-4733391

United States Bankruptcy Court District of Delaware

Date case filed for chapter 11 12/09/2022

Case number: 22-11257 (KBO) (Jointly Administered)

Official Form 309F1 (For Corporations or Partnerships)

Notice of Chapter 11 Bankruptcy Case

10/20

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at https://pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtors' full name: See chart below.

2. All other names used in the last 8 years: See chart below if applicable

Jointly Administered Cases

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Health, Inc.	7088 Winchester Circle Boulder, CO 80303	22-11257	82-4733391
Care Well Pharmacy, Inc. dba Medly Pharmacy	7088 Winchester Circle Boulder, CO 80303	22-11258	75-2999048
Grubbs Care Pharmacy NW Inc. Dba Grubbs NW Specialty Pharmacy	7089 Winchester Circle Boulder, CO 80303	22-11259	27-1460490
Marg Pharmacy, Inc. dba Medly Pharmacy dba LiRx	7090 Winchester Circle Boulder, CO 80303	22-11260	22-3315838
Medly Atlanta Inc.	7091 Winchester Circle Boulder, CO 80303	22-11261	84-4327312

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Enterprise LLC	7099 Winchester Circle Boulder, CO 80303	22-11262	84-1738898
Medly Baltimore Inc. dba Medly Pharmacy	7092 Winchester Circle Boulder, CO 80303	22-11263	84-3732354
Medly Queens Inc. dba Medly Pharmacy fka Medly DFCC	7109 Winchester Circle Boulder, CO 80303	22-11264	86-3189623
Medly Bedford Ave Pharmacy Inc. dba Medly Pharmacy	7093 Winchester Circle Boulder, CO 80303	22-11265	85-2063690
Medly Grand Central Inc. dba Medly Pharmacy	7100 Winchester Circle Boulder, CO 80303	22-11266	85-3161741
Medly Raleigh Inc. dba Medly Pharmacy	7110 Winchester Circle Boulder, CO 80303	22-11267	84-3015140
Medly Bristol Inc. dba Medly Pharmacy	7094 Winchester Circle Boulder, CO 80303	22-11268	87-2424556
Medly Bronx Inc. dba Medly Pharmacy	7095 Winchester Circle Boulder, CO 80303	22-11269	85-0704741
Medly San Antonio Inc. dba Medly Pharmacy	7111 Winchester Circle Boulder, CO 80303	22-11270	85-3969973
Medly Houston Inc. dba Medly Pharmacy	7101 Winchester Circle Boulder, CO 80303	22-11271	85-3447443
Medly Chicago Inc. dba Medly Pharmacy	7096 Winchester Circle Boulder, CO 80303	22-11272	84-3685231
Medly Dallas Inc. dba Medly Pharmacy	7097 Winchester Circle Boulder, CO 80303	22-11273	84-4357581
Medly Jersey City Inc. dba Medly Pharmacy	7102 Winchester Circle Boulder, CO 80303	22-11274	85-1564966
Medly Stamford Inc. dba Medly Pharmacy	7112 Winchester Circle Boulder, CO 80303	22-11275	85-1564966
Medly DC Inc. dba Grubbs NW Specialty Pharmacy	7098 Winchester Circle Boulder, CO 80303	22-11276	86-1449403
Medly Orlando Inc. dba Medly Pharmacy	7105 Winchester Circle Boulder, CO 80303	22-11277	85-0797581
Medly Tampa Inc. dba Medly Pharmacy	7113 Winchester Circle Boulder, CO 80303	22-11278	86-1495128
Medly Mail Service Pharmacy LLC Fka Valisurex LLC	7103 Winchester Circle Boulder, CO 80303	22-11279	82-4179203

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly UCHC Pharmacy Inc. dba Medly Pharmacy	7114 Winchester Circle Boulder, CO 80303	22-11280	84-3556672
Medly Utah Inc.	7115 Winchester Circle Boulder, CO 80303	22-11281	84-3964648
Medly Miami Inc. dba Medly Pharmacy	7104 Winchester Circle Boulder, CO 80303	22-11282	84-3858101
Medly Pharmacy Inc.	7106 Winchester Circle Boulder, CO 80303	22-11283	11-3394606
X Pharmaca Integrative Pharmacy, Inc.	7116 Winchester Circle Boulder, CO 80303	22-11284	84-1550334
Medly Pharmacy PA Inc. dba Medly Pharmacy	7107 Winchester Circle Boulder, CO 80303	22-11285	83-4308494
Tango340B LLC fdba RPH Innovations LLC	7117 Winchester Circle Boulder, CO 80303	22-11286	84-1738898
Medly Pittsburgh Inc. dba Medly Pharmacy	7108 Winchester Circle Boulder, CO 80303	22-11287	86-3318381
West Campbell Pharmacy Inc. dba Medly Pharmacy	7118 Winchester Circle Boulder, CO 80303	22-11288	84-2622931
Khora Health Solutions Inc.	7118 Winchester Circle Boulder, CO 80303	22-11361	84-1782909
RPH Innovations LLC	7118 Winchester Circle Boulder, CO 80303	22-11362	45-3613767

3. Address: See chart above

4. Debtors' attorneys

PACHULSKI STANG ZIEHL & JONES LLP
Laura Davis Jones (DE Bar No. 2436)
David M. Bertenthal (CA Bar No. 167624)
Timothy P. Cairns (DE Bar No. 4228)
919 N. Market Street, 17th Floor
P.O. Box 8705
Wilmington, DE 19899-8705 (Courier 19801)
Telephone: (302) 652-4100
Facsimile: (302) 652-4400
Email: ljones@pszjlaw.com
dbertenthal@pszjlaw.com
tcairns@pszjlaw.com

5. Bankruptcy clerk's office

Documents in this case may be filed at this address:

824 Market Street
3rd Floor
Wilmington, DE 19801

You may inspect all records filed in this case at this office or online at www.pacer.gov.

Hours open: Monday – Friday 8:00 AM – 4:00 PM

Contact phone 302-252-2900

6. Meeting of creditors

February 6, 2023 at 1:00 p.m. (ET)

The debtors' representative must attend the meeting to be questioned under oath. If so, the date will be on the court docket.

The meeting may be continued or adjourned to a later date.

Creditors may attend, but are not required to do so.

Location:
Telephonic
Dial in: 1-888-324-8129
Passcode: 9576199#

7. Proof of claim deadline

Deadline for filing proof of claim: Not yet set. If a deadline is set, notice will be sent at a later time.

A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be filed either electronically or as a paper document. For more information on how to file a Proof of Claim, visit the court-appointed claims agent's website at https://dm.epiq11.com/case/medlyhealth/info.

Your claim will be allowed in the amount scheduled unless:

- your claim is designated as *disputed*, *contingent*, or *unliquidated*;
- you file a proof of claim in a different amount; or
- you receive another notice.

If your claim is not scheduled or if your claim is designated as *disputed*, *contingent*, or *unliquidated*, you must file a proof of claim or you might not be paid on your claim and you might be unable to vote on a plan. You may file a proof of claim even if your claim is scheduled.

You may review the schedules at the bankruptcy clerk's office or online at https://pacer.uscourts.gov

Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits a creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.

8. Exception to discharge deadline

The bankruptcy clerk's office must receive a complaint and any required filing fee by the following deadline.

If § 523(c) applies to your claim and you seek to have it excepted from discharge, you must start a judicial proceeding by filing a complaint by the deadline stated below.

Deadline for filing the complaint: April 7, 2023

9. Creditors with a foreign address

If you are a creditor receiving notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

10. Filing a Chapter 11 bankruptcy case

Chapter 11 allows debtors to reorganize or liquidate according to a plan. A plan is not effective unless the court confirms it. You may receive a copy of the plan and a disclosure statement telling you about the plan, and you may have the opportunity to vote on the plan. You will receive notice of the date of the confirmation hearing, and you may object to confirmation of the plan and attend the confirmation hearing. Unless a trustee is serving, the debtor will remain in possession of the property and may continue to operate its business.

11. Discharge of debts

Confirmation of a chapter 11 plan may result in a discharge of debts, which may include all or part of your debt. See 11 U.S.C. § 1141(d). A discharge means that creditors may never try to collect the debt from the debtor except as provided in the plan. If you want to have a particular debt owed to you excepted from the discharge and § 523(c) applies to your claim, you must start a judicial proceeding by filing a complaint and paying the filing fee in the bankruptcy clerk's office by the deadline.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2021	10/13/2022	FL	Jacksonville	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:21-bk-02027-JAB		US Bankruptcy Court, Middle District of Florida, Jacksonville Division		
Reason/Charge				
Chapter 11 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Live Well Medical Centers Orlando, Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The case was dismissed (copy of Order attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

ORDERED.

Dated: October 13, 2022

Jacob A. Brown
United States Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
www.flmb.uscourts.gov

In re:

Live Well Medical Centers Orlando LLC,

Debtor.
_____/

Case No.: 3:21-bk-02027-JAB
Chapter 11

ORDER GRANTING UNITED STATES TRUSTEE'S MOTION TO DISMISS

THIS CASE came before the Court for hearing on October 11, 2022 upon the United States Trustee's Motion to Dismiss or Convert Case to Chapter 7 ("Motion"; Doc. No. 92). For the reasons stated in Open Court, it is now

ORDERED:

1. The Motion is GRANTED.
2. This case is dismissed.
3. All other pending motions are denied as moot.

# # #

Copies to (Service by BNC): All creditors and parties in interest.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2020	Pending	MD	Greenbelt	Prince George's County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-21017-TJC	US Bankruptcy Court for the District of Maryland, Greenbelt Division

Reason/Charge
Chapter 11 (SubChapter V) Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
iThrive Health, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. There is a pending Request to Close Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re: **iTHRIVE HEALTH, LLC,** **Reorganized Debtor.**	**Case No. 20-21017-TJC** **Chapter 11 (SubChapter V)**

NOTICE OF SUBSTANTIAL CONSUMMATION UNDER SUBCHAPTER V AND REQUEST TO CLOSE CASE

iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor"), by and through its undersigned counsel, pursuant to 11 U.S.C. § 1183(c)(2) and Local Bankruptcy Rule 3022-1, hereby files a second Notice of Substantial Consummation[1] in cases under Subchapter V and request that the case be closed expeditiously. he Reorganized Debtor hereby certifies that the attached summary report of the disbursements, distribution and transfers that have been made pursuant to the plan which includes a description of other acts taken to consummate the plan. *See* **Exhibit A**. To date, all of the administrative claims filed by professionals have been paid and the priority claim of the Internal Revenue Service has been in full. The Reorganized Debtor made the first quarterly distribution to unsecured creditors in accordance with the confirmed plan of reorganization (the "Plan").

The Reorganized Debtor further certifies that six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable (order was entered on July 6, 2021); (B) any deposits required by the plan have been distributed; (C) any property proposed by

[1] The Reorganized Debtor previously certified that substantive consummation had occurred in its Notice of Occurrence of the Effective Date on July 21, 2021 [Docket No. 108] The Office of the United States Trustee has requested that the Reorganized Debtor refile as a separate of Notice of Substantial Consummation with additional disclosures.

the plan to be transferred has been transferred; (D) the Reorganized Debtor has assumed the business or the management of the property dealt with by the Plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved. *See* **Exhibit B.** The Debtor will continue to pay quarterly distributions to unsecured creditors in accordance with the Plan.

/s/ Marc Isaacson
Marc Isaacson

Dated: January 24, 2022

Respectfully submitted,

/s/ Justin P. Fasano
McNamee Hosea, P.A.
Justin P. Fasano, Esquire (MDB # 28659)
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Phone: 301-441-2420
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I hereby certify that on January 24 2022, I reviewed the Court's CM/ECF system and it reports that a copy of the **Notice of Substantial Consummation under Subchapter V and Request to Close Case** will be served electronically by CM/ECF to the attorneys listed below, and by first class mail, postage prepaid, to all creditors on the attached mailing matrix:

Robert Henry Brooke Cawood rhbc@cawoodlawfirm.com
John B. Connor jack@johnbconnor.com
Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, mbp@henrylaw.com
Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com
Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com
Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com
L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV
Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com
US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV
Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

/s/ Justin P. Fasano
Justin P. Fasano

EXHIBIT A

Summary Report Of The Disbursements, Distribution And Transfers
That Have Been Made Pursuant To The Plan
(JULY 7, 2021 THROUGH DECEMBER 31, 2021)

A	**Priority Payments of Administration Other than Operating Expenses**	
	SubChapter V Trustee	$10,740.10
	Internal Revenue Service (priority portion of claim)	$5,516.08
	Accountant (including retainer applied)	$4,708.00
	Debtor's Attorney(including retainer applied)	$43,930.85
	Landlord (replenishment of security deposit	$14.933.00

B	Payments to Sandy Spring Bank	$67,311.30

C	Payments to Unsecured Creditors	$6,649.72

EXHIBIT B

Matters Involving Consummation Of The Confirmed Plan
That Have Not Been Fully Resolved
(THROUGH DECEMBER 31, 2021)

	PAID	STILL TO BE PAID	TOTAL
Priority Payments of Administration Other than Operating Expenses			
SubChapter V Trustee	$10,740.10	$0.00	$10,740.10
Internal Revenue Service (priority portion of claim)	$5,516.08	$0.00	$5,516.08
Accountant (including retainer applied)	$4,708.00	$0.00	$4,708.00
Debtor's Attorney (including retainer applied)	$43,930.85	$0.00	$43,930.85
Landlord (replenishment of security deposit	$14.933.00		$14.933.00

	PAID	STILL TO BE PAID	TOTAL
Payments to Secured Creditors			
Payments to Sandy Spring Bank	$67,311.30	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00

	PAID	STILL TO BE PAID	TOTAL
Other			
Payments to General Unsecured Creditors	$6,649.72	$113,350.28	$120,000.00

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
	Chapter 11 (SubChapter V)
Debtor.	

MOTION FOR FINAL DECREE

iThrive Health, LLC (the "Reorganized Debtor"), by its undersigned counsel, and pursuant to 11 U.S.C. § 350, Federal Rule of Bankruptcy Procedure 3022 and Local Rule 3022-1, hereby files this Motion for Final Decree and for cause states as follows:

1. On December 28, 2020 (the "Petition Date"), the Liquidating Debtor filed with this Court a voluntary petition for relief under chapter 11 of the Bankruptcy Code.

2. On April 30, 2021, the Reorganized Debtor filed Debtor's First Amended Chapter 11 Plan of Reorganization dated April 30, 2021 [Dkt. No. 86] (the "Plan"[1]).

3. The Court entered an order confirming the Plan on July 6, 2021 (the "Confirmation Order," Docket No. 103).

4. Section 350(a) of the Bankruptcy Code provides that after a debtor's estate is fully administered and the court has discharged the trustee, the court shall close the case. 11 U.S.C. § 350. Bankruptcy Rule 3022 sets forth the procedure for the closing of a chapter 11 case and the entry of a final decree and provides that "after an estate is fully administered in a chapter 11 reorganization case, the court, on its own motion or on

[1] All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Plan.

motion of a party in interest, shall enter a final decree closing the case." Fed. R. Bankr. P. 3022.

5. The standard for determining if a debtor's estate has been fully administered and a final decree should issue, is whether the debtor's case has been substantially consummated, as defined in Section 1101(2) of the Bankruptcy Code. In re A. H. Robbins Co., Inc., 219 B.R. 145, 150 (E.D. Va. 1998) citing In re Jordan Mfg. Co. Inc., 138 B.R. 30, 344 (Bankr. C.D. Ill. 1992). Section 1101(2) defines "substantial consummation" as follows:

> (A) transfer of all or substantially all of the property proposed by the plan to be transferred;
>
> (B) assumption by the debtor or by the successor to the debtor under the plan of the business or the management of all or substantially all of the property dealt with under the plan; and
>
> (C) commencement of distribution under the plan.

11 U.S.C. §1101(2).

6. Further, Local Bankruptcy Rule 3022-1(b) provides that a Chapter 11 Plan Proponent must certify that the Plan has been fully administered. Local Bankruptcy Rule 3022-1(a) provides that

> A Chapter 11 plan will be deemed fully administered under Federal Bankruptcy Rule 3022: (1) after the completion of the following: (A) six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable; (B) the deposits required by the plan have been distributed; (C) the property proposed by the plan to be transferred has been transferred; (D) the debtor or the successor of the debtor under the plan has assumed the business or the management of the property dealt with by the plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved; or (2) for individual Chapter 11 debtors, upon completion of all plan payments; or (3) at another time specifically defined by the plan.

A notice of substantial consummation is submitted herewith as **Exhibit A.** The Reorganized Debtor's Certificate of Full Administration is submitted therewith. As stated in the Certificate, all requirements of Local Bankruptcy Rule 3022-1(b)(1) have been met, and it has now been six months since the entry of the final order of confirmation.

WHEREFORE, the Reorganized Debtor prays for entry for entry of a Final Decree and for such other and further relief as the Court deems necessary or appropriate.

Dated: January 24, 2022

Respectfully submitted

/s/ Justin P. Fasano
Janet M. Nesse (Fed. Bar No. 07804)
Justin P. Fasano (Fed Bar No. 28659)
McNamee Hosea, P.A.
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Tel: 301-441-2420
Fax: 301-982-9450
jnesse@mhlawyers.com
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by CM/ECF, to the parties listed below.

John B. Connor jack@johnbconnor.com

Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, jtm@henrylaw.com, mbp@henrylaw.com

Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com

Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com

Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com

L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV

Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com

US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV

Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by first class mail, postage prepaid, to the creditors on the attached matrix.

/s/ Justin P. Fasano
Justin P. Fasano

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
Reorganized Debtor.	**Chapter 11 (SubChapter V)**

ORDER CLOSING CASE

Upon consideration of the Motion for Final Decree and Notice of Substantial Consummation under Subchapter V and Request to Close Case filed by iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor") and it appearing to the Court that the Trustee in the above–entitled case has performed all duties required of him/her in the administration of said estate; it is by the United States Bankruptcy Court for the District of Maryland, hereby

ORDERED, that Reorganized Debtor's case be and it hereby is closed; that the Trustee be and he/she hereby is discharged from and relieved of his/her trust.

END OF ORDER

cc: All creditors

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2020	Pending	NY		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-22971-rdd	US Bankruptcy Court, Southern District of New York

Reason/Charge
Chapter 7 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Michael B. Schachter, MD, PC, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 7 Bankruptcy Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Information to identify the case.			
Debtor	Michael B. Schachter M.D., P.C	EIN:	13-2794978
	Name		
United States Bankruptcy Court	Southern District of New York	Date case filed for chapter:	7 8/24/20
Case number:	20-22971-rdd		

Official Form 309C (For Corporations or Partnerships)

Notice of Chapter 7 Bankruptcy Case

12/17

For the debtor listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.
To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office and the office of the U.S. Trustee cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtor's full name	Michael B. Schachter M.D., P.C	
2. All other names used in the last 8 years	dba Schachter Center for Complementary Medicine	
3. Address	42 Peter Turner Road Monroe, NY 10950-4178	
4. Debtor's attorney Name and address	Robert J. Flanagan III Greenbaum, Rowe, Smith & Davis LLP PO Box 5600 Woodbridge, NJ 07095	Contact phone 732-476-3204 Email: rflanagan@greenbaumlaw.com
5. Bankruptcy trustee Name and address	Mark S. Tulis Tulis Wilkes Huff & Geiger LLP 220 White Plains Road 2nd Floor Tarrytown, NY 10591	Contact phone (914) 747-4400 Email: mtulis.trustee@gmail.com
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.	300 Quarropas Street White Plains, NY 10601 Clerk of the Bankruptcy Court: Vito Genna	Office Hours: Monday – Friday 9:30 AM – 5:00 PM Contact phone 914-467-7250 Date: 8/24/20
7. Meeting of creditors The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	**September 24, 2020 at 10:30 AM** The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. **Cell phones are not permitted in the Courthouse without an Attorney Secure Pass which can be obtained at the U.S. District Court Clerk's Office.**	Location: **Teleconference *ONLY*, Contact Trustee (see Trustee Section), for direction**
8. Proof of claim	No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline. Deadline for holder(s) of a claim secured by a security interest in the principal residence pursuant to Rule 3002(c)(7)(A):	**Filing deadline: 70 days after the order for relief is entered.**
9. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/2020	05/2021	SC		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-01227-hb	US Bankruptcy Court, District of South Carolina

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Carolina Integrative Medicine [Aimee Duffy, MD], Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. An Order Confirming Plan has been entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:	CHAPTER 11
Carolina Integrative Medicine, P.A.	CASE NO: 20-01227-HB
Debtor(s).	ORDER CONFIRMING PLAN

The amended plan under chapter 11 of the Bankruptcy Code filed by the debtor(s) on March 16, 2021, or a summary thereof, having been transmitted to the creditors and equity security holders, and

It having been determined, after hearing on notice that the requirements for confirmation set forth in 11 U.S.C. § 1129(a) or (b) have been satisfied,

IT IS ORDERED that:

The amended plan filed by Robert H. Cooper, on March 16, 2021, is confirmed.

IT IS FURTHER ORDERED that the debtor(s):

(1) file, with the Court, pursuant to Federal Rule of Bankruptcy Procedure 2015(a) and District of South Carolina Local Bankruptcy Rule 2015-3, until the case is closed, monthly operating reports in a form approved by the United States trustee. The reports must include any action taken toward the consummation of the plan;

(2) continue to pay the required quarterly fees to the United States trustee until the case has been converted or dismissed, whichever occurs first; and

(3) file, within 90 days after the entry of this Order:

(a) an application for final decree,
(b) a report of substantial consummation,
(c) a final report,
(d) objections to proofs of claim or interest against the debtor's(s') estate, and
(e) any modifications to the plan.

Any motion requesting an extension of this period must be filed before this period expires.

AND IT IS SO ORDERED.

U.S. BANKRUPTCY COURT
District of South Carolina

Case Number: **20-01227-hb**

ORDER CONFIRMING CHAPTER 11 PLAN

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT
05/04/2021

Entered: 05/04/2021

Chief US Bankruptcy Judge
District of South Carolina

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2019	06/2022	TX	Dallas	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-32841-hdh	US Bankruptcy Court for the Northern District of Texas, Dallas Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dougherty Pharmacy, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The final distribution on the allowed claim has been made (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/21/2023
Date

Dougherty's Litigation Trust
Jason Rae, Liquidating Trustee

400 N. St Paul, Suite 600
Dallas, TX 75201

June 17, 2022

RE: *Dougherty's Litigation Trust*
19-32841-HDH

Dear Claimant:

On behalf of the Dougherty's Litigation Trust, please find enclosed a check representing the **FINAL** distribution on your allowed claim in the above bankruptcy pursuant to the Order Confirming Joint Chapter 11 Plan of Reorganization for Dougherty's Holdings, Inc., Et Al, dated March 31, 2020. This amount is approximately 9.16% of your allowed claim and represents a **FINAL** distribution. To the extent that there are additional monies realized by the Trust, you may be notified of an additional distribution in the future, if any.

If you have any questions regarding this distribution, please contact Karla Wortham at 214-720-1929.

Sincerely,

Jason Rae
Liquidating Trustee

JR:kmw

Enclosure

C:\Users\JAR62\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\KOGSK1V1\Transmittal Letter 6.17.22.doc

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian J. Blackburn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Brian J. Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/24/2022

Date

Subscribed and Sworn to before me this 24th day of OCT. 2022.

Notary Public Signature

KIM M. JOHNSON
MY COMMISSION # HH 164806
EXPIRES: December 12, 2025
Bonded Thru Notary Public Underwriters

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wholescripts Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-463-3729 Website: www.wholescriptsrx.com

Licensing Company Email: pharmacy@wholescriptsrx.com

Section 2: Personal Information

First: Kyle Middle: Last: Blackburn

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]Via Vittoria Way

City: Orlando State: FL Zip: 32819

Telephone: [redacted] Email: kyle.blackburn@xymogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of North Carolina at Chapel Hill		01/21-09/22	
Address	**City**	**State**	**Zip**
UNC-Chapel Hill Suite 3100, SASB North CB# 2100	Chapel-Hill	NC	27599
Diploma/Degree obtained, if any			
Master of Business Administration (MBA)			

School Name		From - To (MM/YY – MM/YY)	
University of Florida		08/05-08/09	
Address	**City**	**State**	**Zip**
1478 Union Rd. (Criser Hall, 222)	Gainesville	FL	32611
Diploma/Degree obtained, if any			
Bachelor of Science in Applied Physiology and Kinesiology			

School Name		From - To (MM/YY – MM/YY)	
Bishop Moore Catholic High School		08/01-05/05	
Address	**City**	**State**	**Zip**
3901 Edgewater Dr.	Orlando	FL	32804
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/22 - PRESENT	[redacted] Via Vittoria Way	Orlando	FL	32819
11/20 - 06/22	[redacted] Tavistock Lakes Blvd.	Orlando	FL	32827
04/20 11/20	[redacted] Shore Ct.	Orlando	FL	32819
02/20 - 04/20	[redacted] Citrus Fields Place	Orlando	FL	32836
09/19 - 02/20	[redacted] Shore Ct.	Orlando	FL	32819
05/12 - 09/19	[redacted] Via Bella Notte	Orlando	FL	32836
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
XYMOGEN			03/10 - Present
Business Address	**City**	**State**	**Zip**
6900 Kingspointe Parkway	Orlando	FL	32819
Phone	**Title**		
407-722-8867	Director of Product Development		
Description of Duties			
Oversee new product development process.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/2023	Pending	DE		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22-11284		US Bankruptcy Court for the District of Delaware		
Reason/Charge				
Chapter 11 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Pharmaca Integrative Pharmacy, Inc., Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 11 Bankruptcy Case (copy attached) and filed its Proof of Claim.

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Information to identify the case:

Debtor Medly Health Inc., *et al.*
Name

EIN 82-4733391

Date case filed for chapter 11 12/09/2022

United States Bankruptcy Court District of Delaware

Case number: 22-11257 (KBO) (Jointly Administered)

Official Form 309F1 (For Corporations or Partnerships)

Notice of Chapter 11 Bankruptcy Case 10/20

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at https://pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtors' full name: See chart below.

2. All other names used in the last 8 years: See chart below if applicable

Jointly Administered Cases

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Health, Inc.	7088 Winchester Circle Boulder, CO 80303	22-11257	82-4733391
Care Well Pharmacy, Inc. dba Medly Pharmacy	7088 Winchester Circle Boulder, CO 80303	22-11258	75-2999048
Grubbs Care Pharmacy NW Inc. Dba Grubbs NW Specialty Pharmacy	7089 Winchester Circle Boulder, CO 80303	22-11259	27-1460490
Marg Pharmacy, Inc. dba Medly Pharmacy dba LiRx	7090 Winchester Circle Boulder, CO 80303	22-11260	22-3315838
Medly Atlanta Inc.	7091 Winchester Circle Boulder, CO 80303	22-11261	84-4327312



DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Enterprise LLC	7099 Winchester Circle Boulder, CO 80303	22-11262	84-1738898
Medly Baltimore Inc. dba Medly Pharmacy	7092 Winchester Circle Boulder, CO 80303	22-11263	84-3732354
Medly Queens Inc. dba Medly Pharmacy fka Medly DFCC	7109 Winchester Circle Boulder, CO 80303	22-11264	86-3189623
Medly Bedford Ave Pharmacy Inc. dba Medly Pharmacy	7093 Winchester Circle Boulder, CO 80303	22-11265	85-2063690
Medly Grand Central Inc. dba Medly Pharmacy	7100 Winchester Circle Boulder, CO 80303	22-11266	85-3161741
Medly Raleigh Inc. dba Medly Pharmacy	7110 Winchester Circle Boulder, CO 80303	22-11267	84-3015140
Medly Bristol Inc. dba Medly Pharmacy	7094 Winchester Circle Boulder, CO 80303	22-11268	87-2424556
Medly Bronx Inc. dba Medly Pharmacy	7095 Winchester Circle Boulder, CO 80303	22-11269	85-0704741
Medly San Antonio Inc. dba Medly Pharmacy	7111 Winchester Circle Boulder, CO 80303	22-11270	85-3969973
Medly Houston Inc. dba Medly Pharmacy	7101 Winchester Circle Boulder, CO 80303	22-11271	85-3447443
Medly Chicago Inc. dba Medly Pharmacy	7096 Winchester Circle Boulder, CO 80303	22-11272	84-3685231
Medly Dallas Inc. dba Medly Pharmacy	7097 Winchester Circle Boulder, CO 80303	22-11273	84-4357581
Medly Jersey City Inc. dba Medly Pharmacy	7102 Winchester Circle Boulder, CO 80303	22-11274	85-1564966
Medly Stamford Inc. dba Medly Pharmacy	7112 Winchester Circle Boulder, CO 80303	22-11275	85-1564966
Medly DC Inc. dba Grubbs NW Specialty Pharmacy	7098 Winchester Circle Boulder, CO 80303	22-11276	86-1449403
Medly Orlando Inc. dba Medly Pharmacy	7105 Winchester Circle Boulder, CO 80303	22-11277	85-0797581
Medly Tampa Inc. dba Medly Pharmacy	7113 Winchester Circle Boulder, CO 80303	22-11278	86-1495128
Medly Mail Service Pharmacy LLC Fka Valisurex LLC	7103 Winchester Circle Boulder, CO 80303	22-11279	82-4179203

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly UCHC Pharmacy Inc.. dba Medly Pharmacy	7114 Winchester Circle Boulder, CO 80303	22-11280	84-3556672
Medly Utah Inc.	7115 Winchester Circle Boulder, CO 80303	22-11281	84-3964648
Medly Miami Inc. dba Medly Pharmacy	7104 Winchester Circle Boulder, CO 80303	22-11282	84-3858101
Medly Pharmacy Inc.	7106 Winchester Circle Boulder, CO 80303	22-11283	11-3394606
X Pharmaca Integrative Pharmacy, Inc.	7116 Winchester Circle Boulder, CO 80303	22-11284	84-1550334
Medly Pharmacy PA Inc. dba Medly Pharmacy	7107 Winchester Circle Boulder, CO 80303	22-11285	83-4308494
Tango340B LLC fdba RPH Innovations LLC	7117 Winchester Circle Boulder, CO 80303	22-11286	84-1738898
Medly Pittsburgh Inc. dba Medly Pharmacy	7108 Winchester Circle Boulder, CO 80303	22-11287	86-3318381
West Campbell Pharmacy Inc. dba Medly Pharmacy	7118 Winchester Circle Boulder, CO 80303	22-11288	84-2622931
Khora Health Solutions Inc.	7118 Winchester Circle Boulder, CO 80303	22-11361	84-1782909
RPH Innovations LLC	7118 Winchester Circle Boulder, CO 80303	22-11362	45-3613767

3. Address: See chart above

4. Debtors' attorneys

PACHULSKI STANG ZIEHL & JONES LLP
Laura Davis Jones (DE Bar No. 2436)
David M. Bertenthal (CA Bar No. 167624)
Timothy P. Cairns (DE Bar No. 4228)
919 N. Market Street, 17th Floor
P.O. Box 8705
Wilmington, DE 19899-8705 (Courier 19801)
Telephone: (302) 652-4100
Facsimile: (302) 652-4400
Email: ljones@pszjlaw.com
dbertenthal@pszjlaw.com
tcairns@pszjlaw.com

5. Bankruptcy clerk's office

Documents in this case may be filed at this address:

824 Market Street
3rd Floor
Wilmington, DE 19801

You may inspect all records filed in this case at this office or online at www.pacer.gov.

Hours open: Monday – Friday 8:00 AM – 4:00 PM

Contact phone 302-252-2900

6. Meeting of creditors

February 6, 2023 at 1:00 p.m. (ET)

The debtors' representative must attend the meeting to be questioned under oath. If so, the date will be on the court docket.

The meeting may be continued or adjourned to a later date.

Creditors may attend, but are not required to do so.

Location:
Telephonic
Dial in: 1-888-324-8129
Passcode: 9576199#

7. Proof of claim deadline

Deadline for filing proof of claim: Not yet set. If a deadline is set, notice will be sent at a later time.

A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be filed either electronically or as a paper document. For more information on how to file a Proof of Claim, visit the court-appointed claims agent's website at https://dm.epiq11.com/case/modlyhealth/info.

Your claim will be allowed in the amount scheduled unless:

- your claim is designated as *disputed*, *contingent*, or *unliquidated*;
- you file a proof of claim in a different amount; or
- you receive another notice.

If your claim is not scheduled or if your claim is designated as *disputed*, *contingent*, or *unliquidated*, you must file a proof of claim or you might not be paid on your claim and you might be unable to vote on a plan. You may file a proof of claim even if your claim is scheduled.

You may review the schedules at the bankruptcy clerk's office or online at https://pacer.uscourts.gov

Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits a creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.

8. Exception to discharge deadline

The bankruptcy clerk's office must receive a complaint and any required filing fee by the following deadline.

If § 523(c) applies to your claim and you seek to have it excepted from discharge, you must start a judicial proceeding by filing a complaint by the deadline stated below.

Deadline for filing the complaint: April 7, 2023

9. Creditors with a foreign address

If you are a creditor receiving notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

10. Filing a Chapter 11 bankruptcy case

Chapter 11 allows debtors to reorganize or liquidate according to a plan. A plan is not effective unless the court confirms it. You may receive a copy of the plan and a disclosure statement telling you about the plan, and you may have the opportunity to vote on the plan. You will receive notice of the date of the confirmation hearing, and you may object to confirmation of the plan and attend the confirmation hearing. Unless a trustee is serving, the debtor will remain in possession of the property and may continue to operate its business.

11. Discharge of debts

Confirmation of a chapter 11 plan may result in a discharge of debts, which may include all or part of your debt. See 11 U.S.C. § 1141(d). A discharge means that creditors may never try to collect the debt from the debtor except as provided in the plan. If you want to have a particular debt owed to you excepted from the discharge and § 523(c) applies to your claim, you must start a judicial proceeding by filing a complaint and paying the filing fee in the bankruptcy clerk's office by the deadline.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2018	10/2018	FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-1057-Orl-31GJK	US District Court for the Middle District of Florida

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Coding Technologies vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Coding Technologies alleged unauthorized use by XYMOGEN of its patented technology for providing mobile service with the use of code pattern. The matter was settled between the parties with a license agreement allowing XYMOGEN use, and an Order of Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

CODING TECHNOLOGIES, LLC,

Plaintiff,

v. **Case No: 6:18-cv-1057-Orl-31GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL WITHOUT PREJUDICE

Upon consideration of the Notice of Settlement (Doc. 16), it is

ORDERED that this case is DISMISSED without prejudice pursuant to Local Rule 3.08(b), subject to the right of any party to move the Court within sixty (60) days for the purpose of entering a stipulated form of final order or judgment; or, on good cause shown, to reopen the case for further proceedings. The Court will not dismiss this case with prejudice inasmuch as an Answer has been filed at Doc. 13.

Any pending motions are **DENIED** as moot. The Clerk is directed to close this file.

DONE and **ORDERED** in Chambers in Orlando, Florida on October 22, 2018.

GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies furnished to:

Counsel of Record
Unrepresented Parties

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/2019	06/2022	TX	Dallas	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-32841-hdh	US Bankruptcy Court for the Northern District of Texas, Dallas Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dougherty Pharmacy, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The final distribution on the allowed claim has been made (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Dougherty's Litigation Trust
Jason Rae, Liquidating Trustee

400 N. St Paul, Suite 600
Dallas, TX 75201

June 17, 2022

RE: *Dougherty's Litigation Trust*
19-32841-HDH

Dear Claimant:

On behalf of the Dougherty's Litigation Trust, please find enclosed a check representing the **FINAL** distribution on your allowed claim in the above bankruptcy pursuant to the Order Confirming Joint Chapter 11 Plan of Reorganization for Dougherty's Holdings, Inc., Et Al, dated March 31, 2020. This amount is approximately 9.16% of your allowed claim and represents a **FINAL** distribution. To the extent that there are additional monies realized by the Trust, you may be notified of an additional distribution in the future, if any.

If you have any questions regarding this distribution, please contact Karla Wortham at 214-720-1929.

Sincerely,

Jason Rae
Liquidating Trustee

JR:kmw

Enclosure

C:\Users\JAR62\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\KOGSK1V1\Transmittal Letter 6.17.22.doc

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/2020	05/2021	SC		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-01227-hb	US Bankruptcy Court, District of South Carolina

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Carolina Integrative Medicine [Aimee Duffy, MD], Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. An Order Confirming Plan has been entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:	CHAPTER 11
Carolina Integrative Medicine, P.A.	CASE NO: 20-01227-HB
Debtor(s).	ORDER CONFIRMING PLAN

The amended plan under chapter 11 of the Bankruptcy Code filed by the debtor(s) on March 16, 2021, or a summary thereof, having been transmitted to the creditors and equity security holders, and

It having been determined, after hearing on notice that the requirements for confirmation set forth in 11 U.S.C. § 1129(a) or (b) have been satisfied,

IT IS ORDERED that:

The amended plan filed by Robert H. Cooper, on March 16, 2021, is confirmed.

IT IS FURTHER ORDERED that the debtor(s):

(1) file, with the Court, pursuant to Federal Rule of Bankruptcy Procedure 2015(a) and District of South Carolina Local Bankruptcy Rule 2015-3, until the case is closed, monthly operating reports in a form approved by the United States trustee. The reports must include any action taken toward the consummation of the plan;

(2) continue to pay the required quarterly fees to the United States trustee until the case has been converted or dismissed, whichever occurs first; and

(3) file, within 90 days after the entry of this Order:

(a) an application for final decree,
(b) a report of substantial consummation,
(c) a final report,
(d) objections to proofs of claim or interest against the debtor's(s') estate, and
(e) any modifications to the plan.

Any motion requesting an extension of this period must be filed before this period expires.

AND IT IS SO ORDERED.

U.S. BANKRUPTCY COURT
District of South Carolina

Case Number: **20-01227-hb**

ORDER CONFIRMING CHAPTER 11 PLAN

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT
05/04/2021

Entered: 05/04/2021

Chief US Bankruptcy Judge
District of South Carolina

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/2014	08/2015	CA		Alameda

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
RG14722249	Superior Court of the State of California, County of Alameda

Reason/Charge
California Proposition 65

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Environmental Research Center vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Environmental Research Center alleged improper labeling under California Proposition 65 for XYMOGEN products being sold in California. The matter was settled between the parties and an Order was entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

ENDORSED
FILED
ALAMEDA COUNTY

AUG 11 2015

CLERK OF THE SUPERIOR COURT
By Xian-Xii Bowie

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation,

Plaintiff,

vs.

ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC.

Defendants.

Case No. RG14722249

ASSIGNED FOR ALL PURPOSES TO:
JUDGE WYNN CARVILL
DEPARTMENT 21

NOTICE OF ENTRY OF ORDER

TO ALL PARTIES TO THIS ACTION: Please take notice that on August 5, 2015 the Court issued the attached Order Granting Motion to Approve and Enter Stipulated Consent Judgment.

Dated: August 11, 2015

Richard T. Drury
Attorney for Plaintiff
Environmental Research Center

ATTACHMENT

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

ENDORSED
FILED
ALAMEDA COUNTY

AUG 05 2015

K. McCoy, Exec. Off./Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation, Plaintiff, vs. ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC. Defendants.	Case No. RG14722249 ASSIGNED FOR ALL PURPOSES TO: JUDGE WYNN CARVILL DEPARTMENT 21 ~~[PROPOSED]~~ **ORDER GRANTING MOTION TO APPROVE AND ENTER STIPULATED CONSENT JUDGMENT** Hearing Date: August 5, 2015 Time: 8:30 a.m. Reservation No. R-1638982 Case Filed: April 21, 2014 First Amend. Compl. Filed: Oct. 14, 2014

The Motion of Plaintiff ENVIRONMENTAL RESEARCH CENTER to Approve and Enter the Stipulated Consent Judgment came on regularly for hearing before this Court on August 5, 2015 at 8:30 a.m., before the Honorable Wynne Carvill presiding. Rebecca L. Davis appeared for Plaintiff Environmental Research Center. Edward P. Sangster appeared for Defendants Xymogen Inc. and Atlantic-Pro-Nutrients, Inc. dba Xymogen. Having read and considered the Motion, the memorandum of points and authorities, and the declarations and other evidentiary matter filed by

the parties, having heard the argument of counsel, and having weighed the evidence presented by both parties, and good cause appearing therefore,

IT IS HEREBY ORDERED THAT:

The Motion to Approve and Enter the Stipulated Consent Judgment is GRANTED.

The Court makes the following findings pursuant to California Health and Safety Code Section 25249.7(f) and 11 Cal. Code Regs. Section 3201 *et seq.*:

1. The warning required by the Stipulated Consent Judgment complies with Health and Safety Code sections 25249.5 *et seq.* ("Proposition 65");
2. The award of attorneys' fees and costs provided in the Stipulated Consent Judgment is reasonable under California law;
3. The penalties provided by the Stipulated Consent Judgment are reasonable based on the criteria set forth in Health and Safety Code Section 25249.7(b);
4. Plaintiff's continued prosecution of the action was necessary to obtain the relief in the Stipulated Consent Judgment; and
5. The Stipulated Consent Judgment is in the public interest.

Therefore, for the foregoing reasons, the Stipulated Consent Judgment shall be entered as the Judgment of this Court as of the date of entry this Order.

IT IS SO ORDERED.

Dated: Aug 5, 2015

Honorable Wynne Carvill
Judge of the Superior Court

PROOF OF SERVICE

I, Theresa Rettinghouse, declare as follows:

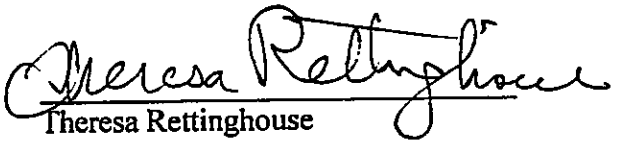
I am a resident of the State of California, and employed in Oakland, California. I am over the age of 18 years and am not a party to the above-entitled action. My business address is 410 12th Street, Suite 250 Oakland, CA 94607. On August 11, 2015, I served a copy of the following documents:

- **NOTICE OF ENTRY OF ORDER**

☒ By placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oakland, California addressed as set forth below.

☐ By sending the documents as an electronic mail attachment in PDF format to the e-mail addresses below

Edward Sangster
K & L Gates
4 Embarcadero Center, Suite 1200
San Francisco, CA 94111-5994
United States of America
P: +1.415.882.8200
Edward.Sangster@klgates.com



Theresa Rettinghouse

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/2021	10/13/2022	FL	Jacksonville	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:21-bk-02027-JAB	US Bankruptcy Court, Middle District of Florida, Jacksonville Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Live Well Medical Centers Orlando, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The case was dismissed (copy of Order attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

ORDERED.

Dated: October 13, 2022

Jacob A. Brown
United States Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
www.flmb.uscourts.gov

In re:

Live Well Medical Centers Orlando LLC,

Debtor.
_____/

Case No.: 3:21-bk-02027-JAB
Chapter 11

ORDER GRANTING UNITED STATES TRUSTEE'S MOTION TO DISMISS

THIS CASE came before the Court for hearing on October 11, 2022 upon the United States Trustee's Motion to Dismiss or Convert Case to Chapter 7 ("Motion"; Doc. No. 92). For the reasons stated in Open Court, it is now

ORDERED:

1. The Motion is GRANTED.
2. This case is dismissed.
3. All other pending motions are denied as moot.

# # #

Copies to (Service by BNC): All creditors and parties in interest.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2020	Pending	MD	Greenbelt	Prince George's County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-21017-TJC	US Bankruptcy Court for the District of Maryland, Greenbelt Division

Reason/Charge
Chapter 11 (SubChapter V) Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
iThrive Health, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. There is a pending Request to Close Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
Reorganized Debtor.	**Chapter 11 (SubChapter V)**

NOTICE OF SUBSTANTIAL CONSUMMATION UNDER SUBCHAPTER V AND REQUEST TO CLOSE CASE

iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor"), by and through its undersigned counsel, pursuant to 11 U.S.C. § 1183(c)(2) and Local Bankruptcy Rule 3022-1, hereby files a second Notice of Substantial Consummation[1] in cases under Subchapter V and request that the case be closed expeditiously. he Reorganized Debtor hereby certifies that the attached summary report of the disbursements, distribution and transfers that have been made pursuant to the plan which includes a description of other acts taken to consummate the plan. *See* **Exhibit A**. To date, all of the administrative claims filed by professionals have been paid and the priority claim of the Internal Revenue Service has been in full. The Reorganized Debtor made the first quarterly distribution to unsecured creditors in accordance with the confirmed plan of reorganization (the "Plan").

The Reorganized Debtor further certifies that six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable (order was entered on July 6, 2021); (B) any deposits required by the plan have been distributed; (C) any property proposed by

[1] The Reorganized Debtor previously certified that substantive consummation had occurred in its Notice of Occurrence of the Effective Date on July 21, 2021 [Docket No. 108] The Office of the United States Trustee has requested that the Reorganized Debtor refile as a separate of Notice of Substantial Consummation with additional disclosures.

the plan to be transferred has been transferred; (D) the Reorganized Debtor has assumed the business or the management of the property dealt with by the Plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved. *See* **Exhibit B.** The Debtor will continue to pay quarterly distributions to unsecured creditors in accordance with the Plan.

/s/ Marc Isaacson
Marc Isaacson

Dated: January 24, 2022

Respectfully submitted,

/s/ *Justin P. Fasano*
McNamee Hosea, P.A.
Justin P. Fasano, Esquire (MDB # 28659)
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Phone: 301-441-2420
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I hereby certify that on January 24 2022, I reviewed the Court's CM/ECF system and it reports that a copy of the **Notice of Substantial Consummation under Subchapter V and Request to Close Case** will be served electronically by CM/ECF to the attorneys listed below, and by first class mail, postage prepaid, to all creditors on the attached mailing matrix:

Robert Henry Brooke Cawood rhbc@cawoodlawfirm.com
John B. Connor jack@johnbconnor.com
Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, mbp@henrylaw.com
Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com
Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com
Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com
L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV
Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com
US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV
Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

/s/ *Justin P. Fasano*
Justin P. Fasano

EXHIBIT A

Summary Report Of The Disbursements, Distribution And Transfers
That Have Been Made Pursuant To The Plan
(JULY 7, 2021 THROUGH DECEMBER 31, 2021)

A	**Priority Payments of Administration Other than Operating Expenses**	
	SubChapter V Trustee	$10,740.10
	Internal Revenue Service (priority portion of claim)	$5,516.08
	Accountant (including retainer applied)	$4,708.00
	Debtor's Attorney(including retainer applied)	$43,930.85
	Landlord (replenishment of security deposit	$14.933.00

B	Payments to Sandy Spring Bank	$67,311.30

C	Payments to Unsecured Creditors	$6,649.72

EXHIBIT B

Matters Involving Consummation Of The Confirmed Plan
That Have Not Been Fully Resolved
(THROUGH DECEMBER 31, 2021)

	PAID	STILL TO BE PAID	TOTAL
Priority Payments of Administration Other than Operating Expenses			
SubChapter V Trustee	$10,740.10	$0.00	$10,740.10
Internal Revenue Service (priority portion of claim)	$5,516.08	$0.00	$5,516.08
Accountant (including retainer applied)	$4,708.00	$0.00	$4,708.00
Debtor's Attorney (including retainer applied)	$43,930.85	$0.00	$43,930.85
Landlord (replenishment of security deposit	$14.933.00		$14.933.00

	PAID	STILL TO BE PAID	TOTAL
Payments to Secured Creditors			
Payments to Sandy Spring Bank	$67,311.30	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00

	PAID	STILL TO BE PAID	TOTAL
Other			
Payments to General Unsecured Creditors	$6,649.72	$113,350.28	$120,000.00

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
Debtor.	**Chapter 11 (SubChapter V)**

MOTION FOR FINAL DECREE

iThrive Health, LLC (the "Reorganized Debtor"), by its undersigned counsel, and pursuant to 11 U.S.C. § 350, Federal Rule of Bankruptcy Procedure 3022 and Local Rule 3022-1, hereby files this Motion for Final Decree and for cause states as follows:

1. On December 28, 2020 (the "Petition Date"), the Liquidating Debtor filed with this Court a voluntary petition for relief under chapter 11 of the Bankruptcy Code.

2. On April 30, 2021, the Reorganized Debtor filed Debtor's First Amended Chapter 11 Plan of Reorganization dated April 30, 2021 [Dkt. No. 86] (the "Plan"[1]).

3. The Court entered an order confirming the Plan on July 6, 2021 (the "Confirmation Order," Docket No. 103).

4. Section 350(a) of the Bankruptcy Code provides that after a debtor's estate is fully administered and the court has discharged the trustee, the court shall close the case. 11 U.S.C. § 350. Bankruptcy Rule 3022 sets forth the procedure for the closing of a chapter 11 case and the entry of a final decree and provides that "after an estate is fully administered in a chapter 11 reorganization case, the court, on its own motion or on

[1] All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Plan.

motion of a party in interest, shall enter a final decree closing the case." Fed. R. Bankr. P. 3022.

5. The standard for determining if a debtor's estate has been fully administered and a final decree should issue, is whether the debtor's case has been substantially consummated, as defined in Section 1101(2) of the Bankruptcy Code. In re A. H. Robbins Co., Inc., 219 B.R. 145, 150 (E.D. Va. 1998) citing In re Jordan Mfg. Co. Inc., 138 B.R. 30, 344 (Bankr. C.D. Ill. 1992). Section 1101(2) defines "substantial consummation" as follows:

> (A) transfer of all or substantially all of the property proposed by the plan to be transferred;
>
> (B) assumption by the debtor or by the successor to the debtor under the plan of the business or the management of all or substantially all of the property dealt with under the plan; and
>
> (C) commencement of distribution under the plan.

11 U.S.C. §1101(2).

6. Further, Local Bankruptcy Rule 3022-1(b) provides that a Chapter 11 Plan Proponent must certify that the Plan has been fully administered. Local Bankruptcy Rule 3022-1(a) provides that

> A Chapter 11 plan will be deemed fully administered under Federal Bankruptcy Rule 3022: (1) after the completion of the following: (A) six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable; (B) the deposits required by the plan have been distributed; (C) the property proposed by the plan to be transferred has been transferred; (D) the debtor or the successor of the debtor under the plan has assumed the business or the management of the property dealt with by the plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved; or (2) for individual Chapter 11 debtors, upon completion of all plan payments; or (3) at another time specifically defined by the plan.

A notice of substantial consummation is submitted herewith as **Exhibit A.** The Reorganized Debtor's Certificate of Full Administration is submitted therewith. As stated in the Certificate, all requirements of Local Bankruptcy Rule 3022-1(b)(1) have been met, and it has now been six months since the entry of the final order of confirmation.

WHEREFORE, the Reorganized Debtor prays for entry for entry of a Final Decree and for such other and further relief as the Court deems necessary or appropriate.

Dated: January 24, 2022

Respectfully submitted

/s/ Justin P. Fasano
Janet M. Nesse (Fed. Bar No. 07804)
Justin P. Fasano (Fed Bar No. 28659)
McNamee Hosea, P.A.
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Tel: 301-441-2420
Fax: 301-982-9450
jnesse@mhlawyers.com
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by CM/ECF, to the parties listed below.
John B. Connor jack@johnbconnor.com

Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, jtm@henrylaw.com, mbp@henrylaw.com

Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com

Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com

Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com

L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV

Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com

US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV

Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by first class mail, postage prepaid, to the creditors on the attached matrix.

/s/ Justin P. Fasano
Justin P. Fasano

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re: **iTHRIVE HEALTH, LLC,** **Reorganized Debtor.**	**Case No. 20-21017-TJC** **Chapter 11 (SubChapter V)**

ORDER CLOSING CASE

Upon consideration of the Motion for Final Decree and Notice of Substantial Consummation under Subchapter V and Request to Close Case filed by iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor") and it appearing to the Court that the Trustee in the above–entitled case has performed all duties required of him/her in the administration of said estate; it is by the United States Bankruptcy Court for the District of Maryland, hereby

ORDERED, that Reorganized Debtor's case be and it hereby is closed; that the Trustee be and he/she hereby is discharged from and relieved of his/her trust.

END OF ORDER

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2019	11/2021			

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
91249473 & 91252582	US Patent and Trademark Office

Reason/Charge
Opposition of Trademark Applications

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Healthy Web, et al vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Healthy Web filed an opposition with the USPTO to XYMOGEN's trademark application for the "WHOLESCRIPTS" mark in view of its registration of the "FULLSCRIPT" mark. The case proceeded before the Trademark Trial and Appeal Board, but Healthy Web ultimately withdrew its opposition thereby allowing the "WHOLESCRIPTS" mark to proceed to registration. (Copy of Withdrawal is attached)

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Trademark Trial and Appeal Board Electronic Filing System. https://estta.uspto.gov
ESTTA Tracking number: **ESTTA1171739**
Filing date: **11/11/2021**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91249473
Party	Plaintiff Healthy Web Inc. and Natural Partners, Inc.
Correspondence Address	AMANDA ROACH AMIN TALATI WASSERMAN LLP 100 S WACKER DRIVE, SUITE 2000 CHICAGO, IL 60606 UNITED STATES Primary Email: amanda@amintalati.com Secondary Email(s): sanjay@amintalati.com, trademark@amintalati.com 312-327-3328
Submission	Withdrawal of Opposition
Filer's Name	Sanjay S. Karnik
Filer's email	Sanjay@amintalati.com, Amanda@amintalati.com, Trademark@amintalati.com
Signature	/Sanjay S. Karnik/
Date	11/11/2021
Attachments	Withdrawal of Opp With Prej. Xymogen Opp. 11-11-21.pdf(159975 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Healthy Web Inc. and Natural Partners, Inc., **Opposers,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91249473** **Application Serial No. 88249502** **Mark: WHOLESCRIPTS** **Date of Publication: May 14, 2019**
Healthy Web Inc., d/b/a Fullscript, a Canadian Corporation, **Opposer,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91252582** **Application Serial No. 88456530** **Mark: WS WHOLESCRIPTS** **Date of Publication: October 1, 2019**

WITHDRAWAL OF OPPOSITION WITH PREJUDICE

Opposers Healthy Web Inc. and Natural Partners, Inc. ("Opposers"), with agreement by Applicants Xymogen, Inc. and Xymogen IP, LLC ("Applicants"), hereby withdraw this Opposition proceeding with prejudice.

This 11th day of November, 2021.

Respectfully submitted,

/s/ Sanjay S. Karnik

George Spatz
Sanjay S. Karnik
AMIN TALATI WASSERMAN, LLP
100 S. Wacker Dr., Ste. 2000
Chicago, IL 60606
T: (312) 327-3327
F: (312) 884-7352
gspatz@amintalati.com
sanjay@amintalati.com

trademark@amintalati.com

Attorneys for Opposers

AGREEING TO WITHDRAWAL OF OPPOSITION WITH PREJUDICE:

/s/ Anne H. Baroody
Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicants

CERTIFICATE OF SERVICE

I hereby certify that on November 11, 2021, I caused a true and correct copy of the foregoing WITHDRAWAL OF OPPOSITION WITH PREJUDICE to be sent via email and electronic service to:

Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicant

/s/ Sanjay S. Karnik
Sanjay S. Karnik

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/2016	01/2017	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
16V1711-JLS-BGS	US District Court, Southern District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Natural Alternatives International vs. Cenegenics and XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Natural Alternatives alleged a patent infringement against Cenegenics and XYMOGEN for a raw material used in a formula XYMOGEN manufactured for Cenegenics. The matter was settled among the parties and a Stipulation of Voluntary Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

WILSON TURNER KOSMO LLP
FREDERICK W. KOSMO, JR. (138036)
HUBERT KIM (204957)
550 West C Street, Suite 1050
San Diego, California 92101
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Attorneys for Plaintiff NATURAL ALTERNATIVES INTERNATIONAL, INC.

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Attorneys for Defendant CENEGENICS, LLC

Karen I. Boyd (State Bar No. 189808)
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TURNER BOYD LLP
702 Marshall Street, Suite 640
Redwood City, California 94063
Telephone: (650) 521-5930
Facsimile: (650) 521-5931

Attorneys for Defendant XYMOGEN, INC.

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

NATURAL ALTERNATIVES INTERNATIONAL, INC.,

Plaintiff,

v.

CENEGENICS, LLC, and ATLANTIC-PRO NUTRIENTS d/b/a XYMOGEN, LLC,

Defendants.

Case No. 16-cv-1711-JLS-BGS

STIPULATION OF VOLUNTARY DISMISSAL WITH PREJUDICE

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), Plaintiff Natural Alternatives International, Inc. ("Plaintiff") and Defendants Cenegenics, LLC and Xymogen, Inc. (formerly known as Atlantic Pro-Nutrients, Inc. d/b/a Xymogen) (collectively, "Defendants"), through their respective counsel of record, hereby stipulate and agree that the present action be dismissed with prejudice as Plaintiff and Defendants, by private agreement, have reached an acceptable resolution of all differences related to this action. Each party will bear its own attorney's fees and costs.

All claims in this action have now been dismissed with prejudice and the case should be closed by the Court.

IT IS SO STIPULATED.

Dated: January 24, 2017

WILSON TURNER KOSMO LLP

By: s/ Frederick W. Kosmo, Jr.
FREDERICK W. KOSMO, JR.
fkosmo@wilsonturnerkosmo.com

Attorney for Plaintiff
NATURAL ALTERNATIVES INTERNATIONAL, INC.

Dated: January 24, 2017

GREENBERG TRAURIG, LLP

By: s/ Jordan D. Grotzinger
JORDAN D. GROTZINGER
grotzingerj@gtlaw.com

Attorney for Defendant
CENEGENICS, LLC

Dated: January 24, 2017

TURNER BOYD LLP

By: s/ Karen I. Boyd
KAREN I. BOYD
boyd@turnerboyd.com

Attorney for Defendant
XYMOGEN, INC.

SIGNATURE ATTESTATION

Pursuant to Section 2(f)(4) of the Electronic Case Filing Administrative Policies and Procedures Manual, I hereby certify that the content of this document is acceptable to all signatories shown above and that I have obtained such signatories' authorization to affix their electronic signatures to this document.

s/ Frederick W. Kosmo, Jr.
Frederick W. Kosmo, Jr.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/2014	09/2014	FL	Tampa	Hillsborough
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
8:14-cv-01431-JSM-MAP		US District Court for the Middle District of Florida, Tampa Division		
Reason/Charge				
Trademark Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
XYMOGEN vs. Total Health, Total Health Discount Vitamins and			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

XYMOGEN alleged trademark infringement against Total Health for its unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties and XYMOGEN dismissed its Complaint. (Copy of Dismissal attached)

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

XYMOGEN, INC., an Illinois corporation,

Plaintiff,

v.

Case No.: 8:14-cv-01431-JSM-MAP

TOTAL HEALTH NETWORK CORP., a foreign corporation, d/b/a TOTAL HEALTH DISCOUNT VITAMINS, and PUREFORMULAS.COM, a Florida corporation,

Defendants.
_____/

PLAINTIFF, XYMOGEN, INC.'S NOTICE OF VOLUNTARY DISMISSAL WITHOUT PREJUDICE

Plaintiff, XYMOGEN, Inc. ("XYMOGEN"), by counsel and pursuant to Rule 41(a)(1)(A)(i), Federal Rules of Civil Procedure, hereby dismisses the above-styled cause without prejudice, with each party to bear its own costs and fees.

Dated: September 2, 2014

Respectfully submitted,

/s/John A. Schifino

Harvey S. Kauget, Esq.
Florida Bar No. 116254
John A. Schifino, Esq.
Florida Bar No. 0072321
BURR & FORMAN LLP
P.O. Box 380
Tampa, Florida 33601-0380
(813) 221-2626 (telephone)
(813) 221-7335 (facsimile)
hkauget@burr.com
jschifino@burr.com

Attorneys for Plaintiff, XYMOGEN, Inc.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been electronically filed this 2nd day of September, 2014 with the Clerk of the Court by using the CM/ECF system.

/s/John A. Schifino
John A. Schifino, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2013	02/2018	UT		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:13-cv-784-TS	US District Court for the Central District of Utah

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Thorne Research vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Thorne Research alleged a patent infringement against XYMOGEN related to a product formula being distributed by XYMOGEN. A jury determined the patent was invalid and there was no wrong doing on the part of XYMOGEN.

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/2012	10/2012	FL		Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Breach of Agreement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Thorne Research vs. XYMOGEN			Arbitration	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research filed a Demand for Arbitration against XYMOGEN for an alleged breach of a prior settlement agreement. The matter was arbitrated. The Final Award was determined and entered by the Arbitrator and has been paid in full, thereby satisfying and canceling the Final Award (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

IN RE: ARBITRATION

THORNE RESEARCH, INC., an Idaho corporation,

Claimant,

vs.

ATLANTIC PRO-NUTRIENTS, INC., d/b/a XYMOGEN, an Illinois corporation,

Respondent.

SATISFACTION OF FINAL AWARD

Claimant, THORNE RESEARCH, INC., an Idaho corporation, does hereby acknowledge that all sums due under the Final Award have been fully paid and the Final Award is here by satisfied and is cancelled in full.

DATED this 16th day of November, 2012.

THORNE RESEARCH, INC.

By: Thomas P. McKenna
Its: Chief Operating Officer

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2013	05/2014	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
SACV13-01071 JVS (RNBx)	US District Court, Central District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Sundesa vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Sundesa alleged a patent infringement against XYMOGEN for a blender bottle being distributed by XYMOGEN. The matter was settled between the parties and an Order of Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Tyson K. Hottinger (California State Bar No. 253221)
E-mail: thottinger@mabr.com
Larry R. Laycock (Utah State Bar No. 4868; *Pro Hac Vice*)
E-mail: llaycock@mabr.com
Adam B. Beckstrom (Utah State Bar No. 14127; *Pro Hac Vice*)
E-mail: abeckstrom@mabr.com

JS6

MASCHOFF BRENNAN

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Telephone: (435) 252-1360
Facsimile: (435) 252-1361

&

20 Pacifica, Suite 1130
Irvine, California 92618
Telephone: (949) 202-1900
Facsimile: (949) 453-1104

Attorneys for Plaintiff Sundesa, LLC

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

Sundesa, LLC, a Utah Limited Liability Company,

Plaintiff,

v.

Atlantic Pro-Nutrients, Inc., an Illinois Corporation, d/b/a XYMOGEN

Defendant.

Civil Action No.: 8:13-cv-01071-JVS-RNB

ORDER GRANTING STIPULATED NOTICE OF DISMISSAL WITH PREJUDICE

Assigned For All Purposes To:
Hon. James V. Selna
Department 10C

In view of the Parties' Stipulated Notice of Dismissal with Prejudice, the Court hereby ORDERS that all claims, counterclaims, demands, causes of action, and defenses that were, or could have been, asserted in the above-captioned action are hereby dismissed with prejudice. Each party will bear its own costs and attorneys' fees.

DATED: JUNE 10, 2014

Judge James V. Selna
United States District Court

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2020	Pending	NY		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-22971-rdd	US Bankruptcy Court, Southern District of New York

Reason/Charge
Chapter 7 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Michael B. Schachter, MD, PC, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 7 Bankruptcy Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Information to identify the case.			
Debtor	Michael B. Schachter M.D., P.C	EIN:	13-2794978
	Name		
United States Bankruptcy Court	Southern District of New York	Date case filed for chapter:	7 8/24/20
Case number:	20-22971-rdd		

Official Form 309C (For Corporations or Partnerships)

Notice of Chapter 7 Bankruptcy Case

12/17

For the debtor listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.
To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office and the office of the U.S. Trustee cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtor's full name	Michael B. Schachter M.D., P.C	
2. All other names used in the last 8 years	dba Schachter Center for Complementary Medicine	
3. Address	42 Peter Turner Road Monroe, NY 10950-4178	
4. Debtor's attorney Name and address	Robert J. Flanagan III Greenbaum, Rowe, Smith & Davis LLP PO Box 5600 Woodbridge, NJ 07095	Contact phone 732-476-3204 Email: rflanagan@greenbaumlaw.com
5. Bankruptcy trustee Name and address	Mark S. Tulis Tulis Wilkes Huff & Geiger LLP 220 White Plains Road 2nd Floor Tarrytown, NY 10591	Contact phone (914) 747-4400 Email: mtulis.trustee@gmail.com
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.	300 Quarropas Street White Plains, NY 10601 Clerk of the Bankruptcy Court: Vito Genna	Office Hours: Monday – Friday 8:30 AM – 5:00 PM Contact phone 914-467-7250 Date: 8/24/20
7. Meeting of creditors The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	**September 24, 2020 at 10:30 AM** The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. **Cell phones are not permitted in the Courthouse without an Attorney Secure Pass which can be obtained at the U.S. District Court Clerk's Office.**	Location: **Teleconference *ONLY*, Contact Trustee (see Trustee Section), for direction**
8. Proof of claim	No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline. Deadline for holder(s) of a claim secured by a security interest in the principal residence pursuant to Rule 3002(c)(7)(A):	**Filing deadline: 70 days after the order for relief is entered.**
9. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/2015	02/2017	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:15-cv-790-Or-37DAB	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Breach of Contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nutrimatix vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Nutrimatix alleged a breach of contract against XYMOGEN for a delay in product delivery. A jury determined no damages were sustained by Nutrimatix and the case was dismissed (copy of Order of Dismissal attached).

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

NUTRIMATIX INC.,

Plaintiff,

v. **Case No: 6:15-cv-790-Orl-37GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL

Before the Court is the parties' Joint Notice of Withdrawal of All Pending Post-Trial Motions and Stipulation of Voluntary Dismissal with Prejudice (Doc. 136), filed March 30, 2017. Accordingly, it is

ORDERED that, pursuant to Federal Rules of Civil Procedure 41(a)(A)(ii), this case is hereby **DISMISSED** with prejudice, with each party to bear its own fees and costs. The Clerk is directed to **CLOSE** this case.

DONE AND ORDERED at Orlando, Florida this 3rd day of April, 2017.

ROY B. DALTON JR.
United States District Judge

Copies: Counsel of Record

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2017	05/2018	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:17-cv-869-Orl-31KRS	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Digitalev/Pure Therapeutics	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Digitalev for its unauthorized use of XYMOGEN trademarks in online selling of its own brand of products through its Pure Therapeutics storefront. The matter was settled between the parties through Mediation, and a Confidential Release and Settlement Agreement was entered into.

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/2014	01/2015	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-2591-T-35AEP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Vitamin Rite	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Vitamin Rite for its unauthorized online sale of XYMOGEN products. The matter was settled between the parties and XYMOGEN dismissed its Complaint.

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/2020	03/2021	FL	Orlando	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
6:20-cv-2134-WWB-DCI		US District Court for the Middle District of Florida, Orlando Division		
Reason/Charge				
Trademark Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
XYMOGEN vs. Dorvilus, et als			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

XYMOGEN alleged trademark infringement against the Defendants for their unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties, and a Confidential Settlement Agreement and Release of Claims was entered into.

Original Signature (electronic, copies or stamps not accepted)

03/27/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kyle Blackburn
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/05/22
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Kyle Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/05/22
Date

Subscribed and Sworn to before me this 5th day of October 2022

Notary Public Signature

KIM M. JOHNSON
MY COMMISSION # HH 164806
EXPIRES: December 12, 2025
Bonded Thru Notary Public Underwriters

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wholescripts Pharmacy

Physical Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-463-3729 Website: www.wholescriptsrx.com

Licensing Company Email: pharmacy@wholescriptsrx.com

Section 2: Personal Information

First: Stephanie Middle: Last: Blackburn

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Shore Ct

City: Orlando State: FL Zip: 32819

Telephone: [redacted] Email: Stephanie.Blackburn@xymogen.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: SB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		1974-1976	
Address	**City**	**State**	**Zip**
1000 Hilltop Circle	College Park	MD	20742
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Regina High School			
Address	**City**	**State**	**Zip**
8910 Riggs Rd	Adelphi	MD	20783
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/98-present	[redacted] Shore Ct	Orlando	FL	32819
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Xymogen, INC			1990 to present	
Business Address		**City**	**State**	**Zip**
6900 Kingspointe Parkway		Orlando	FL	32819
Phone	**Title**			
800-647-6100	COO/Vice-President			
Description of Duties				
General supervision over the business and affairs of the corporation, financial and all related matters.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials SB

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2023	Pending	DE		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22-11284		US Bankruptcy Court for the District of Delaware		
Reason/Charge				
Chapter 11 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Pharmaca Integrative Pharmacy, Inc., Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 11 Bankruptcy Case (copy attached) and filed its Proof of Claim.

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Information to identify the case:

Debtor Medly Health Inc., *et al.*
Name

EIN 82-4733391

Date case filed for chapter 11 12/09/2022

United States Bankruptcy Court District of Delaware

Case number: 22-11257 (KBO) (Jointly Administered)

Official Form 309F1 (For Corporations or Partnerships)

Notice of Chapter 11 Bankruptcy Case 10/20

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at https://pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtors' full name: See chart below.

2. All other names used in the last 8 years: See chart below if applicable

Jointly Administered Cases

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Health, Inc.	7088 Winchester Circle Boulder, CO 80303	22-11257	82-4733391
Care Well Pharmacy, Inc. dba Medly Pharmacy	7088 Winchester Circle Boulder, CO 80303	22-11258	75-2999048
Grubbs Care Pharmacy NW Inc. Dba Grubbs NW Specialty Pharmacy	7089 Winchester Circle Boulder, CO 80303	22-11259	27-1460490
Marg Pharmacy, Inc. dba Medly Pharmacy dba LiRx	7090 Winchester Circle Boulder, CO 80303	22-11260	22-3315838
Medly Atlanta Inc.	7091 Winchester Circle Boulder, CO 80303	22-11261	84-4327312



DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Enterprise LLC	7099 Winchester Circle Boulder, CO 80303	22-11262	84-1738898
Medly Baltimore Inc. dba Medly Pharmacy	7092 Winchester Circle Boulder, CO 80303	22-11263	84-3732354
Medly Queens Inc. dba Medly Pharmacy fka Medly DFCC	7109 Winchester Circle Boulder, CO 80303	22-11264	86-3189623
Medly Bedford Ave Pharmacy Inc. dba Medly Pharmacy	7093 Winchester Circle Boulder, CO 80303	22-11265	85-2063690
Medly Grand Central Inc. dba Medly Pharmacy	7100 Winchester Circle Boulder, CO 80303	22-11266	85-3161741
Medly Raleigh Inc. dba Medly Pharmacy	7110 Winchester Circle Boulder, CO 80303	22-11267	84-3015140
Medly Bristol Inc. dba Medly Pharmacy	7094 Winchester Circle Boulder, CO 80303	22-11268	87-2424556
Medly Bronx Inc. dba Medly Pharmacy	7095 Winchester Circle Boulder, CO 80303	22-11269	85-0704741
Medly San Antonio Inc. dba Medly Pharmacy	7111 Winchester Circle Boulder, CO 80303	22-11270	85-3969973
Medly Houston Inc. dba Medly Pharmacy	7101 Winchester Circle Boulder, CO 80303	22-11271	85-3447443
Medly Chicago Inc. dba Medly Pharmacy	7096 Winchester Circle Boulder, CO 80303	22-11272	84-3685231
Medly Dallas Inc. dba Medly Pharmacy	7097 Winchester Circle Boulder, CO 80303	22-11273	84-4357581
Medly Jersey City Inc. dba Medly Pharmacy	7102 Winchester Circle Boulder, CO 80303	22-11274	85-1564966
Medly Stamford Inc. dba Medly Pharmacy	7112 Winchester Circle Boulder, CO 80303	22-11275	85-1564966
Medly DC Inc. dba Grubbs NW Specialty Pharmacy	7098 Winchester Circle Boulder, CO 80303	22-11276	86-1449403
Medly Orlando Inc. dba Medly Pharmacy	7105 Winchester Circle Boulder, CO 80303	22-11277	85-0797581
Medly Tampa Inc. dba Medly Pharmacy	7113 Winchester Circle Boulder, CO 80303	22-11278	86-1495128
Medly Mail Service Pharmacy LLC Fka Valisurex LLC	7103 Winchester Circle Boulder, CO 80303	22-11279	82-4179203

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly UCHC Pharmacy Inc. dba Medly Pharmacy	7114 Winchester Circle Boulder, CO 80303	22-11280	84-3556672
Medly Utah Inc.	7115 Winchester Circle Boulder, CO 80303	22-11281	84-3964648
Medly Miami Inc. dba Medly Pharmacy	7104 Winchester Circle Boulder, CO 80303	22-11282	84-3858101
Medly Pharmacy Inc.	7106 Winchester Circle Boulder, CO 80303	22-11283	11-3394606
X Pharmaca Integrative Pharmacy, Inc.	7116 Winchester Circle Boulder, CO 80303	22-11284	84-1550334
Medly Pharmacy PA Inc. dba Medly Pharmacy	7107 Winchester Circle Boulder, CO 80303	22-11285	83-4308494
Tango340B LLC fdba RPH Innovations LLC	7117 Winchester Circle Boulder, CO 80303	22-11286	84-1738898
Medly Pittsburgh Inc. dba Medly Pharmacy	7108 Winchester Circle Boulder, CO 80303	22-11287	86-3318381
West Campbell Pharmacy Inc. dba Medly Pharmacy	7118 Winchester Circle Boulder, CO 80303	22-11288	84-2622931
Khora Health Solutions Inc.	7118 Winchester Circle Boulder, CO 80303	22-11361	84-1782909
RPH Innovations LLC	7118 Winchester Circle Boulder, CO 80303	22-11362	45-3613767

3. Address: See chart above

4. Debtors' attorneys

PACHULSKI STANG ZIEHL & JONES LLP
Laura Davis Jones (DE Bar No. 2436)
David M. Bertenthal (CA Bar No. 167624)
Timothy P. Cairns (DE Bar No. 4228)
919 N. Market Street, 17th Floor
P.O. Box 8705
Wilmington, DE 19899-8705 (Courier 19801)
Telephone: (302) 652-4100
Facsimile: (302) 652-4400
Email: ljones@pszjlaw.com
dbertenthal@pszjlaw.com
tcairns@pszjlaw.com

5. Bankruptcy clerk's office	Documents in this case may be filed at this address: 824 Market Street 3rd Floor Wilmington, DE 19801 You may inspect all records filed in this case at this office or online at www.pacer.gov. Hours open: Monday – Friday 8:00 AM – 4:00 PM Contact phone 302-252-2900
6. Meeting of creditors The debtors' representative must attend the meeting to be questioned under oath. If so, the date will be on the court docket. Creditors may attend, but are not required to do so.	**February 6, 2023 at 1:00 p.m. (ET)** The meeting may be continued or adjourned to a later date.
	Location: **Telephonic** **Dial in: 1-888-324-8129** **Passcode: 9576199#**
7. Proof of claim deadline	**Deadline for filing proof of claim: Not yet set. If a deadline is set, notice will be sent at a later time.** A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be filed either electronically or as a paper document. For more information on how to file a Proof of Claim, visit the court-appointed claims agent's website at https://dm.epiq11.com/case/medlyhealth/info. Your claim will be allowed in the amount scheduled unless: • your claim is designated as *disputed, contingent,* or *unliquidated;* • you file a proof of claim in a different amount; or • you receive another notice. If your claim is not scheduled or if your claim is designated as *disputed, contingent,* or *unliquidated,* you must file a proof of claim or you might not be paid on your claim and you might be unable to vote on a plan. You may file a proof of claim even if your claim is scheduled. You may review the schedules at the bankruptcy clerk's office or online at https://pacer.uscourts.gov Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits a creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.
8. Exception to discharge deadline The bankruptcy clerk's office must receive a complaint and any required filing fee by the following deadline.	If § 523(c) applies to your claim and you seek to have it excepted from discharge, you must start a judicial proceeding by filing a complaint by the deadline stated below. **Deadline for filing the complaint: April 7, 2023**
9. Creditors with a foreign address	If you are a creditor receiving notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.
10. Filing a Chapter 11 bankruptcy case	Chapter 11 allows debtors to reorganize or liquidate according to a plan. A plan is not effective unless the court confirms it. You may receive a copy of the plan and a disclosure statement telling you about the plan, and you may have the opportunity to vote on the plan. You will receive notice of the date of the confirmation hearing, and you may object to confirmation of the plan and attend the confirmation hearing. Unless a trustee is serving, the debtor will remain in possession of the property and may continue to operate its business.
11. Discharge of debts	Confirmation of a chapter 11 plan may result in a discharge of debts, which may include all or part of your debt. See 11 U.S.C. § 1141(d). A discharge means that creditors may never try to collect the debt from the debtor except as provided in the plan. If you want to have a particular debt owed to you excepted from the discharge and § 523(c) applies to your claim, you must start a judicial proceeding by filing a complaint and paying the filing fee in the bankruptcy clerk's office by the deadline.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2018	10/2018	FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-1057-Orl-31GJK	US District Court for the Middle District of Florida

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Coding Technologies vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Coding Technologies alleged unauthorized use by XYMOGEN of its patented technology for providing mobile service with the use of code pattern. The matter was settled between the parties with a license agreement allowing XYMOGEN use, and an Order of Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

CODING TECHNOLOGIES, LLC,

Plaintiff,

v. **Case No: 6:18-cv-1057-Orl-31GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL WITHOUT PREJUDICE

Upon consideration of the Notice of Settlement (Doc. 16), it is

ORDERED that this case is DISMISSED without prejudice pursuant to Local Rule 3.08(b), subject to the right of any party to move the Court within sixty (60) days for the purpose of entering a stipulated form of final order or judgment; or, on good cause shown, to reopen the case for further proceedings. The Court will not dismiss this case with prejudice inasmuch as an Answer has been filed at Doc. 13.

Any pending motions are **DENIED** as moot. The Clerk is directed to close this file.

DONE and **ORDERED** in Chambers in Orlando, Florida on October 22, 2018.

GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies furnished to:

Counsel of Record
Unrepresented Parties

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This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2019	06/2022	TX	Dallas	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-32841-hdh	US Bankruptcy Court for the Northern District of Texas, Dallas Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dougherty Pharmacy, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The final distribution on the allowed claim has been made (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Dougherty's Litigation Trust
Jason Rae, Liquidating Trustee

400 N. St Paul, Suite 600
Dallas, TX 75201

June 17, 2022

RE: *Dougherty's Litigation Trust*
19-32841-HDH

Dear Claimant:

On behalf of the Dougherty's Litigation Trust, please find enclosed a check representing the **FINAL** distribution on your allowed claim in the above bankruptcy pursuant to the Order Confirming Joint Chapter 11 Plan of Reorganization for Dougherty's Holdings, Inc., Et Al, dated March 31, 2020. This amount is approximately 9.16% of your allowed claim and represents a **FINAL** distribution. To the extent that there are additional monies realized by the Trust, you may be notified of an additional distribution in the future, if any.

If you have any questions regarding this distribution, please contact Karla Wortham at 214-720-1929.

Sincerely,

Jason Rae
Liquidating Trustee

JR:kmw

Enclosure

C:\Users\JAR62\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\KOGSK1V1\Transmittal Letter 6.17.22.doc

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/2020	05/2021	SC		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-01227-hb	US Bankruptcy Court, District of South Carolina

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Carolina Integrative Medicine [Aimee Duffy, MD], Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. An Order Confirming Plan has been entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:	CHAPTER 11
Carolina Integrative Medicine, P.A.	CASE NO: 20-01227-HB
Debtor(s).	ORDER CONFIRMING PLAN

The amended plan under chapter 11 of the Bankruptcy Code filed by the debtor(s) on March 16, 2021, or a summary thereof, having been transmitted to the creditors and equity security holders, and

It having been determined, after hearing on notice that the requirements for confirmation set forth in 11 U.S.C. § 1129(a) or (b) have been satisfied,

IT IS ORDERED that:

The amended plan filed by Robert H. Cooper, on March 16, 2021, is confirmed.

IT IS FURTHER ORDERED that the debtor(s):

(1) file, with the Court, pursuant to Federal Rule of Bankruptcy Procedure 2015(a) and District of South Carolina Local Bankruptcy Rule 2015-3, until the case is closed, monthly operating reports in a form approved by the United States trustee. The reports must include any action taken toward the consummation of the plan;

(2) continue to pay the required quarterly fees to the United States trustee until the case has been converted or dismissed, whichever occurs first; and

(3) file, within 90 days after the entry of this Order:

(a) an application for final decree,
(b) a report of substantial consummation,
(c) a final report,
(d) objections to proofs of claim or interest against the debtor's(s') estate, and
(e) any modifications to the plan.

Any motion requesting an extension of this period must be filed before this period expires.

AND IT IS SO ORDERED.

U.S. BANKRUPTCY COURT
District of South Carolina

Case Number: **20-01227-hb**

ORDER CONFIRMING CHAPTER 11 PLAN

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT
05/04/2021

Entered: 05/04/2021

Chief US Bankruptcy Judge
District of South Carolina

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/2014	08/2015	CA		Alameda
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
RG14722249		Superior Court of the State of California, County of Alameda		
Reason/Charge				
California Proposition 65				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Environmental Research Center vs. XYMOGEN		Lawsuit		
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Environmental Research Center alleged improper labeling under California Proposition 65 for XYMOGEN products being sold in California. The matter was settled between the parties and an Order was entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

ENDORSED
FILED
ALAMEDA COUNTY

AUG 11 2015

CLERK OF THE SUPERIOR COURT
By Xian-Xii Bowie

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
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Oakland, CA 94607
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richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation,

Plaintiff,

vs.

ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC.

Defendants.

Case No. RG14722249

ASSIGNED FOR ALL PURPOSES TO:
JUDGE WYNN CARVILL
DEPARTMENT 21

NOTICE OF ENTRY OF ORDER

TO ALL PARTIES TO THIS ACTION: Please take notice that on August 5, 2015 the Court issued the attached Order Granting Motion to Approve and Enter Stipulated Consent Judgment.

Dated: August 11, 2015

Richard T. Drury
Attorney for Plaintiff
Environmental Research Center

ATTACHMENT

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

ENDORSED
FILED
ALAMEDA COUNTY

AUG 05 2015

K. McCoy, Exec. Off./Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation, Plaintiff, vs. ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC. Defendants.	Case No. RG14722249 ASSIGNED FOR ALL PURPOSES TO: JUDGE WYNN CARVILL DEPARTMENT 21 ~~[PROPOSED]~~ **ORDER GRANTING MOTION TO APPROVE AND ENTER STIPULATED CONSENT JUDGMENT** Hearing Date: August 5, 2015 Time: 8:30 a.m. Reservation No. R-1638982 Case Filed: April 21, 2014 First Amend. Compl. Filed: Oct. 14, 2014

The Motion of Plaintiff ENVIRONMENTAL RESEARCH CENTER to Approve and Enter the Stipulated Consent Judgment came on regularly for hearing before this Court on August 5, 2015 at 8:30 a.m., before the Honorable Wynne Carvill presiding. Rebecca L. Davis appeared for Plaintiff Environmental Research Center. Edward P. Sangster appeared for Defendants Xymogen Inc. and Atlantic-Pro-Nutrients, Inc. dba Xymogen. Having read and considered the Motion, the memorandum of points and authorities, and the declarations and other evidentiary matter filed by

the parties, having heard the argument of counsel, and having weighed the evidence presented by both parties, and good cause appearing therefore,

IT IS HEREBY ORDERED THAT:

The Motion to Approve and Enter the Stipulated Consent Judgment is GRANTED.

The Court makes the following findings pursuant to California Health and Safety Code Section 25249.7(f) and 11 Cal. Code Regs. Section 3201 *et seq.*:

1. The warning required by the Stipulated Consent Judgment complies with Health and Safety Code sections 25249.5 *et seq.* ("Proposition 65");
2. The award of attorneys' fees and costs provided in the Stipulated Consent Judgment is reasonable under California law;
3. The penalties provided by the Stipulated Consent Judgment are reasonable based on the criteria set forth in Health and Safety Code Section 25249.7(b);
4. Plaintiff's continued prosecution of the action was necessary to obtain the relief in the Stipulated Consent Judgment; and
5. The Stipulated Consent Judgment is in the public interest.

Therefore, for the foregoing reasons, the Stipulated Consent Judgment shall be entered as the Judgment of this Court as of the date of entry this Order.

IT IS SO ORDERED.

Dated: Aug 5, 2015

Honorable Wynne Carvill
Judge of the Superior Court

PROOF OF SERVICE

I, Theresa Rettinghouse, declare as follows:

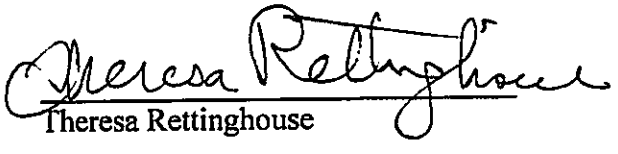
I am a resident of the State of California, and employed in Oakland, California. I am over the age of 18 years and am not a party to the above-entitled action. My business address is 410 12th Street, Suite 250 Oakland, CA 94607. On August 11, 2015, I served a copy of the following documents:

- **NOTICE OF ENTRY OF ORDER**

☒ By placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oakland, California addressed as set forth below.

☐ By sending the documents as an electronic mail attachment in PDF format to the e-mail addresses below

Edward Sangster
K & L Gates
4 Embarcadero Center, Suite 1200
San Francisco, CA 94111-5994
United States of America
P: +1.415.882.8200
Edward.Sangster@klgates.com



Theresa Rettinghouse

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2021	10/13/2022	FL	Jacksonville	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:21-bk-02027-JAB	US Bankruptcy Court, Middle District of Florida, Jacksonville Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Live Well Medical Centers Orlando, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The case was dismissed (copy of Order attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

ORDERED.

Dated: October 13, 2022

Jacob A. Brown
United States Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
www.flmb.uscourts.gov

In re:

Live Well Medical Centers Orlando LLC,

Debtor.
_____/

Case No.: 3:21-bk-02027-JAB
Chapter 11

ORDER GRANTING UNITED STATES TRUSTEE'S MOTION TO DISMISS

THIS CASE came before the Court for hearing on October 11, 2022 upon the United States Trustee's Motion to Dismiss or Convert Case to Chapter 7 ("Motion"; Doc. No. 92). For the reasons stated in Open Court, it is now

ORDERED:

1. The Motion is GRANTED.
2. This case is dismissed.
3. All other pending motions are denied as moot.

# # #

Copies to (Service by BNC): All creditors and parties in interest.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2020	Pending	MD	Greenbelt	Prince George's County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-21017-TJC		US Bankruptcy Court for the District of Maryland, Greenbelt Division		
Reason/Charge				
Chapter 11 (SubChapter V) Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
iThrive Health, Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. There is a pending Request to Close Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re: **iTHRIVE HEALTH, LLC,** **Reorganized Debtor.**	**Case No. 20-21017-TJC** **Chapter 11 (SubChapter V)**

NOTICE OF SUBSTANTIAL CONSUMMATION UNDER SUBCHAPTER V AND REQUEST TO CLOSE CASE

iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor"), by and through its undersigned counsel, pursuant to 11 U.S.C. § 1183(c)(2) and Local Bankruptcy Rule 3022-1, hereby files a second Notice of Substantial Consummation[1] in cases under Subchapter V and request that the case be closed expeditiously. he Reorganized Debtor hereby certifies that the attached summary report of the disbursements, distribution and transfers that have been made pursuant to the plan which includes a description of other acts taken to consummate the plan. *See* **Exhibit A**. To date, all of the administrative claims filed by professionals have been paid and the priority claim of the Internal Revenue Service has been in full. The Reorganized Debtor made the first quarterly distribution to unsecured creditors in accordance with the confirmed plan of reorganization (the "Plan").

The Reorganized Debtor further certifies that six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable (order was entered on July 6, 2021); (B) any deposits required by the plan have been distributed; (C) any property proposed by

[1] The Reorganized Debtor previously certified that substantive consummation had occurred in its Notice of Occurrence of the Effective Date on July 21, 2021 [Docket No. 108] The Office of the United States Trustee has requested that the Reorganized Debtor refile as a separate of Notice of Substantial Consummation with additional disclosures.

the plan to be transferred has been transferred; (D) the Reorganized Debtor has assumed the business or the management of the property dealt with by the Plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved. *See* **Exhibit B**. The Debtor will continue to pay quarterly distributions to unsecured creditors in accordance with the Plan.

/s/ Marc Isaacson
Marc Isaacson

Dated: January 24, 2022

Respectfully submitted,

/s/ Justin P. Fasano
McNamee Hosea, P.A.
Justin P. Fasano, Esquire (MDB # 28659)
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Phone: 301-441-2420
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I hereby certify that on January 24 2022, I reviewed the Court's CM/ECF system and it reports that a copy of the **Notice of Substantial Consummation under Subchapter V and Request to Close Case** will be served electronically by CM/ECF to the attorneys listed below, and by first class mail, postage prepaid, to all creditors on the attached mailing matrix:

Robert Henry Brooke Cawood rhbc@cawoodlawfirm.com
John B. Connor jack@johnbconnor.com
Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, mbp@henrylaw.com
Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com
Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com
Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com
L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV
Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com
US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV
Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

/s/ Justin P. Fasano
Justin P. Fasano

EXHIBIT A

Summary Report Of The Disbursements, Distribution And Transfers
That Have Been Made Pursuant To The Plan
(JULY 7, 2021 THROUGH DECEMBER 31, 2021)

A	**Priority Payments of Administration Other than Operating Expenses**	
	SubChapter V Trustee	$10,740.10
	Internal Revenue Service (priority portion of claim)	$5,516.08
	Accountant (including retainer applied)	$4,708.00
	Debtor's Attorney(including retainer applied)	$43,930.85
	Landlord (replenishment of security deposit	$14.933.00

B	Payments to Sandy Spring Bank	$67,311.30

C	Payments to Unsecured Creditors	$6,649.72

EXHIBIT B

Matters Involving Consummation Of The Confirmed Plan
That Have Not Been Fully Resolved
(THROUGH DECEMBER 31, 2021)

	PAID	STILL TO BE PAID	TOTAL
Priority Payments of Administration Other than Operating Expenses			
SubChapter V Trustee	$10,740.10	$0.00	$10,740.10
Internal Revenue Service (priority portion of claim)	$5,516.08	$0.00	$5,516.08
Accountant (including retainer applied)	$4,708.00	$0.00	$4,708.00
Debtor's Attorney (including retainer applied)	$43,930.85	$0.00	$43,930.85
Landlord (replenishment of security deposit	$14.933.00		$14.933.00

	PAID	STILL TO BE PAID	TOTAL
Payments to Secured Creditors			
Payments to Sandy Spring Bank	$67,311.30	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00

	PAID	STILL TO BE PAID	TOTAL
Other			
Payments to General Unsecured Creditors	$6,649.72	$113,350.28	$120,000.00

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
	Chapter 11 (SubChapter V)
Debtor.	

MOTION FOR FINAL DECREE

iThrive Health, LLC (the "Reorganized Debtor"), by its undersigned counsel, and pursuant to 11 U.S.C. § 350, Federal Rule of Bankruptcy Procedure 3022 and Local Rule 3022-1, hereby files this Motion for Final Decree and for cause states as follows:

1. On December 28, 2020 (the "Petition Date"), the Liquidating Debtor filed with this Court a voluntary petition for relief under chapter 11 of the Bankruptcy Code.

2. On April 30, 2021, the Reorganized Debtor filed Debtor's First Amended Chapter 11 Plan of Reorganization dated April 30, 2021 [Dkt. No. 86] (the "Plan"[1]).

3. The Court entered an order confirming the Plan on July 6, 2021 (the "Confirmation Order," Docket No. 103).

4. Section 350(a) of the Bankruptcy Code provides that after a debtor's estate is fully administered and the court has discharged the trustee, the court shall close the case. 11 U.S.C. § 350. Bankruptcy Rule 3022 sets forth the procedure for the closing of a chapter 11 case and the entry of a final decree and provides that "after an estate is fully administered in a chapter 11 reorganization case, the court, on its own motion or on

[1] All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Plan.

motion of a party in interest, shall enter a final decree closing the case." Fed. R. Bankr. P. 3022.

5. The standard for determining if a debtor's estate has been fully administered and a final decree should issue, is whether the debtor's case has been substantially consummated, as defined in Section 1101(2) of the Bankruptcy Code. In re A. H. Robbins Co., Inc., 219 B.R. 145, 150 (E.D. Va. 1998) citing In re Jordan Mfg. Co. Inc., 138 B.R. 30, 344 (Bankr. C.D. Ill. 1992). Section 1101(2) defines "substantial consummation" as follows:

> (A) transfer of all or substantially all of the property proposed by the plan to be transferred;
>
> (B) assumption by the debtor or by the successor to the debtor under the plan of the business or the management of all or substantially all of the property dealt with under the plan; and
>
> (C) commencement of distribution under the plan.

11 U.S.C. §1101(2).

6. Further, Local Bankruptcy Rule 3022-1(b) provides that a Chapter 11 Plan Proponent must certify that the Plan has been fully administered. Local Bankruptcy Rule 3022-1(a) provides that

> A Chapter 11 plan will be deemed fully administered under Federal Bankruptcy Rule 3022: (1) after the completion of the following: (A) six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable; (B) the deposits required by the plan have been distributed; (C) the property proposed by the plan to be transferred has been transferred; (D) the debtor or the successor of the debtor under the plan has assumed the business or the management of the property dealt with by the plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved; or (2) for individual Chapter 11 debtors, upon completion of all plan payments; or (3) at another time specifically defined by the plan.

A notice of substantial consummation is submitted herewith as **Exhibit A.** The Reorganized Debtor's Certificate of Full Administration is submitted therewith. As stated in the Certificate, all requirements of Local Bankruptcy Rule 3022-1(b)(1) have been met, and it has now been six months since the entry of the final order of confirmation.

WHEREFORE, the Reorganized Debtor prays for entry for entry of a Final Decree and for such other and further relief as the Court deems necessary or appropriate.

Dated: January 24, 2022

Respectfully submitted

/s/ Justin P. Fasano
Janet M. Nesse (Fed. Bar No. 07804)
Justin P. Fasano (Fed Bar No. 28659)
McNamee Hosea, P.A.
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Tel: 301-441-2420
Fax: 301-982-9450
jnesse@mhlawyers.com
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by CM/ECF, to the parties listed below.
John B. Connor jack@johnbconnor.com

Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, jtm@henrylaw.com, mbp@henrylaw.com

Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com

Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com

Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com

L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV

Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com

US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV

Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by first class mail, postage prepaid, to the creditors on the attached matrix.

/s/ Justin P. Fasano
Justin P. Fasano

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re: **iTHRIVE HEALTH, LLC,** **Reorganized Debtor.**	**Case No. 20-21017-TJC** **Chapter 11 (SubChapter V)**

ORDER CLOSING CASE

Upon consideration of the Motion for Final Decree and Notice of Substantial Consummation under Subchapter V and Request to Close Case filed by iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor") and it appearing to the Court that the Trustee in the above–entitled case has performed all duties required of him/her in the administration of said estate; it is by the United States Bankruptcy Court for the District of Maryland, hereby

ORDERED, that Reorganized Debtor's case be and it hereby is closed; that the Trustee be and he/she hereby is discharged from and relieved of his/her trust.

END OF ORDER

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2019	11/2021			

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
91249473 & 91252582	US Patent and Trademark Office

Reason/Charge
Opposition of Trademark Applications

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Healthy Web, et al vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Healthy Web filed an opposition with the USPTO to XYMOGEN's trademark application for the "WHOLESCRIPTS" mark in view of its registration of the "FULLSCRIPT" mark. The case proceeded before the Trademark Trial and Appeal Board, but Healthy Web ultimately withdrew its opposition thereby allowing the "WHOLESCRIPTS" mark to proceed to registration. (Copy of Withdrawal is attached)

SB

Original Signature (electronic, copies or stamps not accepted)

1-18-23

Date

Trademark Trial and Appeal Board Electronic Filing System. https://estta.uspto.gov
ESTTA Tracking number: **ESTTA1171739**
Filing date: **11/11/2021**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91249473
Party	Plaintiff Healthy Web Inc. and Natural Partners, Inc.
Correspondence Address	AMANDA ROACH AMIN TALATI WASSERMAN LLP 100 S WACKER DRIVE, SUITE 2000 CHICAGO, IL 60606 UNITED STATES Primary Email: amanda@amintalati.com Secondary Email(s): sanjay@amintalati.com, trademark@amintalati.com 312-327-3328
Submission	Withdrawal of Opposition
Filer's Name	Sanjay S. Karnik
Filer's email	Sanjay@amintalati.com, Amanda@amintalati.com, Trademark@amintalati.com
Signature	/Sanjay S. Karnik/
Date	11/11/2021
Attachments	Withdrawal of Opp With Prej. Xymogen Opp. 11-11-21.pdf(159975 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Healthy Web Inc. and Natural Partners, Inc., **Opposers,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91249473** **Application Serial No. 88249502** **Mark: WHOLESCRIPTS** **Date of Publication: May 14, 2019**
Healthy Web Inc., d/b/a Fullscript, a Canadian Corporation, **Opposer,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91252582** **Application Serial No. 88456530** **Mark: WS WHOLESCRIPTS** **Date of Publication: October 1, 2019**

WITHDRAWAL OF OPPOSITION WITH PREJUDICE

Opposers Healthy Web Inc. and Natural Partners, Inc. ("Opposers"), with agreement by Applicants Xymogen, Inc. and Xymogen IP, LLC ("Applicants"), hereby withdraw this Opposition proceeding with prejudice.

This 11th day of November, 2021.

Respectfully submitted,

/s/ Sanjay S. Karnik

George Spatz
Sanjay S. Karnik
AMIN TALATI WASSERMAN, LLP
100 S. Wacker Dr., Ste. 2000
Chicago, IL 60606
T: (312) 327-3327
F: (312) 884-7352
gspatz@amintalati.com
sanjay@amintalati.com

trademark@amintalati.com

Attorneys for Opposers

AGREEING TO WITHDRAWAL OF OPPOSITION WITH PREJUDICE:

/s/ Anne H. Baroody
Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicants

CERTIFICATE OF SERVICE

I hereby certify that on November 11, 2021, I caused a true and correct copy of the foregoing WITHDRAWAL OF OPPOSITION WITH PREJUDICE to be sent via email and electronic service to:

Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicant

/s/ Sanjay S. Karnik
Sanjay S. Karnik

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/2016	01/2017	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
16V1711-JLS-BGS	US District Court, Southern District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Natural Alternatives International vs. Cenegenics and XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Natural Alternatives alleged a patent infringement against Cenegenics and XYMOGEN for a raw material used in a formula XYMOGEN manufactured for Cenegenics. The matter was settled among the parties and a Stipulation of Voluntary Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

WILSON TURNER KOSMO LLP
FREDERICK W. KOSMO, JR. (138036)
HUBERT KIM (204957)
550 West C Street, Suite 1050
San Diego, California 92101
Telephone: (619) 236-9600
Facsimile: (619) 236-9669
E-mail: fkosmo@wilsonturnerkosmo.com
E-mail: hkim@wilsonturnerkosmo.com

Attorneys for Plaintiff NATURAL ALTERNATIVES INTERNATIONAL, INC.

JORDAN D. GROTZINGER (SBN 190166)
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GREENBERG TRAURIG, LLP
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Los Angeles, CA 90067
Telephone: (310) 586-7700
Facsimile: (310) 586-7800

Attorneys for Defendant CENEGENICS, LLC

Karen I. Boyd (State Bar No. 189808)
boyd@turnerboyd.com
TURNER BOYD LLP
702 Marshall Street, Suite 640
Redwood City, California 94063
Telephone: (650) 521-5930
Facsimile: (650) 521-5931

Attorneys for Defendant XYMOGEN, INC.

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

NATURAL ALTERNATIVES INTERNATIONAL, INC.,

Plaintiff,

v.

CENEGENICS, LLC, and ATLANTIC-PRO NUTRIENTS d/b/a XYMOGEN, LLC,

Defendants.

Case No. 16-cv-1711-JLS-BGS

STIPULATION OF VOLUNTARY DISMISSAL WITH PREJUDICE

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), Plaintiff Natural Alternatives International, Inc. ("Plaintiff") and Defendants Cenegenics, LLC and Xymogen, Inc. (formerly known as Atlantic Pro-Nutrients, Inc. d/b/a Xymogen) (collectively, "Defendants"), through their respective counsel of record, hereby stipulate and agree that the present action be dismissed with prejudice as Plaintiff and Defendants, by private agreement, have reached an acceptable resolution of all differences related to this action. Each party will bear its own attorney's fees and costs.

All claims in this action have now been dismissed with prejudice and the case should be closed by the Court.

IT IS SO STIPULATED.

Dated: Januarv 24. 2017

WILSON TURNER KOSMO LLP

By: s/ Frederick W. Kosmo, Jr.
FREDERICK W. KOSMO, JR.
fkosmo@wilsonturnerkosmo.com

Attorney for Plaintiff
NATURAL ALTERNATIVES
INTERNATIONAL. INC.

Dated: Januarv 24. 2017

GREENBERG TRAURIG. LLP

By: s/ Jordan D. Grotzinger
JORDAN D. GROTZINGER
grotzingerj@gtlaw.com

Attorney for Defendant
CENEGENICS. LLC

Dated: Januarv 24. 2017

TURNER BOYD LLP

By: s/ Karen I. Boyd
KAREN I. BOYD
boyd@turnerboyd.com

Attorney for Defendant
XYMOGEN. INC.

SIGNATURE ATTESTATION

Pursuant to Section 2(f)(4) of the Electronic Case Filing Administrative Policies and Procedures Manual, I hereby certify that the content of this document is acceptable to all signatories shown above and that I have obtained such signatories' authorization to affix their electronic signatures to this document.

s/ Frederick W. Kosmo, Jr.
Frederick W. Kosmo, Jr.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2014	09/2014	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-01431-JSM-MAP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Total Health, Total Health Discount Vitamins and	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Total Health for its unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties and XYMOGEN dismissed its Complaint. (Copy of Dismissal attached)

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

XYMOGEN, INC., an Illinois corporation,

Plaintiff,

v. Case No.: 8:14-cv-01431-JSM-MAP

TOTAL HEALTH NETWORK CORP., a foreign corporation, d/b/a TOTAL HEALTH DISCOUNT VITAMINS, and PUREFORMULAS.COM, a Florida corporation,

Defendants.
_____/

PLAINTIFF, XYMOGEN, INC.'S NOTICE OF VOLUNTARY DISMISSAL WITHOUT PREJUDICE

Plaintiff, XYMOGEN, Inc. ("XYMOGEN"), by counsel and pursuant to Rule 41(a)(1)(A)(i), Federal Rules of Civil Procedure, hereby dismisses the above-styled cause without prejudice, with each party to bear its own costs and fees.

Dated: September 2, 2014

Respectfully submitted,

/s/John A. Schifino

Harvey S. Kauget, Esq.
Florida Bar No. 116254
John A. Schifino, Esq.
Florida Bar No. 0072321
BURR & FORMAN LLP
P.O. Box 380
Tampa, Florida 33601-0380
(813) 221-2626 (telephone)
(813) 221-7335 (facsimile)
hkauget@burr.com
jschifino@burr.com

Attorneys for Plaintiff, XYMOGEN, Inc.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been electronically filed this 2nd day of September, 2014 with the Clerk of the Court by using the CM/ECF system.

/s/John A. Schifino
John A. Schifino, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2013	02/2018	UT		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:13-cv-784-TS	US District Court for the Central District of Utah

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Thorne Research vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Thorne Research alleged a patent infringement against XYMOGEN related to a product formula being distributed by XYMOGEN. A jury determined the patent was invalid and there was no wrong doing on the part of XYMOGEN.

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2012	10/2012	FL		Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Breach of Agreement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Thorne Research vs. XYMOGEN			Arbitration	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research filed a Demand for Arbitration against XYMOGEN for an alleged breach of a prior settlement agreement. The matter was arbitrated. The Final Award was determined and entered by the Arbitrator and has been paid in full, thereby satisfying and canceling the Final Award (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23

Date

IN RE: ARBITRATION

THORNE RESEARCH, INC., an Idaho corporation,

Claimant,

vs.

ATLANTIC PRO-NUTRIENTS, INC., d/b/a XYMOGEN, an Illinois corporation,

Respondent.

SATISFACTION OF FINAL AWARD

Claimant, THORNE RESEARCH, INC., an Idaho corporation, does hereby acknowledge that all sums due under the Final Award have been fully paid and the Final Award is here by satisfied and is cancelled in full.

DATED this 16th day of November, 2012.

THORNE RESEARCH, INC.

By: Thomas P. McKenna
Its: Chief Operating Officer

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2013	05/2014	CA		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
SACV13-01071 JVS (RNBx)		US District Court, Central District of California		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Sundesa vs. XYMOGEN		Lawsuit		
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Sundesa alleged a patent infringement against XYMOGEN for a blender bottle being distributed by XYMOGEN. The matter was settled between the parties and an Order of Dismissal was filed (copy attached).

/s/

Original Signature (electronic, copies or stamps not accepted)

1-18-23

Date

Tyson K. Hottinger (California State Bar No. 253221)
E-mail: thottinger@mabr.com
Larry R. Laycock (Utah State Bar No. 4868; *Pro Hac Vice*)
E-mail: llaycock@mabr.com
Adam B. Beckstrom (Utah State Bar No. 14127; *Pro Hac Vice*)
E-mail: abeckstrom@mabr.com

JS-6

MASCHOFF BRENNAN

210 South Main St., Suite 600
Salt Lake City, Utah 84111
Telephone: (435) 252-1360
Facsimile: (435) 252-1361

&

20 Pacifica, Suite 1130
Irvine, California 92618
Telephone: (949) 202-1900
Facsimile: (949) 453-1104

Attorneys for Plaintiff Sundesa, LLC

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

Sundesa, LLC, a Utah Limited Liability Company,

Plaintiff,

v.

Atlantic Pro-Nutrients, Inc., an Illinois Corporation, d/b/a XYMOGEN

Defendant.

Civil Action No.: 8:13-cv-01071-JVS-RNB

ORDER GRANTING STIPULATED NOTICE OF DISMISSAL WITH PREJUDICE

Assigned For All Purposes To:
Hon. James V. Selna
Department 10C

In view of the Parties' Stipulated Notice of Dismissal with Prejudice, the Court hereby ORDERS that all claims, counterclaims, demands, causes of action, and defenses that were, or could have been, asserted in the above-captioned action are hereby dismissed with prejudice. Each party will bear its own costs and attorneys' fees.

DATED: JUNE 10, 2014

Judge James V. Selna
United States District Court

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/2020	Pending	NY		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-22971-rdd		US Bankruptcy Court, Southern District of New York		
Reason/Charge				
Chapter 7 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Michael B. Schachter, MD, PC, Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 7 Bankruptcy Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Information to identify the case.			
Debtor	Michael B. Schachter M.D., P.C	EIN:	13-2794978
	Name		
United States Bankruptcy Court	Southern District of New York	Date case filed for chapter:	7 8/24/20
Case number:	20-22971-rdd		

Official Form 309C (For Corporations or Partnerships)

Notice of Chapter 7 Bankruptcy Case

12/17

For the debtor listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.
To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office and the office of the U.S. Trustee cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtor's full name	Michael B. Schachter M.D., P.C	
2. All other names used in the last 8 years	dba Schachter Center for Complementary Medicine	
3. Address	42 Peter Turner Road Monroe, NY 10950-4178	
4. Debtor's attorney Name and address	Robert J. Flanagan III Greenbaum, Rowe, Smith & Davis LLP PO Box 5600 Woodbridge, NJ 07095	Contact phone 732-476-3204 Email: rflanagan@greenbaumlaw.com
5. Bankruptcy trustee Name and address	Mark S. Tulis Tulis Wilkes Huff & Geiger LLP 220 White Plains Road 2nd Floor Tarrytown, NY 10591	Contact phone (914) 747-4400 Email: mtulis.trustee@gmail.com
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.	300 Quarropas Street White Plains, NY 10601 Clerk of the Bankruptcy Court: Vito Genna	Office Hours: Monday – Friday 8:30 AM – 5:00 PM Contact phone 914-467-7250 Date: 8/24/20
7. Meeting of creditors The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	**September 24, 2020 at 10:30 AM** The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. **Cell phones are not permitted in the Courthouse without an Attorney Secure Pass which can be obtained at the U.S. District Court Clerk's Office.**	Location: **Teleconference *ONLY*, Contact Trustee (see Trustee Section), for direction**
8. Proof of claim	No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline. Deadline for holder(s) of a claim secured by a security interest in the principal residence pursuant to Rule 3002(c)(7)(A):	**Filing deadline:** 70 days after the order for relief is entered.
9. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/2015	02/2017	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:15-cv-790-Or-37DAB	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Breach of Contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nutrimatix vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Nutrimatix alleged a breach of contract against XYMOGEN for a delay in product delivery. A jury determined no damages were sustained by Nutrimatix and the case was dismissed (copy of Order of Dismissal attached).

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

NUTRIMATIX INC.,

Plaintiff,

v. **Case No: 6:15-cv-790-Orl-37GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL

Before the Court is the parties' Joint Notice of Withdrawal of All Pending Post-Trial Motions and Stipulation of Voluntary Dismissal with Prejudice (Doc. 136), filed March 30, 2017. Accordingly, it is

ORDERED that, pursuant to Federal Rules of Civil Procedure 41(a)(A)(ii), this case is hereby **DISMISSED** with prejudice, with each party to bear its own fees and costs. The Clerk is directed to **CLOSE** this case.

DONE AND ORDERED at Orlando, Florida this 3rd day of April, 2017.

ROY B. DALTON JR.
United States District Judge

Copies: Counsel of Record

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2017	05/2018	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:17-cv-869-Orl-31KRS	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Digitalev/Pure Therapeutics	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Digitalev for its unauthorized use of XYMOGEN trademarks in online selling of its own brand of products through its Pure Therapeutics storefront. The matter was settled between the parties through Mediation, and a Confidential Release and Settlement Agreement was entered into.

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/2014	01/2015	FL	Tampa	Hillsborough
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
8:14-cv-2591-T-35AEP		US District Court for the Middle District of Florida, Tampa Division		
Reason/Charge				
Trademark Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
XYMOGEN vs. Vitamin Rite			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

XYMOGEN alleged trademark infringement against Vitamin Rite for its unauthorized online sale of XYMOGEN products. The matter was settled between the parties and XYMOGEN dismissed its Complaint.

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/2020	03/2021	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:20-cv-2134-WWB-DCI	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Dorvilus, et als	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against the Defendants for their unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties, and a Confidential Settlement Agreement and Release of Claims was entered into.

SB

Original Signature (electronic, copies or stamps not accepted)

1-18-23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

STEPHANIE BLACKBURN
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-18-23
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Stephanie Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-18-23
Date

Subscribed and Sworn to before me this 18th day of Jan, 2023.

Notary Public Signature

KIM M. JOHNSON
MY COMMISSION # HH 164806
EXPIRES: December 12, 2025
Bonded Thru Notary Public Underwriters

(Seal)

Applicant's initials SB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wholescripts Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 6800 Kingspointe Pkwy. Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-463-3729 Website: www.wholescriptsrx.com

Licensing Company Email: Pharmacy@wholescriptsrx.com

Section 2: Personal Information

First: Sarah Middle: Last: Blackburn

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] oscana Blvd

City: Orlando State: FL Zip: 32819

Telephone: [redacted] Email: Sarah.Blackburn@xymogen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rollins College		2010-2014	
Address	**City**	**State**	**Zip**
1000 Holt Ave	Winter Park	FL	32789
Diploma/Degree obtained, if any			
Bachelors in Education			

School Name		From - To (MM/YY – MM/YY)	
Bishop Moore Catholic High School		2006-2010	
Address	**City**	**State**	**Zip**
3901 Edgewater Dr	Orlando	FL	32804
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/21 to present	[redacted] Toscana Blvd	Orlando	FL	32819
08/20-08/21	[redacted] Sand Lake Sound Rd	Orlando	FL	32819
08/18-08/20	[redacted] E. Pine St	Orlando	FL	32801
08/14-08/18	[redacted] N. Magnolia Ave	Orlando	FL	32801
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
XYMOGEN			06/10-present	
Business Address		**City**	**State**	**Zip**
6900 Kingspointe Pkwy		Orlando	FL	32819
Phone	**Title**			
800-647-6100	Officer (Assistant Secretary)			
Description of Duties				
Performing the duties and exercising the powers of the Secretary in the absence or disability of the Secretary and perform any other duties as the President, Vice President, and Secretary assign.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

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This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/2023	Pending	DE		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
22-11284		US Bankruptcy Court for the District of Delaware		
Reason/Charge				
Chapter 11 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Pharmaca Integrative Pharmacy, Inc., Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 11 Bankruptcy Case (copy attached) and filed its Proof of Claim.

S. M

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

Information to identify the case:

Debtor Medly Health Inc., *et al.*
Name

EIN 82-4733391

Date case filed for chapter 11 12/09/2022

United States Bankruptcy Court District of Delaware

Case number: 22-11257 (KBO) (Jointly Administered)

Official Form 309F1 (For Corporations or Partnerships)

Notice of Chapter 11 Bankruptcy Case

10/20

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at https://pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtors' full name: See chart below.

2. All other names used in the last 8 years: See chart below if applicable

Jointly Administered Cases

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Health, Inc.	7088 Winchester Circle Boulder, CO 80303	22-11257	82-4733391
Care Well Pharmacy, Inc. dba Medly Pharmacy	7088 Winchester Circle Boulder, CO 80303	22-11258	75-2999048
Grubbs Care Pharmacy NW Inc. Dba Grubbs NW Specialty Pharmacy	7089 Winchester Circle Boulder, CO 80303	22-11259	27-1460490
Marg Pharmacy, Inc. dba Medly Pharmacy dba LIRx	7090 Winchester Circle Boulder, CO 80303	22-11260	22-3315838
Medly Atlanta Inc.	7091 Winchester Circle Boulder, CO 80303	22-11261	84-4327312

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Enterprise LLC	7099 Winchester Circle Boulder, CO 80303	22-11262	84-1738898
Medly Baltimore Inc. dba Medly Pharmacy	7092 Winchester Circle Boulder, CO 80303	22-11263	84-3732354
Medly Queens Inc. dba Medly Pharmacy fka Medly DFCC	7109 Winchester Circle Boulder, CO 80303	22-11264	86-3189623
Medly Bedford Ave Pharmacy Inc. dba Medly Pharmacy	7093 Winchester Circle Boulder, CO 80303	22-11265	85-2063690
Medly Grand Central Inc. dba Medly Pharmacy	7100 Winchester Circle Boulder, CO 80303	22-11266	85-3161741
Medly Raleigh Inc. dba Medly Pharmacy	7110 Winchester Circle Boulder, CO 80303	22-11267	84-3015140
Medly Bristol Inc. dba Medly Pharmacy	7094 Winchester Circle Boulder, CO 80303	22-11268	87-2424556
Medly Bronx Inc. dba Medly Pharmacy	7095 Winchester Circle Boulder, CO 80303	22-11269	85-0704741
Medly San Antonio Inc. dba Medly Pharmacy	7111 Winchester Circle Boulder, CO 80303	22-11270	85-3969973
Medly Houston Inc. dba Medly Pharmacy	7101 Winchester Circle Boulder, CO 80303	22-11271	85-3447443
Medly Chicago Inc. dba Medly Pharmacy	7096 Winchester Circle Boulder, CO 80303	22-11272	84-3685231
Medly Dallas Inc. dba Medly Pharmacy	7097 Winchester Circle Boulder, CO 80303	22-11273	84-4357581
Medly Jersey City Inc. dba Medly Pharmacy	7102 Winchester Circle Boulder, CO 80303	22-11274	85-1564966
Medly Stamford Inc. dba Medly Pharmacy	7112 Winchester Circle Boulder, CO 80303	22-11275	85-1564966
Medly DC Inc. dba Grubbs NW Specialty Pharmacy	7098 Winchester Circle Boulder, CO 80303	22-11276	86-1449403
Medly Orlando Inc. dba Medly Pharmacy	7105 Winchester Circle Boulder, CO 80303	22-11277	85-0797581
Medly Tampa Inc. dba Medly Pharmacy	7113 Winchester Circle Boulder, CO 80303	22-11278	86-1495128
Medly Mail Service Pharmacy LLC Fka Valisurex LLC	7103 Winchester Circle Boulder, CO 80303	22-11279	82-4179203

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly UCHC Pharmacy Inc. dba Medly Pharmacy	7114 Winchester Circle Boulder, CO 80303	22-11280	84-3556672
Medly Utah Inc.	7115 Winchester Circle Boulder, CO 80303	22-11281	84-3964648
Medly Miami Inc. dba Medly Pharmacy	7104 Winchester Circle Boulder, CO 80303	22-11282	84-3858101
Medly Pharmacy Inc.	7106 Winchester Circle Boulder, CO 80303	22-11283	11-3394606
X Pharmaca Integrative Pharmacy, Inc.	7116 Winchester Circle Boulder, CO 80303	22-11284	84-1550334
Medly Pharmacy PA Inc. dba Medly Pharmacy	7107 Winchester Circle Boulder, CO 80303	22-11285	83-4308494
Tango340B LLC fdba RPH Innovations LLC	7117 Winchester Circle Boulder, CO 80303	22-11286	84-1738898
Medly Pittsburgh Inc. dba Medly Pharmacy	7108 Winchester Circle Boulder, CO 80303	22-11287	86-3318381
West Campbell Pharmacy Inc. dba Medly Pharmacy	7118 Winchester Circle Boulder, CO 80303	22-11288	84-2622931
Khora Health Solutions Inc.	7118 Winchester Circle Boulder, CO 80303	22-11361	84-1782909
RPH Innovations LLC	7118 Winchester Circle Boulder, CO 80303	22-11362	45-3613767

3. Address: See chart above

4. Debtors' attorneys

PACHULSKI STANG ZIEHL & JONES LLP
Laura Davis Jones (DE Bar No. 2436)
David M. Bertenthal (CA Bar No. 167624)
Timothy P. Cairns (DE Bar No. 4228)
919 N. Market Street, 17th Floor
P.O. Box 8705
Wilmington, DE 19899-8705 (Courier 19801)
Telephone: (302) 652-4100
Facsimile: (302) 652-4400
Email: ljones@pszjlaw.com
dbertenthal@pszjlaw.com
tcairns@pszjlaw.com

5. Bankruptcy clerk's office

Documents in this case may be filed at this address:

824 Market Street
3rd Floor
Wilmington, DE 19801

You may inspect all records filed in this case at this office or online at www.pacer.gov.

Hours open: Monday – Friday 8:00 AM – 4:00 PM

Contact phone 302-252-2900

6. Meeting of creditors

February 6, 2023 at 1:00 p.m. (ET)

The debtors' representative must attend the meeting to be questioned under oath. If so, the date will be on the court docket.

The meeting may be continued or adjourned to a later date.

Creditors may attend, but are not required to do so.

Location:
Telephonic
Dial in: 1-888-324-8129
Passcode: 9576199#

7. Proof of claim deadline

Deadline for filing proof of claim: Not yet set. If a deadline is set, notice will be sent at a later time.

A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be filed either electronically or as a paper document. For more information on how to file a Proof of Claim, visit the court-appointed claims agent's website at https://dm.epiq11.com/case/medlyhealth/info.

Your claim will be allowed in the amount scheduled unless:

- your claim is designated as *disputed*, *contingent*, or *unliquidated*;
- you file a proof of claim in a different amount; or
- you receive another notice.

If your claim is not scheduled or if your claim is designated as *disputed*, *contingent*, or *unliquidated*, you must file a proof of claim or you might not be paid on your claim and you might be unable to vote on a plan. You may file a proof of claim even if your claim is scheduled.

You may review the schedules at the bankruptcy clerk's office or online at https://pacer.uscourts.gov

Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits a creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.

8. Exception to discharge deadline

The bankruptcy clerk's office must receive a complaint and any required filing fee by the following deadline.

If § 523(c) applies to your claim and you seek to have it excepted from discharge, you must start a judicial proceeding by filing a complaint by the deadline stated below.

Deadline for filing the complaint: April 7, 2023

9. Creditors with a foreign address

If you are a creditor receiving notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

10. Filing a Chapter 11 bankruptcy case

Chapter 11 allows debtors to reorganize or liquidate according to a plan. A plan is not effective unless the court confirms it. You may receive a copy of the plan and a disclosure statement telling you about the plan, and you may have the opportunity to vote on the plan. You will receive notice of the date of the confirmation hearing, and you may object to confirmation of the plan and attend the confirmation hearing. Unless a trustee is serving, the debtor will remain in possession of the property and may continue to operate its business.

11. Discharge of debts

Confirmation of a chapter 11 plan may result in a discharge of debts, which may include all or part of your debt. See 11 U.S.C. § 1141(d). A discharge means that creditors may never try to collect the debt from the debtor except as provided in the plan. If you want to have a particular debt owed to you excepted from the discharge and § 523(c) applies to your claim, you must start a judicial proceeding by filing a complaint and paying the filing fee in the bankruptcy clerk's office by the deadline.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2018	10/2018	FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-1057-Orl-31GJK	US District Court for the Middle District of Florida

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Coding Technologies vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Coding Technologies alleged unauthorized use by XYMOGEN of its patented technology for providing mobile service with the use of code pattern. The matter was settled between the parties with a license agreement allowing XYMOGEN use, and an Order of Dismissal was filed (copy attached).

S. [signature]

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

CODING TECHNOLOGIES, LLC,

Plaintiff,

v. **Case No: 6:18-cv-1057-Orl-31GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL WITHOUT PREJUDICE

Upon consideration of the Notice of Settlement (Doc. 16), it is

ORDERED that this case is DISMISSED without prejudice pursuant to Local Rule 3.08(b), subject to the right of any party to move the Court within sixty (60) days for the purpose of entering a stipulated form of final order or judgment; or, on good cause shown, to reopen the case for further proceedings. The Court will not dismiss this case with prejudice inasmuch as an Answer has been filed at Doc. 13.

Any pending motions are **DENIED** as moot. The Clerk is directed to close this file.

DONE and **ORDERED** in Chambers in Orlando, Florida on October 22, 2018.

GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies furnished to:

Counsel of Record
Unrepresented Parties

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/2019	06/2022	TX	Dallas	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-32841-hdh	US Bankruptcy Court for the Northern District of Texas, Dallas Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dougherty Pharmacy, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The final distribution on the allowed claim has been made (copy attached).

S. M

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

Dougherty's Litigation Trust
Jason Rae, Liquidating Trustee

400 N. St Paul, Suite 600
Dallas, TX 75201

June 17, 2022

RE: *Dougherty's Litigation Trust*
19-32841-HDH

Dear Claimant:

On behalf of the Dougherty's Litigation Trust, please find enclosed a check representing the **FINAL** distribution on your allowed claim in the above bankruptcy pursuant to the Order Confirming Joint Chapter 11 Plan of Reorganization for Dougherty's Holdings, Inc., Et Al, dated March 31, 2020. This amount is approximately 9.16% of your allowed claim and represents a **FINAL** distribution. To the extent that there are additional monies realized by the Trust, you may be notified of an additional distribution in the future, if any.

If you have any questions regarding this distribution, please contact Karla Wortham at 214-720-1929.

Sincerely,

Jason Rae
Liquidating Trustee

JR:kmw

Enclosure

C:\Users\JAR62\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\KOGSKIV1\Transmittal Letter 6.17.22.doc

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
03/2020	05/2021	SC		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-01227-hb		US Bankruptcy Court, District of South Carolina		
Reason/Charge				
Chapter 11 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Carolina Integrative Medicine [Aimee Duffy, MD], Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. An Order Confirming Plan has been entered (copy attached).

S-[illegible]

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:	CHAPTER 11
Carolina Integrative Medicine, P.A.	CASE NO: 20-01227-HB
Debtor(s).	ORDER CONFIRMING PLAN

The amended plan under chapter 11 of the Bankruptcy Code filed by the debtor(s) on March 16, 2021, or a summary thereof, having been transmitted to the creditors and equity security holders, and

It having been determined, after hearing on notice that the requirements for confirmation set forth in 11 U.S.C. § 1129(a) or (b) have been satisfied,

IT IS ORDERED that:

The amended plan filed by Robert H. Cooper, on March 16, 2021, is confirmed.

IT IS FURTHER ORDERED that the debtor(s):

(1) file, with the Court, pursuant to Federal Rule of Bankruptcy Procedure 2015(a) and District of South Carolina Local Bankruptcy Rule 2015-3, until the case is closed, monthly operating reports in a form approved by the United States trustee. The reports must include any action taken toward the consummation of the plan;

(2) continue to pay the required quarterly fees to the United States trustee until the case has been converted or dismissed, whichever occurs first; and

(3) file, within 90 days after the entry of this Order:

(a) an application for final decree,
(b) a report of substantial consummation,
(c) a final report,
(d) objections to proofs of claim or interest against the debtor's(s') estate, and
(e) any modifications to the plan.

Any motion requesting an extension of this period must be filed before this period expires.

AND IT IS SO ORDERED.

U.S. BANKRUPTCY COURT
District of South Carolina

Case Number: **20-01227-hb**

ORDER CONFIRMING CHAPTER 11 PLAN

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT
05/04/2021

Entered: 05/04/2021

Chief US Bankruptcy Judge
District of South Carolina

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/2014	08/2015	CA		Alameda
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
RG14722249		Superior Court of the State of California, County of Alameda		
Reason/Charge				
California Proposition 65				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Environmental Research Center vs. XYMOGEN			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Environmental Research Center alleged improper labeling under California Proposition 65 for XYMOGEN products being sold in California. The matter was settled between the parties and an Order was entered (copy attached).

S. Be

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

ENDORSED
FILED
ALAMEDA COUNTY

AUG 11 2015

CLERK OF THE SUPERIOR COURT
By Xian-Xii Bowie

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation,

Plaintiff,

vs.

ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC.

Defendants.

Case No. RG14722249

ASSIGNED FOR ALL PURPOSES TO:
JUDGE WYNN CARVILL
DEPARTMENT 21

NOTICE OF ENTRY OF ORDER

TO ALL PARTIES TO THIS ACTION: Please take notice that on August 5, 2015 the Court issued the attached Order Granting Motion to Approve and Enter Stipulated Consent Judgment.

Dated: August 11, 2015

Richard T. Drury
Attorney for Plaintiff
Environmental Research Center

ATTACHMENT

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

ENDORSED
FILED
ALAMEDA COUNTY

AUG 05 2015

K. McCoy, Exec. Off./Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation, Plaintiff, vs. ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC. Defendants.	Case No. RG14722249 ASSIGNED FOR ALL PURPOSES TO: JUDGE WYNN CARVILL DEPARTMENT 21 ~~[PROPOSED]~~ **ORDER GRANTING MOTION TO APPROVE AND ENTER STIPULATED CONSENT JUDGMENT** Hearing Date: August 5, 2015 Time: 8:30 a.m. Reservation No. R-1638982 Case Filed: April 21, 2014 First Amend. Compl. Filed: Oct. 14, 2014

The Motion of Plaintiff ENVIRONMENTAL RESEARCH CENTER to Approve and Enter the Stipulated Consent Judgment came on regularly for hearing before this Court on August 5, 2015 at 8:30 a.m., before the Honorable Wynne Carvill presiding. Rebecca L. Davis appeared for Plaintiff Environmental Research Center. Edward P. Sangster appeared for Defendants Xymogen Inc. and Atlantic-Pro-Nutrients, Inc. dba Xymogen. Having read and considered the Motion, the memorandum of points and authorities, and the declarations and other evidentiary matter filed by

the parties, having heard the argument of counsel, and having weighed the evidence presented by both parties, and good cause appearing therefore,

IT IS HEREBY ORDERED THAT:

The Motion to Approve and Enter the Stipulated Consent Judgment is GRANTED.

The Court makes the following findings pursuant to California Health and Safety Code Section 25249.7(f) and 11 Cal. Code Regs. Section 3201 *et seq.*:

1. The warning required by the Stipulated Consent Judgment complies with Health and Safety Code sections 25249.5 *et seq.* ("Proposition 65");
2. The award of attorneys' fees and costs provided in the Stipulated Consent Judgment is reasonable under California law;
3. The penalties provided by the Stipulated Consent Judgment are reasonable based on the criteria set forth in Health and Safety Code Section 25249.7(b);
4. Plaintiff's continued prosecution of the action was necessary to obtain the relief in the Stipulated Consent Judgment; and
5. The Stipulated Consent Judgment is in the public interest.

Therefore, for the foregoing reasons, the Stipulated Consent Judgment shall be entered as the Judgment of this Court as of the date of entry this Order.

IT IS SO ORDERED.

Dated: Aug 5, 2015

Honorable Wynne Carvill
Judge of the Superior Court

PROOF OF SERVICE

I, Theresa Rettinghouse, declare as follows:

I am a resident of the State of California, and employed in Oakland, California. I am over the age of 18 years and am not a party to the above-entitled action. My business address is 410 12th Street, Suite 250 Oakland, CA 94607. On August 11, 2015, I served a copy of the following documents:

- **NOTICE OF ENTRY OF ORDER**

☒ By placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oakland, California addressed as set forth below.

☐ By sending the documents as an electronic mail attachment in PDF format to the e-mail addresses below

Edward Sangster
K & L Gates
4 Embarcadero Center, Suite 1200
San Francisco, CA 94111-5994
United States of America
P: +1.415.882.8200
Edward.Sangster@klgates.com

Theresa Rettinghouse

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/2021	10/13/2022	FL	Jacksonville	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
3:21-bk-02027-JAB	US Bankruptcy Court, Middle District of Florida, Jacksonville Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Live Well Medical Centers Orlando, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The case was dismissed (copy of Order attached).

S. [signature]
Original Signature (electronic, copies or stamps not accepted)

3/23/23
Date

ORDERED.

Dated: October 13, 2022



UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
www.flmb.uscourts.gov

In re:

Live Well Medical Centers Orlando LLC,

Debtor.
_____/

Case No.: 3:21-bk-02027-JAB
Chapter 11

ORDER GRANTING UNITED STATES TRUSTEE'S MOTION TO DISMISS

THIS CASE came before the Court for hearing on October 11, 2022 upon the United States Trustee's Motion to Dismiss or Convert Case to Chapter 7 ("Motion"; Doc. No. 92). For the reasons stated in Open Court, it is now

ORDERED:

1. The Motion is GRANTED.
2. This case is dismissed.
3. All other pending motions are denied as moot.

# # #

Copies to (Service by BNC): All creditors and parties in interest.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2020	Pending	MD	Greenbelt	Prince George's County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-21017-TJC	US Bankruptcy Court for the District of Maryland, Greenbelt Division

Reason/Charge
Chapter 11 (SubChapter V) Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
iThrive Health, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. There is a pending Request to Close Case (copy attached).

S. [signature]

Original Signature (electronic, copies or stamps not accepted)

Date 3/23/23

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
Reorganized Debtor.	**Chapter 11 (SubChapter V)**

NOTICE OF SUBSTANTIAL CONSUMMATION UNDER SUBCHAPTER V AND REQUEST TO CLOSE CASE

iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor"), by and through its undersigned counsel, pursuant to 11 U.S.C. § 1183(c)(2) and Local Bankruptcy Rule 3022-1, hereby files a second Notice of Substantial Consummation[1] in cases under Subchapter V and request that the case be closed expeditiously. he Reorganized Debtor hereby certifies that the attached summary report of the disbursements, distribution and transfers that have been made pursuant to the plan which includes a description of other acts taken to consummate the plan. *See* **Exhibit A.** To date, all of the administrative claims filed by professionals have been paid and the priority claim of the Internal Revenue Service has been in full. The Reorganized Debtor made the first quarterly distribution to unsecured creditors in accordance with the confirmed plan of reorganization (the "Plan").

The Reorganized Debtor further certifies that six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable (order was entered on July 6, 2021); (B) any deposits required by the plan have been distributed; (C) any property proposed by

[1] The Reorganized Debtor previously certified that substantive consummation had occurred in its Notice of Occurrence of the Effective Date on July 21, 2021 [Docket No. 108] The Office of the United States Trustee has requested that the Reorganized Debtor refile as a separate of Notice of Substantial Consummation with additional disclosures.

the plan to be transferred has been transferred; (D) the Reorganized Debtor has assumed the business or the management of the property dealt with by the Plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved. *See* **Exhibit B**. The Debtor will continue to pay quarterly distributions to unsecured creditors in accordance with the Plan.

/s/ Marc Isaacson
Marc Isaacson

Dated: January 24, 2022

Respectfully submitted,

/s/ Justin P. Fasano
McNamee Hosea, P.A.
Justin P. Fasano, Esquire (MDB # 28659)
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Phone: 301-441-2420
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I hereby certify that on January 24 2022, I reviewed the Court's CM/ECF system and it reports that a copy of the **Notice of Substantial Consummation under Subchapter V and Request to Close Case** will be served electronically by CM/ECF to the attorneys listed below, and by first class mail, postage prepaid, to all creditors on the attached mailing matrix:

Robert Henry Brooke Cawood rhbc@cawoodlawfirm.com
John B. Connor jack@johnbconnor.com
Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, mbp@henrylaw.com
Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com
Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com
Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com
L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV
Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com
US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV
Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

/s/ Justin P. Fasano
Justin P. Fasano

EXHIBIT A

Summary Report Of The Disbursements, Distribution And Transfers
That Have Been Made Pursuant To The Plan
(JULY 7, 2021 THROUGH DECEMBER 31, 2021)

A	**Priority Payments of Administration Other than Operating Expenses**	
	SubChapter V Trustee	$10,740.10
	Internal Revenue Service (priority portion of claim)	$5,516.08
	Accountant (including retainer applied)	$4,708.00
	Debtor's Attorney(including retainer applied)	$43,930.85
	Landlord (replenishment of security deposit	$14.933.00

B	Payments to Sandy Spring Bank	$67,311.30

C	Payments to Unsecured Creditors	$6,649.72

EXHIBIT B

Matters Involving Consummation Of The Confirmed Plan
That Have Not Been Fully Resolved
(THROUGH DECEMBER 31, 2021)

	PAID	STILL TO BE PAID	TOTAL
Priority Payments of Administration Other than Operating Expenses			
SubChapter V Trustee	$10,740.10	$0.00	$10,740.10
Internal Revenue Service (priority portion of claim)	$5,516.08	$0.00	$5,516.08
Accountant (including retainer applied)	$4,708.00	$0.00	$4,708.00
Debtor's Attorney (including retainer applied)	$43,930.85	$0.00	$43,930.85
Landlord (replenishment of security deposit	$14.933.00		$14.933.00

	PAID	STILL TO BE PAID	TOTAL
Payments to Secured Creditors			
Payments to Sandy Spring Bank	$67,311.30	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00

	PAID	STILL TO BE PAID	TOTAL
Other			
Payments to General Unsecured Creditors	$6,649.72	$113,350.28	$120,000.00

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
	Chapter 11 (SubChapter V)
Debtor.	

MOTION FOR FINAL DECREE

iThrive Health, LLC (the "Reorganized Debtor"), by its undersigned counsel, and pursuant to 11 U.S.C. § 350, Federal Rule of Bankruptcy Procedure 3022 and Local Rule 3022-1, hereby files this Motion for Final Decree and for cause states as follows:

1. On December 28, 2020 (the "Petition Date"), the Liquidating Debtor filed with this Court a voluntary petition for relief under chapter 11 of the Bankruptcy Code.

2. On April 30, 2021, the Reorganized Debtor filed Debtor's First Amended Chapter 11 Plan of Reorganization dated April 30, 2021 [Dkt. No. 86] (the "Plan"[1]).

3. The Court entered an order confirming the Plan on July 6, 2021 (the "Confirmation Order," Docket No. 103).

4. Section 350(a) of the Bankruptcy Code provides that after a debtor's estate is fully administered and the court has discharged the trustee, the court shall close the case. 11 U.S.C. § 350. Bankruptcy Rule 3022 sets forth the procedure for the closing of a chapter 11 case and the entry of a final decree and provides that "after an estate is fully administered in a chapter 11 reorganization case, the court, on its own motion or on

[1] All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Plan.

motion of a party in interest, shall enter a final decree closing the case." Fed. R. Bankr. P. 3022.

5. The standard for determining if a debtor's estate has been fully administered and a final decree should issue, is whether the debtor's case has been substantially consummated, as defined in Section 1101(2) of the Bankruptcy Code. In re A. H. Robbins Co., Inc., 219 B.R. 145, 150 (E.D. Va. 1998) citing In re Jordan Mfg. Co. Inc., 138 B.R. 30, 344 (Bankr. C.D. Ill. 1992). Section 1101(2) defines "substantial consummation" as follows:

> (A) transfer of all or substantially all of the property proposed by the plan to be transferred;
>
> (B) assumption by the debtor or by the successor to the debtor under the plan of the business or the management of all or substantially all of the property dealt with under the plan; and
>
> (C) commencement of distribution under the plan.

11 U.S.C. §1101(2).

6. Further, Local Bankruptcy Rule 3022-1(b) provides that a Chapter 11 Plan Proponent must certify that the Plan has been fully administered. Local Bankruptcy Rule 3022-1(a) provides that

> A Chapter 11 plan will be deemed fully administered under Federal Bankruptcy Rule 3022: (1) after the completion of the following: (A) six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable; (B) the deposits required by the plan have been distributed; (C) the property proposed by the plan to be transferred has been transferred; (D) the debtor or the successor of the debtor under the plan has assumed the business or the management of the property dealt with by the plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved; or (2) for individual Chapter 11 debtors, upon completion of all plan payments; or (3) at another time specifically defined by the plan.

A notice of substantial consummation is submitted herewith as **Exhibit A.** The Reorganized Debtor's Certificate of Full Administration is submitted therewith. As stated in the Certificate, all requirements of Local Bankruptcy Rule 3022-1(b)(1) have been met, and it has now been six months since the entry of the final order of confirmation.

WHEREFORE, the Reorganized Debtor prays for entry for entry of a Final Decree and for such other and further relief as the Court deems necessary or appropriate.

Dated: January 24, 2022

Respectfully submitted

/s/ Justin P. Fasano
Janet M. Nesse (Fed. Bar No. 07804)
Justin P. Fasano (Fed Bar No. 28659)
McNamee Hosea, P.A.
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Tel: 301-441-2420
Fax: 301-982-9450
jnesse@mhlawyers.com
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by CM/ECF, to the parties listed below.
John B. Connor jack@johnbconnor.com

Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, jtm@henrylaw.com, mbp@henrylaw.com

Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com

Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com

Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com

L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV

Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com

US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV

Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by first class mail, postage prepaid, to the creditors on the attached matrix.

/s/ Justin P. Fasano
Justin P. Fasano

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re: **iTHRIVE HEALTH, LLC,** **Reorganized Debtor.**	**Case No. 20-21017-TJC** **Chapter 11 (SubChapter V)**

ORDER CLOSING CASE

Upon consideration of the Motion for Final Decree and Notice of Substantial Consummation under Subchapter V and Request to Close Case filed by iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor") and it appearing to the Court that the Trustee in the above–entitled case has performed all duties required of him/her in the administration of said estate; it is by the United States Bankruptcy Court for the District of Maryland, hereby

ORDERED, that Reorganized Debtor's case be and it hereby is closed; that the Trustee be and he/she hereby is discharged from and relieved of his/her trust.

END OF ORDER

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2019	11/2021			

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
91249473 & 91252582	US Patent and Trademark Office

Reason/Charge
Opposition of Trademark Applications

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Healthy Web, et al vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Healthy Web filed an opposition with the USPTO to XYMOGEN's trademark application for the "WHOLESCRIPTS" mark in view of its registration of the "FULLSCRIPT" mark. The case proceeded before the Trademark Trial and Appeal Board, but Healthy Web ultimately withdrew its opposition thereby allowing the "WHOLESCRIPTS" mark to proceed to registration. (Copy of Withdrawal is attached)

S. Bu

Original Signature (electronic, copies or stamps not accepted)

3/22/23

Date

Trademark Trial and Appeal Board Electronic Filing System. https://estta.uspto.gov
ESTTA Tracking number: **ESTTA1171739**
Filing date: **11/11/2021**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91249473
Party	Plaintiff Healthy Web Inc. and Natural Partners, Inc.
Correspondence Address	AMANDA ROACH AMIN TALATI WASSERMAN LLP 100 S WACKER DRIVE, SUITE 2000 CHICAGO, IL 60606 UNITED STATES Primary Email: amanda@amintalati.com Secondary Email(s): sanjay@amintalati.com, trademark@amintalati.com 312-327-3328
Submission	Withdrawal of Opposition
Filer's Name	Sanjay S. Karnik
Filer's email	Sanjay@amintalati.com, Amanda@amintalati.com, Trademark@amintalati.com
Signature	/Sanjay S. Karnik/
Date	11/11/2021
Attachments	Withdrawal of Opp With Prej. Xymogen Opp. 11-11-21.pdf(159975 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Healthy Web Inc. and Natural Partners, Inc., **Opposers,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91249473** **Application Serial No. 88249502** **Mark: WHOLESCRIPTS** **Date of Publication: May 14, 2019**
Healthy Web Inc., d/b/a Fullscript, a Canadian Corporation, **Opposer,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91252582** **Application Serial No. 88456530** **Mark: WS WHOLESCRIPTS** **Date of Publication: October 1, 2019**

WITHDRAWAL OF OPPOSITION WITH PREJUDICE

Opposers Healthy Web Inc. and Natural Partners, Inc. ("Opposers"), with agreement by Applicants Xymogen, Inc. and Xymogen IP, LLC ("Applicants"), hereby withdraw this Opposition proceeding with prejudice.

This 11th day of November, 2021.

Respectfully submitted,

/s/ Sanjay S. Karnik

George Spatz
Sanjay S. Karnik
AMIN TALATI WASSERMAN, LLP
100 S. Wacker Dr., Ste. 2000
Chicago, IL 60606
T: (312) 327-3327
F: (312) 884-7352
gspatz@amintalati.com
sanjay@amintalati.com

trademark@amintalati.com

Attorneys for Opposers

AGREEING TO WITHDRAWAL OF OPPOSITION WITH PREJUDICE:

/s/ Anne H. Baroody
Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicants

CERTIFICATE OF SERVICE

I hereby certify that on November 11, 2021, I caused a true and correct copy of the foregoing WITHDRAWAL OF OPPOSITION WITH PREJUDICE to be sent via email and electronic service to:

Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
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Telephone: (404) 523-5300
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Attorneys for Applicant

/s/ Sanjay S. Karnik
Sanjay S. Karnik

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/2016	01/2017	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
16V1711-JLS-BGS	US District Court, Southern District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Natural Alternatives International vs. Cenegenics and XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Natural Alternatives alleged a patent infringement against Cenegenics and XYMOGEN for a raw material used in a formula XYMOGEN manufactured for Cenegenics. The matter was settled among the parties and a Stipulation of Voluntary Dismissal was filed (copy attached).

S. B

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

WILSON TURNER KOSMO LLP
FREDERICK W. KOSMO, JR. (138036)
HUBERT KIM (204957)
550 West C Street, Suite 1050
San Diego, California 92101
Telephone: (619) 236-9600
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E-mail: hkim@wilsonturnerkosmo.com

Attorneys for Plaintiff NATURAL ALTERNATIVES INTERNATIONAL, INC.

JORDAN D. GROTZINGER (SBN 190166)
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GREENBERG TRAURIG, LLP
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Attorneys for Defendant CENEGENICS, LLC

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Redwood City, California 94063
Telephone: (650) 521-5930
Facsimile: (650) 521-5931

Attorneys for Defendant XYMOGEN, INC.

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

NATURAL ALTERNATIVES INTERNATIONAL, INC.,

Plaintiff,

v.

CENEGENICS, LLC, and ATLANTIC-PRO NUTRIENTS d/b/a XYMOGEN, LLC,

Defendants.

Case No. 16-cv-1711-JLS-BGS

STIPULATION OF VOLUNTARY DISMISSAL WITH PREJUDICE

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), Plaintiff Natural Alternatives International, Inc. ("Plaintiff") and Defendants Cenegenics, LLC and Xymogen, Inc. (formerly known as Atlantic Pro-Nutrients, Inc. d/b/a Xymogen) (collectively, "Defendants"), through their respective counsel of record, hereby stipulate and agree that the present action be dismissed with prejudice as Plaintiff and Defendants, by private agreement, have reached an acceptable resolution of all differences related to this action. Each party will bear its own attorney's fees and costs.

All claims in this action have now been dismissed with prejudice and the case should be closed by the Court.

IT IS SO STIPULATED.

Dated: January 24, 2017

WILSON TURNER KOSMO LLP

By: s/ Frederick W. Kosmo, Jr.
FREDERICK W. KOSMO, JR.
fkosmo@wilsonturnerkosmo.com

Attorney for Plaintiff
NATURAL ALTERNATIVES INTERNATIONAL, INC.

Dated: January 24, 2017

GREENBERG TRAURIG, LLP

By: s/ Jordan D. Grotzinger
JORDAN D. GROTZINGER
grotzingerj@gtlaw.com

Attorney for Defendant
CENEGENICS, LLC

Dated: January 24, 2017

TURNER BOYD LLP

By: s/ Karen I. Boyd
KAREN I. BOYD
boyd@turnerboyd.com

Attorney for Defendant
XYMOGEN, INC.

SIGNATURE ATTESTATION

Pursuant to Section 2(f)(4) of the Electronic Case Filing Administrative Policies and Procedures Manual, I hereby certify that the content of this document is acceptable to all signatories shown above and that I have obtained such signatories' authorization to affix their electronic signatures to this document.

s/ Frederick W. Kosmo, Jr.
Frederick W. Kosmo, Jr.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2014	09/2014	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-01431-JSM-MAP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Total Health, Total Health Discount Vitamins and	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Total Health for its unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties and XYMOGEN dismissed its Complaint. (Copy of Dismissal attached)

Original Signature (electronic, copies or stamps not accepted)

Date 3/23/23

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

XYMOGEN, INC., an Illinois corporation,

Plaintiff,

v. Case No.: 8:14-cv-01431-JSM-MAP

TOTAL HEALTH NETWORK CORP., a foreign corporation, d/b/a TOTAL HEALTH DISCOUNT VITAMINS, and PUREFORMULAS.COM, a Florida corporation,

Defendants.
_____/

PLAINTIFF, XYMOGEN, INC.'S NOTICE OF VOLUNTARY DISMISSAL WITHOUT PREJUDICE

Plaintiff, XYMOGEN, Inc. ("XYMOGEN"), by counsel and pursuant to Rule 41(a)(1)(A)(i), Federal Rules of Civil Procedure, hereby dismisses the above-styled cause without prejudice, with each party to bear its own costs and fees.

Dated: September 2, 2014

Respectfully submitted,

/s/John A. Schifino
Harvey S. Kauget, Esq.
Florida Bar No. 116254
John A. Schifino, Esq.
Florida Bar No. 0072321
BURR & FORMAN LLP
P.O. Box 380
Tampa, Florida 33601-0380
(813) 221-2626 (telephone)
(813) 221-7335 (facsimile)
hkauget@burr.com
jschifino@burr.com

Attorneys for Plaintiff, XYMOGEN, Inc.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been electronically filed this 2nd day of September, 2014 with the Clerk of the Court by using the CM/ECF system.

/s/John A. Schifino
John A. Schifino, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2013	02/2018	UT		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2:13-cv-784-TS		US District Court for the Central District of Utah		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Thorne Research vs. XYMOGEN		Lawsuit		
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research alleged a patent infringement against XYMOGEN related to a product formula being distributed by XYMOGEN. A jury determined the patent was invalid and there was no wrong doing on the part of XYMOGEN.

Original Signature (electronic, copies or stamps not accepted)

3/23/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2012	10/2012	FL		Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Breach of Agreement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Thorne Research vs. XYMOGEN			Arbitration	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research filed a Demand for Arbitration against XYMOGEN for an alleged breach of a prior settlement agreement. The matter was arbitrated. The Final Award was determined and entered by the Arbitrator and has been paid in full, thereby satisfying and canceling the Final Award (copy attached).

S-B

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

IN RE: ARBITRATION

THORNE RESEARCH, INC., an Idaho corporation,

Claimant,

vs.

ATLANTIC PRO-NUTRIENTS, INC., d/b/a XYMOGEN, an Illinois corporation,

Respondent.

SATISFACTION OF FINAL AWARD

Claimant, THORNE RESEARCH, INC., an Idaho corporation, does hereby acknowledge that all sums due under the Final Award have been fully paid and the Final Award is here by satisfied and is cancelled in full.

DATED this 16th day of November, 2012.

THORNE RESEARCH, INC.

By: Thomas P. McKenna
Its: Chief Operating Officer

Tyson K. Hottinger (California State Bar No. 253221)
E-mail: thottinger@mabr.com
Larry R. Laycock (Utah State Bar No. 4868; *Pro Hac Vice*)
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Adam B. Beckstrom (Utah State Bar No. 14127; *Pro Hac Vice*)
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JS-6

MASCHOFF BRENNAN

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&

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Irvine, California 92618
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Facsimile: (949) 453-1104

Attorneys for Plaintiff Sundesa, LLC

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

Sundesa, LLC, a Utah Limited Liability Company,

Plaintiff,

v.

Atlantic Pro-Nutrients, Inc., an Illinois Corporation, d/b/a XYMOGEN

Defendant.

Civil Action No.: 8:13-cv-01071-JVS-RNB

ORDER GRANTING STIPULATED NOTICE OF DISMISSAL WITH PREJUDICE

Assigned For All Purposes To:
Hon. James V. Selna
Department 10C

In view of the Parties' Stipulated Notice of Dismissal with Prejudice, the Court hereby ORDERS that all claims, counterclaims, demands, causes of action, and defenses that were, or could have been, asserted in the above-captioned action are hereby dismissed with prejudice. Each party will bear its own costs and attorneys' fees.

DATED: JUNE 10, 2014

Judge James V. Selna
United States District Court

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/2020	Pending	NY		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-22971-rdd		US Bankruptcy Court, Southern District of New York		
Reason/Charge				
Chapter 7 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Michael B. Schachter, MD, PC, Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 7 Bankruptcy Case (copy attached).

S. B

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

Information to identify the case			
Debtor	Michael B. Schachter M.D., P.C	EIN:	13-2794978
	Name		
United States Bankruptcy Court	Southern District of New York	Date case filed for chapter:	7 8/24/20
Case number:	20-22971-rdd		

Official Form 309C (For Corporations or Partnerships)

Notice of Chapter 7 Bankruptcy Case

12/17

For the debtor listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.
To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office and the office of the U.S. Trustee cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtor's full name	Michael B. Schachter M.D., P.C	
2. All other names used in the last 8 years	dba Schachter Center for Complementary Medicine	
3. Address	42 Peter Turner Road Monroe, NY 10950-4178	
4. Debtor's attorney Name and address	Robert J. Flanagan III Greenbaum, Rowe, Smith & Davis LLP PO Box 5600 Woodbridge, NJ 07095	Contact phone 732-476-3204 Email: rflanagan@greenbaumlaw.com
5. Bankruptcy trustee Name and address	Mark S. Tulis Tulis Wilkes Huff & Geiger LLP 220 White Plains Road 2nd Floor Tarrytown, NY 10591	Contact phone (914) 747-4400 Email: mtulis.trustee@gmail.com
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.	300 Quarropas Street White Plains, NY 10601 Clerk of the Bankruptcy Court: Vito Genna	Office Hours: Monday – Friday 8:30 AM – 5:00 PM Contact phone 914-467-7250 Date: 8/24/20
7. Meeting of creditors The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	**September 24, 2020 at 10:30 AM** The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. **Cell phones are not permitted in the Courthouse without an Attorney Secure Pass which can be obtained at the U.S. District Court Clerk's Office.**	Location: **Teleconference *ONLY*, Contact Trustee (see Trustee Section), for direction**
8. Proof of claim	No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline. Deadline for holder(s) of a claim secured by a security interest in the principal residence pursuant to Rule 3002(c)(7)(A):	**Filing deadline:** 70 days after the order for relief is entered.
9. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have	

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/2015	02/2017	FL	Orlando	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
6:15-cv-790-Or-37DAB		US District Court for the Middle District of Florida, Orlando Division		
Reason/Charge				
Breach of Contract				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Nutrimatix vs. XYMOGEN			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Nutrimatix alleged a breach of contract against XYMOGEN for a delay in product delivery. A jury determined no damages were sustained by Nutrimatix and the case was dismissed (copy of Order of Dismissal attached).

S. M

Original Signature (electronic, copies or stamps not accepted)

3/29/23

Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

NUTRIMATIX INC.,

Plaintiff,

v. **Case No: 6:15-cv-790-Orl-37GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL

Before the Court is the parties' Joint Notice of Withdrawal of All Pending Post-Trial Motions and Stipulation of Voluntary Dismissal with Prejudice (Doc. 136), filed March 30, 2017. Accordingly, it is

ORDERED that, pursuant to Federal Rules of Civil Procedure 41(a)(A)(ii), this case is hereby **DISMISSED** with prejudice, with each party to bear its own fees and costs. The Clerk is directed to **CLOSE** this case.

DONE AND ORDERED at Orlando, Florida this 3rd day of April, 2017.

ROY B. DALTON JR.
United States District Judge

Copies: Counsel of Record

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/2017	05/2018	FL	Orlando	Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
6:17-cv-869-Orl-31KRS		US District Court for the Middle District of Florida, Orlando Division		
Reason/Charge				
Trademark Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
XYMOGEN vs. Digitalev/Pure Therapeutics			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

XYMOGEN alleged trademark infringement against Digitalev for its unauthorized use of XYMOGEN trademarks in online selling of its own brand of products through its Pure Therapeutics storefront. The matter was settled between the parties through Mediation, and a Confidential Release and Settlement Agreement was entered into.

S.R

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/2014	01/2015	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-2591-T-35AEP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Vitamin Rite	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Vitamin Rite for its unauthorized online sale of XYMOGEN products. The matter was settled between the parties and XYMOGEN dismissed its Complaint.

S. [signature]
Original Signature (electronic, copies or stamps not accepted)

3/29/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2013	05/2014	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
SACV13-01071 JVS (RNBx)	US District Court, Central District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Sundesa vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Sundesa alleged a patent infringement against XYMOGEN for a blender bottle being distributed by XYMOGEN. The matter was settled between the parties and an Order of Dismissal was filed (copy attached).

SB

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/2020	03/2021	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:20-cv-2134-WWB-DCI	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Dorvilus, et als	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against the Defendants for their unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties, and a Confidential Settlement Agreement and Release of Claims was entered into.

S. B

Original Signature (electronic, copies or stamps not accepted)

3/23/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sarah Blackburn

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Sarah Blackburn, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/6/22

Date

Subscribed and Sworn to before me this 6th day of October, 2022

Notary Public Signature

KIM M. JOHNSON
MY COMMISSION # HH 164806
EXPIRES: December 12, 2025
Bonded Thru Notary Public Underwriters

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wholescripts Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 6800 Kingspointe Parkway, Suite 100

City: Orlando State: FL Zip: 32819

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 833-463-3729 Website: www.wholescriptsrx.com

Licensing Company Email: pharmacy@wholescriptsrx.com

Section 2: Personal Information

First: Brian Middle: Last: Blackburn, Jr.

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Via Bella Notte

City: Orlando State: FL Zip: 32836

Telephone: [redacted] Email: brian.blackburnjr@wholescripts.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Central Florida		08/13-05/22	
Address	City	State	Zip
4000 Central Florida Blvd	Orlando	FL	32816
Diploma/Degree obtained, if any			
BSBA, Integrated Business			

School Name		From - To (MM/YY – MM/YY)	
Valencia College		08/09-05/13	
Address	City	State	Zip
1800 S Kirkman Rd	Orlando	FL	32811
Diploma/Degree obtained, if any			
Associate's Degree			

School Name		From - To (MM/YY – MM/YY)	
Bishop Moore Catholic High School		08/04-05/08	
Address	City	State	Zip
3901 Edgewater Dr	Orlando	FL	32804
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/16-current	[redacted]Via Bella Notte	Orlando	FL	32836
10/12-04/16	[redacted]Shore Court	Orlando	FL	32819
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
XYMOGEN			08/13-current	
Business Address		**City**	**State**	**Zip**
6900 kingspointe pkwy		orlando	fl	32819
Phone	**Title**			
407-445-0203	Director of WholeScripts			
Description of Duties				
Oversees the sales, ordering, and placement of private label nutraceuticals.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2023	Pending	DE		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
22-11284	US Bankruptcy Court for the District of Delaware

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Pharmaca Integrative Pharmacy, Inc., Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 11 Bankruptcy Case (copy attached) and filed its Proof of Claim.

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

Information to identify the case:	EIN 82-4733391
Debtor Medly Health Inc., *et al.* (Name)	
United States Bankruptcy Court District of Delaware	Date case filed for chapter 11 12/09/2022
Case number: 22-11257 (KBO) (Jointly Administered)	

Official Form 309F1 (For Corporations or Partnerships)

Notice of Chapter 11 Bankruptcy Case 10/20

For the debtor listed above, a case has been filed under chapter 11 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines. Read both pages carefully.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from the debtor by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

Confirmation of a chapter 11 plan may result in a discharge of debt. A creditor who wants to have a particular debt excepted from discharge may be required to file a complaint in the bankruptcy clerk's office within the deadline specified in this notice. (See line 11 below for more information.)

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at https://pacer.uscourts.gov).

The staff of the bankruptcy clerk's office cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtors' full name: See chart below.

2. All other names used in the last 8 years: See chart below if applicable

Jointly Administered Cases

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Health, Inc.	7088 Winchester Circle Boulder, CO 80303	22-11257	82-4733391
Care Well Pharmacy, Inc. dba Medly Pharmacy	7088 Winchester Circle Boulder, CO 80303	22-11258	75-2999048
Grubbs Care Pharmacy NW Inc. Dba Grubbs NW Specialty Pharmacy	7089 Winchester Circle Boulder, CO 80303	22-11259	27-1460490
Marg Pharmacy, Inc. dba Medly Pharmacy dba LiRx	7090 Winchester Circle Boulder, CO 80303	22-11260	22-3315838
Medly Atlanta Inc.	7091 Winchester Circle Boulder, CO 80303	22-11261	84-4327312



DEBTOR	ADDRESS	CASE NO.	EIN #
Medly Enterprise LLC	7099 Winchester Circle Boulder, CO 80303	22-11262	84-1738898
Medly Baltimore Inc. dba Medly Pharmacy	7092 Winchester Circle Boulder, CO 80303	22-11263	84-3732354
Medly Queens Inc. dba Medly Pharmacy fka Medly DFCC	7109 Winchester Circle Boulder, CO 80303	22-11264	86-3189623
Medly Bedford Ave Pharmacy Inc. dba Medly Pharmacy	7093 Winchester Circle Boulder, CO 80303	22-11265	85-2063690
Medly Grand Central Inc. dba Medly Pharmacy	7100 Winchester Circle Boulder, CO 80303	22-11266	85-3161741
Medly Raleigh Inc. dba Medly Pharmacy	7110 Winchester Circle Boulder, CO 80303	22-11267	84-3015140
Medly Bristol Inc. dba Medly Pharmacy	7094 Winchester Circle Boulder, CO 80303	22-11268	87-2424556
Medly Bronx Inc. dba Medly Pharmacy	7095 Winchester Circle Boulder, CO 80303	22-11269	85-0704741
Medly San Antonio Inc. dba Medly Pharmacy	7111 Winchester Circle Boulder, CO 80303	22-11270	85-3969973
Medly Houston Inc. dba Medly Pharmacy	7101 Winchester Circle Boulder, CO 80303	22-11271	85-3447443
Medly Chicago Inc. dba Medly Pharmacy	7096 Winchester Circle Boulder, CO 80303	22-11272	84-3685231
Medly Dallas Inc. dba Medly Pharmacy	7097 Winchester Circle Boulder, CO 80303	22-11273	84-4357581
Medly Jersey City Inc. dba Medly Pharmacy	7102 Winchester Circle Boulder, CO 80303	22-11274	85-1564966
Medly Stamford Inc. dba Medly Pharmacy	7112 Winchester Circle Boulder, CO 80303	22-11275	85-1564966
Medly DC Inc. dba Grubbs NW Specialty Pharmacy	7098 Winchester Circle Boulder, CO 80303	22-11276	86-1449403
Medly Orlando Inc. dba Medly Pharmacy	7105 Winchester Circle Boulder, CO 80303	22-11277	85-0797581
Medly Tampa Inc. dba Medly Pharmacy	7113 Winchester Circle Boulder, CO 80303	22-11278	86-1495128
Medly Mail Service Pharmacy LLC Fka Valisurex LLC	7103 Winchester Circle Boulder, CO 80303	22-11279	82-4179203

DEBTOR	ADDRESS	CASE NO.	EIN #
Medly UCHC Pharmacy Inc. dba Medly Pharmacy	7114 Winchester Circle Boulder, CO 80303	22-11280	84-3556672
Medly Utah Inc.	7115 Winchester Circle Boulder, CO 80303	22-11281	84-3964648
Medly Miami Inc. dba Medly Pharmacy	7104 Winchester Circle Boulder, CO 80303	22-11282	84-3858101
Medly Pharmacy Inc.	7106 Winchester Circle Boulder, CO 80303	22-11283	11-3394606
X Pharmaca Integrative Pharmacy, Inc.	7116 Winchester Circle Boulder, CO 80303	22-11284	84-1550334
Medly Pharmacy PA Inc. dba Medly Pharmacy	7107 Winchester Circle Boulder, CO 80303	22-11285	83-4308494
Tango340B LLC fdba RPH Innovations LLC	7117 Winchester Circle Boulder, CO 80303	22-11286	84-1738898
Medly Pittsburgh Inc. dba Medly Pharmacy	7108 Winchester Circle Boulder, CO 80303	22-11287	86-3318381
West Campbell Pharmacy Inc. dba Medly Pharmacy	7118 Winchester Circle Boulder, CO 80303	22-11288	84-2622931
Khora Health Solutions Inc.	7118 Winchester Circle Boulder, CO 80303	22-11361	84-1782909
RPH Innovations LLC	7118 Winchester Circle Boulder, CO 80303	22-11362	45-3613767

3. Address: See chart above

4. Debtors' attorneys

PACHULSKI STANG ZIEHL & JONES LLP
Laura Davis Jones (DE Bar No. 2436)
David M. Bertenthal (CA Bar No. 167624)
Timothy P. Cairns (DE Bar No. 4228)
919 N. Market Street, 17th Floor
P.O. Box 8705
Wilmington, DE 19899-8705 (Courier 19801)
Telephone: (302) 652-4100
Facsimile: (302) 652-4400
Email: ljones@pszjlaw.com
dbertenthal@pszjlaw.com
tcairns@pszjlaw.com

5. Bankruptcy clerk's office

Documents in this case may be filed at this address:

824 Market Street
3rd Floor
Wilmington, DE 19801

You may inspect all records filed in this case at this office or online at www.pacer.gov.

Hours open: Monday – Friday 8:00 AM – 4:00 PM

Contact phone 302-252-2900

6. Meeting of creditors

February 6, 2023 at 1:00 p.m. (ET)

The debtors' representative must attend the meeting to be questioned under oath. If so, the date will be on the court docket.

The meeting may be continued or adjourned to a later date.

Creditors may attend, but are not required to do so.

Location:
Telephonic
Dial in: 1-888-324-8129
Passcode: 9576199#

7. Proof of claim deadline

Deadline for filing proof of claim: Not yet set. If a deadline is set, notice will be sent at a later time.

A proof of claim is a signed statement describing a creditor's claim. A proof of claim form may be filed either electronically or as a paper document. For more information on how to file a Proof of Claim, visit the court-appointed claims agent's website at https://dm.epiq11.com/case/medlyhealth/info.

Your claim will be allowed in the amount scheduled unless:

- your claim is designated as *disputed*, *contingent*, or *unliquidated;*
- you file a proof of claim in a different amount; or
- you receive another notice.

If your claim is not scheduled or if your claim is designated as *disputed*, *contingent*, or *unliquidated*, you must file a proof of claim or you might not be paid on your claim and you might be unable to vote on a plan. You may file a proof of claim even if your claim is scheduled.

You may review the schedules at the bankruptcy clerk's office or online at https://pacer.uscourts.gov

Secured creditors retain rights in their collateral regardless of whether they file a proof of claim. Filing a proof of claim submits a creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a proof of claim may surrender important nonmonetary rights, including the right to a jury trial.

8. Exception to discharge deadline

The bankruptcy clerk's office must receive a complaint and any required filing fee by the following deadline.

If § 523(c) applies to your claim and you seek to have it excepted from discharge, you must start a judicial proceeding by filing a complaint by the deadline stated below.

Deadline for filing the complaint: April 7, 2023

9. Creditors with a foreign address

If you are a creditor receiving notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have any questions about your rights in this case.

10. Filing a Chapter 11 bankruptcy case

Chapter 11 allows debtors to reorganize or liquidate according to a plan. A plan is not effective unless the court confirms it. You may receive a copy of the plan and a disclosure statement telling you about the plan, and you may have the opportunity to vote on the plan. You will receive notice of the date of the confirmation hearing, and you may object to confirmation of the plan and attend the confirmation hearing. Unless a trustee is serving, the debtor will remain in possession of the property and may continue to operate its business.

11. Discharge of debts

Confirmation of a chapter 11 plan may result in a discharge of debts, which may include all or part of your debt. See 11 U.S.C. § 1141(d). A discharge means that creditors may never try to collect the debt from the debtor except as provided in the plan. If you want to have a particular debt owed to you excepted from the discharge and § 523(c) applies to your claim, you must start a judicial proceeding by filing a complaint and paying the filing fee in the bankruptcy clerk's office by the deadline.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2018	10/2018	FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:18-cv-1057-Orl-31GJK	US District Court for the Middle District of Florida

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Coding Technologies vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Coding Technologies alleged unauthorized use by XYMOGEN of its patented technology for providing mobile service with the use of code pattern. The matter was settled between the parties with a license agreement allowing XYMOGEN use, and an Order of Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

CODING TECHNOLOGIES, LLC,

Plaintiff,

v. **Case No: 6:18-cv-1057-Orl-31GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL WITHOUT PREJUDICE

Upon consideration of the Notice of Settlement (Doc. 16), it is

ORDERED that this case is DISMISSED without prejudice pursuant to Local Rule 3.08(b), subject to the right of any party to move the Court within sixty (60) days for the purpose of entering a stipulated form of final order or judgment; or, on good cause shown, to reopen the case for further proceedings. The Court will not dismiss this case with prejudice inasmuch as an Answer has been filed at Doc. 13.

Any pending motions are **DENIED** as moot. The Clerk is directed to close this file.

DONE and **ORDERED** in Chambers in Orlando, Florida on October 22, 2018.

GREGORY A. PRESNELL
UNITED STATES DISTRICT JUDGE

Copies furnished to:

Counsel of Record
Unrepresented Parties

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2019	06/2022	TX	Dallas	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
19-32841-hdh	US Bankruptcy Court for the Northern District of Texas, Dallas Division

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Dougherty Pharmacy, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The final distribution on the allowed claim has been made (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

Dougherty's Litigation Trust
Jason Rae, Liquidating Trustee

400 N. St Paul, Suite 600
Dallas, TX 75201

June 17, 2022

RE: *Dougherty's Litigation Trust*
19-32841-HDH

Dear Claimant:

On behalf of the Dougherty's Litigation Trust, please find enclosed a check representing the **FINAL** distribution on your allowed claim in the above bankruptcy pursuant to the Order Confirming Joint Chapter 11 Plan of Reorganization for Dougherty's Holdings, Inc., Et Al, dated March 31, 2020. This amount is approximately 9.16% of your allowed claim and represents a **FINAL** distribution. To the extent that there are additional monies realized by the Trust, you may be notified of an additional distribution in the future, if any.

If you have any questions regarding this distribution, please contact Karla Wortham at 214-720-1929.

Sincerely,

Jason Rae
Liquidating Trustee

JR:kmw

Enclosure

C:\Users\JAR6Z\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\KOGSK1VI\Transmittal Letter 6.17.22.doc

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/2020	05/2021	SC		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-01227-hb	US Bankruptcy Court, District of South Carolina

Reason/Charge
Chapter 11 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Carolina Integrative Medicine [Aimee Duffy, MD], Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. An Order Confirming Plan has been entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

UNITED STATES BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

IN RE:	CHAPTER 11
Carolina Integrative Medicine, P.A.	CASE NO: 20-01227-HB
Debtor(s).	ORDER CONFIRMING PLAN

The amended plan under chapter 11 of the Bankruptcy Code filed by the debtor(s) on March 16, 2021, or a summary thereof, having been transmitted to the creditors and equity security holders, and

It having been determined, after hearing on notice that the requirements for confirmation set forth in 11 U.S.C. § 1129(a) or (b) have been satisfied,

IT IS ORDERED that:

The amended plan filed by Robert H. Cooper, on March 16, 2021, is confirmed.

IT IS FURTHER ORDERED that the debtor(s):

(1) file, with the Court, pursuant to Federal Rule of Bankruptcy Procedure 2015(a) and District of South Carolina Local Bankruptcy Rule 2015-3, until the case is closed, monthly operating reports in a form approved by the United States trustee. The reports must include any action taken toward the consummation of the plan;

(2) continue to pay the required quarterly fees to the United States trustee until the case has been converted or dismissed, whichever occurs first; and

(3) file, within 90 days after the entry of this Order:

(a) an application for final decree,
(b) a report of substantial consummation,
(c) a final report,
(d) objections to proofs of claim or interest against the debtor's(s') estate, and
(e) any modifications to the plan.

Any motion requesting an extension of this period must be filed before this period expires.

AND IT IS SO ORDERED.

U.S. BANKRUPTCY COURT
District of South Carolina

Case Number: **20-01227-hb**

ORDER CONFIRMING CHAPTER 11 PLAN

The relief set forth on the following pages, for a total of 2 pages including this page, is hereby ORDERED.

FILED BY THE COURT
05/04/2021

Entered: 05/04/2021

Chief US Bankruptcy Judge
District of South Carolina

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/2014	08/2015	CA		Alameda

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
RG14722249	Superior Court of the State of California, County of Alameda

Reason/Charge
California Proposition 65

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Environmental Research Center vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Environmental Research Center alleged improper labeling under California Proposition 65 for XYMOGEN products being sold in California. The matter was settled between the parties and an Order was entered (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

ENDORSED
FILED
ALAMEDA COUNTY

AUG 11 2015

CLERK OF THE SUPERIOR COURT
By Xian-Xii Bowie

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation,

Plaintiff,

vs.

ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC.

Defendants.

Case No. RG14722249

ASSIGNED FOR ALL PURPOSES TO:
JUDGE WYNN CARVILL
DEPARTMENT 21

NOTICE OF ENTRY OF ORDER

TO ALL PARTIES TO THIS ACTION: Please take notice that on August 5, 2015 the Court issued the attached Order Granting Motion to Approve and Enter Stipulated Consent Judgment.

Dated: August 11, 2015

Richard T. Drury
Attorney for Plaintiff
Environmental Research Center

ATTACHMENT

Michael R. Lozeau (CBN 142893)
Richard T. Drury (CBN 163559)
Rebecca L. Davis (CBN 271662)
LOZEAU | DRURY LLP
410 12th Street, Suite 250
Oakland, CA 94607
Ph: 510-836-4200
Fax: 510-836-4205
richard@lozeaudrury.com
rebecca@lozeaudrury.com

Attorneys for Plaintiff
ENVIRONMENTAL RESEARCH CENTER

ENDORSED
FILED
ALAMEDA COUNTY

AUG 05 2015

K. McCoy, Exec. Off./Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF ALAMEDA

ENVIRONMENTAL RESEARCH CENTER, a California non-profit corporation, Plaintiff, vs. ATLANTIC PRO-NUTRIENTS, INC. dba XYMOGEN, a Florida Corporation, XYMOGEN, INC. Defendants.	Case No. RG14722249 ASSIGNED FOR ALL PURPOSES TO: JUDGE WYNN CARVILL DEPARTMENT 21 ~~[PROPOSED]~~ **ORDER GRANTING MOTION TO APPROVE AND ENTER STIPULATED CONSENT JUDGMENT** Hearing Date: August 5, 2015 Time: 8:30 a.m. Reservation No. R-1638982 Case Filed: April 21, 2014 First Amend. Compl. Filed: Oct. 14, 2014

The Motion of Plaintiff ENVIRONMENTAL RESEARCH CENTER to Approve and Enter the Stipulated Consent Judgment came on regularly for hearing before this Court on August 5, 2015 at 8:30 a.m., before the Honorable Wynne Carvill presiding. Rebecca L. Davis appeared for Plaintiff Environmental Research Center. Edward P. Sangster appeared for Defendants Xymogen Inc. and Atlantic-Pro-Nutrients, Inc. dba Xymogen. Having read and considered the Motion, the memorandum of points and authorities, and the declarations and other evidentiary matter filed by

the parties, having heard the argument of counsel, and having weighed the evidence presented by both parties, and good cause appearing therefore,

IT IS HEREBY ORDERED THAT:

The Motion to Approve and Enter the Stipulated Consent Judgment is GRANTED.

The Court makes the following findings pursuant to California Health and Safety Code Section 25249.7(f) and 11 Cal. Code Regs. Section 3201 *et seq.*:

1. The warning required by the Stipulated Consent Judgment complies with Health and Safety Code sections 25249.5 *et seq.* ("Proposition 65");
2. The award of attorneys' fees and costs provided in the Stipulated Consent Judgment is reasonable under California law;
3. The penalties provided by the Stipulated Consent Judgment are reasonable based on the criteria set forth in Health and Safety Code Section 25249.7(b);
4. Plaintiff's continued prosecution of the action was necessary to obtain the relief in the Stipulated Consent Judgment; and
5. The Stipulated Consent Judgment is in the public interest.

Therefore, for the foregoing reasons, the Stipulated Consent Judgment shall be entered as the Judgment of this Court as of the date of entry this Order.

IT IS SO ORDERED.

Dated: Aug 5, 2015

Honorable Wynne Carvill
Judge of the Superior Court

PROOF OF SERVICE

I, Theresa Rettinghouse, declare as follows:

I am a resident of the State of California, and employed in Oakland, California. I am over the age of 18 years and am not a party to the above-entitled action. My business address is 410 12th Street, Suite 250 Oakland, CA 94607. On August 11, 2015, I served a copy of the following documents:

- **NOTICE OF ENTRY OF ORDER**

☒ By placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Oakland, California addressed as set forth below.
☐ By sending the documents as an electronic mail attachment in PDF format to the e-mail addresses below

Edward Sangster
K & L Gates
4 Embarcadero Center, Suite 1200
San Francisco, CA 94111-5994
United States of America
P: +1.415.882.8200
Edward.Sangster@klgates.com

Theresa Rettinghouse

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2021	10/13/2022	FL	Jacksonville	
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
3:21-bk-02027-JAB		US Bankruptcy Court, Middle District of Florida, Jacksonville Division		
Reason/Charge				
Chapter 11 Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Live Well Medical Centers Orlando, Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. The case was dismissed (copy of Order attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

ORDERED.

Dated: October 13, 2022

Jacob A. Brown
United States Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
JACKSONVILLE DIVISION
www.flmb.uscourts.gov

In re:

Live Well Medical Centers Orlando LLC,

Debtor.
_____/

Case No.: 3:21-bk-02027-JAB
Chapter 11

ORDER GRANTING UNITED STATES TRUSTEE'S MOTION TO DISMISS

THIS CASE came before the Court for hearing on October 11, 2022 upon the United States Trustee's Motion to Dismiss or Convert Case to Chapter 7 ("Motion"; Doc. No. 92). For the reasons stated in Open Court, it is now

ORDERED:

1. The Motion is GRANTED.
2. This case is dismissed.
3. All other pending motions are denied as moot.

# # #

Copies to (Service by BNC): All creditors and parties in interest.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/2020	Pending	MD	Greenbelt	Prince George's County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
20-21017-TJC		US Bankruptcy Court for the District of Maryland, Greenbelt Division		
Reason/Charge				
Chapter 11 (SubChapter V) Bankruptcy				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
iThrive Health, Debtor			Bankruptcy	
Name of Business/Industry/Entity				
XYMOGEN (creditor)				

Provide explanation below:

The Debor has filed for Chapter 11 Bankruptcy, naming XYMOGEN as a creditor. There is a pending Request to Close Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
Reorganized Debtor.	**Chapter 11 (SubChapter V)**

NOTICE OF SUBSTANTIAL CONSUMMATION UNDER SUBCHAPTER V AND REQUEST TO CLOSE CASE

iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor"), by and through its undersigned counsel, pursuant to 11 U.S.C. § 1183(c)(2) and Local Bankruptcy Rule 3022-1, hereby files a second Notice of Substantial Consummation[1] in cases under Subchapter V and request that the case be closed expeditiously. he Reorganized Debtor hereby certifies that the attached summary report of the disbursements, distribution and transfers that have been made pursuant to the plan which includes a description of other acts taken to consummate the plan. *See* **Exhibit A**. To date, all of the administrative claims filed by professionals have been paid and the priority claim of the Internal Revenue Service has been in full. The Reorganized Debtor made the first quarterly distribution to unsecured creditors in accordance with the confirmed plan of reorganization (the "Plan").

The Reorganized Debtor further certifies that six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable (order was entered on July 6, 2021); (B) any deposits required by the plan have been distributed; (C) any property proposed by

[1] The Reorganized Debtor previously certified that substantive consummation had occurred in its Notice of Occurrence of the Effective Date on July 21, 2021 [Docket No. 108] The Office of the United States Trustee has requested that the Reorganized Debtor refile as a separate of Notice of Substantial Consummation with additional disclosures.

the plan to be transferred has been transferred; (D) the Reorganized Debtor has assumed the business or the management of the property dealt with by the Plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved. *See* **Exhibit B.** The Debtor will continue to pay quarterly distributions to unsecured creditors in accordance with the Plan.

/s/ Marc Isaacson
Marc Isaacson

Dated: January 24, 2022

Respectfully submitted,

/s/ Justin P. Fasano
McNamee Hosea, P.A.
Justin P. Fasano, Esquire (MDB # 28659)
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Phone: 301-441-2420
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I hereby certify that on January 24 2022, I reviewed the Court's CM/ECF system and it reports that a copy of the **Notice of Substantial Consummation under Subchapter V and Request to Close Case** will be served electronically by CM/ECF to the attorneys listed below, and by first class mail, postage prepaid, to all creditors on the attached mailing matrix:

Robert Henry Brooke Cawood rhbc@cawoodlawfirm.com
John B. Connor jack@johnbconnor.com
Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, mbp@henrylaw.com
Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com
Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com
Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com
L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV
Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com
US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV
Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

/s/ Justin P. Fasano
Justin P. Fasano

EXHIBIT A

Summary Report Of The Disbursements, Distribution And Transfers
That Have Been Made Pursuant To The Plan
(JULY 7, 2021 THROUGH DECEMBER 31, 2021)

A	**Priority Payments of Administration Other than Operating Expenses**	
	SubChapter V Trustee	$10,740.10
	Internal Revenue Service (priority portion of claim)	$5,516.08
	Accountant (including retainer applied)	$4,708.00
	Debtor's Attorney(including retainer applied)	$43,930.85
	Landlord (replenishment of security deposit	$14.933.00

B	Payments to Sandy Spring Bank	$67,311.30

C	Payments to Unsecured Creditors	$6,649.72

EXHIBIT B

Matters Involving Consummation Of The Confirmed Plan
That Have Not Been Fully Resolved
(THROUGH DECEMBER 31, 2021)

	PAID	STILL TO BE PAID	TOTAL
Priority Payments of Administration Other than Operating Expenses			
SubChapter V Trustee	$10,740.10	$0.00	$10,740.10
Internal Revenue Service (priority portion of claim)	$5,516.08	$0.00	$5,516.08
Accountant (including retainer applied)	$4,708.00	$0.00	$4,708.00
Debtor's Attorney (including retainer applied)	$43,930.85	$0.00	$43,930.85
Landlord (replenishment of security deposit	$14.933.00		$14.933.00

	PAID	STILL TO BE PAID	TOTAL
Payments to Secured Creditors			
Payments to Sandy Spring Bank	$67,311.30	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00	7 payments of $13,584.92 12 payments of $14,247.75 48 payments of $14,972.00

	PAID	STILL TO BE PAID	TOTAL
Other			
Payments to General Unsecured Creditors	$6,649.72	$113,350.28	$120,000.00

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re:	
iTHRIVE HEALTH, LLC,	**Case No. 20-21017-TJC**
	Chapter 11 (SubChapter V)
Debtor.	

MOTION FOR FINAL DECREE

iThrive Health, LLC (the "Reorganized Debtor"), by its undersigned counsel, and pursuant to 11 U.S.C. § 350, Federal Rule of Bankruptcy Procedure 3022 and Local Rule 3022-1, hereby files this Motion for Final Decree and for cause states as follows:

1. On December 28, 2020 (the "Petition Date"), the Liquidating Debtor filed with this Court a voluntary petition for relief under chapter 11 of the Bankruptcy Code.

2. On April 30, 2021, the Reorganized Debtor filed Debtor's First Amended Chapter 11 Plan of Reorganization dated April 30, 2021 [Dkt. No. 86] (the "Plan"[1]).

3. The Court entered an order confirming the Plan on July 6, 2021 (the "Confirmation Order," Docket No. 103).

4. Section 350(a) of the Bankruptcy Code provides that after a debtor's estate is fully administered and the court has discharged the trustee, the court shall close the case. 11 U.S.C. § 350. Bankruptcy Rule 3022 sets forth the procedure for the closing of a chapter 11 case and the entry of a final decree and provides that "after an estate is fully administered in a chapter 11 reorganization case, the court, on its own motion or on

[1] All capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Plan.

motion of a party in interest, shall enter a final decree closing the case." Fed. R. Bankr. P. 3022.

5. The standard for determining if a debtor's estate has been fully administered and a final decree should issue, is whether the debtor's case has been substantially consummated, as defined in Section 1101(2) of the Bankruptcy Code. In re A. H. Robbins Co., Inc., 219 B.R. 145, 150 (E.D. Va. 1998) citing In re Jordan Mfg. Co. Inc., 138 B.R. 30, 344 (Bankr. C.D. Ill. 1992). Section 1101(2) defines "substantial consummation" as follows:

> (A) transfer of all or substantially all of the property proposed by the plan to be transferred;
>
> (B) assumption by the debtor or by the successor to the debtor under the plan of the business or the management of all or substantially all of the property dealt with under the plan; and
>
> (C) commencement of distribution under the plan.

11 U.S.C. §1101(2).

6. Further, Local Bankruptcy Rule 3022-1(b) provides that a Chapter 11 Plan Proponent must certify that the Plan has been fully administered. Local Bankruptcy Rule 3022-1(a) provides that

> A Chapter 11 plan will be deemed fully administered under Federal Bankruptcy Rule 3022: (1) after the completion of the following: (A) six (6) months have elapsed after the entry of a final order of confirmation that has become nonappealable; (B) the deposits required by the plan have been distributed; (C) the property proposed by the plan to be transferred has been transferred; (D) the debtor or the successor of the debtor under the plan has assumed the business or the management of the property dealt with by the plan; (E) payments under the plan have commenced; and (F) all motions, contested matters, and adversary proceedings have been finally resolved; or (2) for individual Chapter 11 debtors, upon completion of all plan payments; or (3) at another time specifically defined by the plan.

A notice of substantial consummation is submitted herewith as **Exhibit A.** The Reorganized Debtor's Certificate of Full Administration is submitted therewith. As stated in the Certificate, all requirements of Local Bankruptcy Rule 3022-1(b)(1) have been met, and it has now been six months since the entry of the final order of confirmation.

WHEREFORE, the Reorganized Debtor prays for entry for entry of a Final Decree and for such other and further relief as the Court deems necessary or appropriate.

Dated: January 24, 2022

Respectfully submitted

/s/ Justin P. Fasano
Janet M. Nesse (Fed. Bar No. 07804)
Justin P. Fasano (Fed Bar No. 28659)
McNamee Hosea, P.A.
6411 Ivy Lane, Suite 200
Greenbelt, MD 20770
Tel: 301-441-2420
Fax: 301-982-9450
jnesse@mhlawyers.com
jfasano@mhlawyers.com
Counsel for the Reorganized Debtor

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by CM/ECF, to the parties listed below.
John B. Connor jack@johnbconnor.com

Bruce W. Henry bwh@henrylaw.com, kmo@henrylaw.com, jtm@henrylaw.com, mbp@henrylaw.com

Adam M Lynn alynn@mdswlaw.com, dwalker@mdswlaw.com

Stephen A. Metz smetz@offitkurman.com, mmargulies@offitkurman.com

Kevin M. O'Donnell kmo@henrylaw.com, mbp@henrylaw.com, jtm@henrylaw.com

L. Jeanette Rice Jeanette.Rice@usdoj.gov, USTPRegion04.GB.ECF@USDOJ.GOV

Cheryl E. Rose trusteerose@aol.com, crose@ecf.axosfs.com

US Trustee - Greenbelt USTPRegion04.GB.ECF@USDOJ.GOV

Michael G. Wolff trustee@wolawgroup.com, mwolff@ecf.axosfs.com, dgodfrey@wolawgroup.com

I HEREBY CERTIFY that on this January 24, 2022, a true and correct copy of the foregoing has been served by first class mail, postage prepaid, to the creditors on the attached matrix.

/s/ Justin P. Fasano
Justin P. Fasano

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND
(Greenbelt Division)

In re: **iTHRIVE HEALTH, LLC,** **Reorganized Debtor.**	**Case No. 20-21017-TJC** **Chapter 11 (SubChapter V)**

ORDER CLOSING CASE

Upon consideration of the Motion for Final Decree and Notice of Substantial Consummation under Subchapter V and Request to Close Case filed by iThrive Health, LLC, the reorganized debtor herein (the "Reorganized Debtor") and it appearing to the Court that the Trustee in the above–entitled case has performed all duties required of him/her in the administration of said estate; it is by the United States Bankruptcy Court for the District of Maryland, hereby

ORDERED, that Reorganized Debtor's case be and it hereby is closed; that the Trustee be and he/she hereby is discharged from and relieved of his/her trust.

END OF ORDER

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2019	11/2021			

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
91249473 & 91252582	US Patent and Trademark Office

Reason/Charge
Opposition of Trademark Applications

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Healthy Web, et al vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Healthy Web filed an opposition with the USPTO to XYMOGEN's trademark application for the "WHOLESCRIPTS" mark in view of its registration of the "FULLSCRIPT" mark. The case proceeded before the Trademark Trial and Appeal Board, but Healthy Web ultimately withdrew its opposition thereby allowing the "WHOLESCRIPTS" mark to proceed to registration. (Copy of Withdrawal is attached)

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

Trademark Trial and Appeal Board Electronic Filing System. https://estta.uspto.gov
ESTTA Tracking number: **ESTTA1171739**
Filing date: **11/11/2021**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Proceeding	91249473
Party	Plaintiff Healthy Web Inc. and Natural Partners, Inc.
Correspondence Address	AMANDA ROACH AMIN TALATI WASSERMAN LLP 100 S WACKER DRIVE, SUITE 2000 CHICAGO, IL 60606 UNITED STATES Primary Email: amanda@amintalati.com Secondary Email(s): sanjay@amintalati.com, trademark@amintalati.com 312-327-3328
Submission	Withdrawal of Opposition
Filer's Name	Sanjay S. Karnik
Filer's email	Sanjay@amintalati.com, Amanda@amintalati.com, Trademark@amintalati.com
Signature	/Sanjay S. Karnik/
Date	11/11/2021
Attachments	Withdrawal of Opp With Prej. Xymogen Opp. 11-11-21.pdf(159975 bytes)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
BEFORE THE TRADEMARK TRIAL AND APPEAL BOARD

Healthy Web Inc. and Natural Partners, Inc., **Opposers,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91249473** **Application Serial No. 88249502** **Mark: WHOLESCRIPTS** **Date of Publication: May 14, 2019**
Healthy Web Inc., d/b/a Fullscript, a Canadian Corporation, **Opposer,** **v.** **XYMOGEN, INC., a Florida Corporation,** **Applicant.**	**Opposition No. 91252582** **Application Serial No. 88456530** **Mark: WS WHOLESCRIPTS** **Date of Publication: October 1, 2019**

WITHDRAWAL OF OPPOSITION WITH PREJUDICE

Opposers Healthy Web Inc. and Natural Partners, Inc. ("Opposers"), with agreement by Applicants Xymogen, Inc. and Xymogen IP, LLC ("Applicants"), hereby withdraw this Opposition proceeding with prejudice.

This 11th day of November, 2021.

Respectfully submitted,

/s/ Sanjay S. Karnik

George Spatz
Sanjay S. Karnik
AMIN TALATI WASSERMAN, LLP
100 S. Wacker Dr., Ste. 2000
Chicago, IL 60606
T: (312) 327-3327
F: (312) 884-7352
gspatz@amintalati.com
sanjay@amintalati.com

trademark@amintalati.com

Attorneys for Opposers

AGREEING TO WITHDRAWAL OF OPPOSITION WITH PREJUDICE:

/s/ Anne H. Baroody
Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicants

CERTIFICATE OF SERVICE

I hereby certify that on November 11, 2021, I caused a true and correct copy of the foregoing WITHDRAWAL OF OPPOSITION WITH PREJUDICE to be sent via email and electronic service to:

Ronald T. Coleman, Jr.
rcoleman@phrd.com
Robert H.G. Lockwood
rlockwood@phrd.com
Anne H. Baroody
abaroody@phrd.com
303 Peachtree Street NE, Suite 3600
Atlanta, Georgia 30308
Telephone: (404) 523-5300
Facsimile: (404) 422-8409

Attorneys for Applicant

/s/ Sanjay S. Karnik
Sanjay S. Karnik

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/2016	01/2017	CA		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
16V1711-JLS-BGS		US District Court, Southern District of California		
Reason/Charge				
Patent Infringement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Natural Alternatives International vs. Cenegenics and XYMOGEN			Lawsuit	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Natural Alternatives alleged a patent infringement against Cenegenics and XYMOGEN for a raw material used in a formula XYMOGEN manufactured for Cenegenics. The matter was settled among the parties and a Stipulation of Voluntary Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

WILSON TURNER KOSMO LLP
FREDERICK W. KOSMO, JR. (138036)
HUBERT KIM (204957)
550 West C Street, Suite 1050
San Diego, California 92101
Telephone: (619) 236-9600
Facsimile: (619) 236-9669
E-mail: fkosmo@wilsonturnerkosmo.com
E-mail: hkim@wilsonturnerkosmo.com

Attorneys for Plaintiff NATURAL ALTERNATIVES INTERNATIONAL, INC.

JORDAN D. GROTZINGER (SBN 190166)
grotzingerj@gtlaw.com
GREENBERG TRAURIG, LLP
1840 Century Park East, Suite 1900
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Telephone: (310) 586-7700
Facsimile: (310) 586-7800

Attorneys for Defendant CENEGENICS, LLC

Karen I. Boyd (State Bar No. 189808)
boyd@turnerboyd.com
TURNER BOYD LLP
702 Marshall Street, Suite 640
Redwood City, California 94063
Telephone: (650) 521-5930
Facsimile: (650) 521-5931

Attorneys for Defendant XYMOGEN, INC.

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

NATURAL ALTERNATIVES INTERNATIONAL, INC.,

Plaintiff,

v.

CENEGENICS, LLC, and ATLANTIC-PRO NUTRIENTS d/b/a XYMOGEN, LLC,

Defendants.

Case No. 16-cv-1711-JLS-BGS

STIPULATION OF VOLUNTARY DISMISSAL WITH PREJUDICE

Pursuant to Federal Rule of Civil Procedure 41(a)(1)(A)(ii), Plaintiff Natural Alternatives International, Inc. ("Plaintiff") and Defendants Cenegenics, LLC and Xymogen, Inc. (formerly known as Atlantic Pro-Nutrients, Inc. d/b/a Xymogen) (collectively, "Defendants"), through their respective counsel of record, hereby stipulate and agree that the present action be dismissed with prejudice as Plaintiff and Defendants, by private agreement, have reached an acceptable resolution of all differences related to this action. Each party will bear its own attorney's fees and costs.

All claims in this action have now been dismissed with prejudice and the case should be closed by the Court.

IT IS SO STIPULATED.

Dated: Januarv 24. 2017

WILSON TURNER KOSMO LLP

By: s/ Frederick W. Kosmo, Jr.
FREDERICK W. KOSMO, JR.
fkosmo@wilsonturnerkosmo.com

Attorney for Plaintiff
NATURAL ALTERNATIVES
INTERNATIONAL. INC.

Dated: Januarv 24. 2017

GREENBERG TRAURIG. LLP

By: s/ Jordan D. Grotzinger
JORDAN D. GROTZINGER
grotzingerj@gtlaw.com

Attorney for Defendant
CENEGENICS. LLC

Dated: Januarv 24. 2017

TURNER BOYD LLP

By: s/ Karen I. Boyd
KAREN I. BOYD
boyd@turnerboyd.com

Attorney for Defendant
XYMOGEN. INC.

SIGNATURE ATTESTATION

Pursuant to Section 2(f)(4) of the Electronic Case Filing Administrative Policies and Procedures Manual, I hereby certify that the content of this document is acceptable to all signatories shown above and that I have obtained such signatories' authorization to affix their electronic signatures to this document.

s/ Frederick W. Kosmo, Jr.
Frederick W. Kosmo, Jr.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2014	09/2014	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-01431-JSM-MAP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Total Health, Total Health Discount Vitamins and	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Total Health for its unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties and XYMOGEN dismissed its Complaint. (Copy of Dismissal attached)

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

XYMOGEN, INC., an Illinois corporation,

Plaintiff,

v. Case No.: 8:14-cv-01431-JSM-MAP

TOTAL HEALTH NETWORK CORP., a foreign corporation, d/b/a TOTAL HEALTH DISCOUNT VITAMINS, and PUREFORMULAS.COM, a Florida corporation,

Defendants.
_____/

PLAINTIFF, XYMOGEN, INC.'S NOTICE OF VOLUNTARY DISMISSAL WITHOUT PREJUDICE

Plaintiff, XYMOGEN, Inc. ("XYMOGEN"), by counsel and pursuant to Rule 41(a)(1)(A)(i), Federal Rules of Civil Procedure, hereby dismisses the above-styled cause without prejudice, with each party to bear its own costs and fees.

Dated: September 2, 2014

Respectfully submitted,

/s/John A. Schifino
Harvey S. Kauget, Esq.
Florida Bar No. 116254
John A. Schifino, Esq.
Florida Bar No. 0072321
BURR & FORMAN LLP
P.O. Box 380
Tampa, Florida 33601-0380
(813) 221-2626 (telephone)
(813) 221-7335 (facsimile)
hkauget@burr.com
jschifino@burr.com

Attorneys for Plaintiff, XYMOGEN, Inc.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been electronically filed this 2nd day of September, 2014 with the Clerk of the Court by using the CM/ECF system.

/s/John A. Schifino
John A. Schifino, Esq.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2013	02/2018	UT		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2:13-cv-784-TS	US District Court for the Central District of Utah

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Thorne Research vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Thorne Research alleged a patent infringement against XYMOGEN related to a product formula being distributed by XYMOGEN. A jury determined the patent was invalid and there was no wrong doing on the part of XYMOGEN.

Original Signature (electronic, copies or stamps not accepted)

Date 3/24/23

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2012	10/2012	FL		Orange
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Breach of Agreement				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Thorne Research vs. XYMOGEN			Arbitration	
Name of Business/Industry/Entity				
XYMOGEN				

Provide explanation below:

Thorne Research filed a Demand for Arbitration against XYMOGEN for an alleged breach of a prior settlement agreement. The matter was arbitrated. The Final Award was determined and entered by the Arbitrator and has been paid in full, thereby satisfying and canceling the Final Award (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/29/23
Date

IN RE: ARBITRATION

THORNE RESEARCH, INC., an Idaho corporation,

Claimant,

vs.

ATLANTIC PRO-NUTRIENTS, INC., d/b/a XYMOGEN, an Illinois corporation,

Respondent.

SATISFACTION OF FINAL AWARD

Claimant, THORNE RESEARCH, INC., an Idaho corporation, does hereby acknowledge that all sums due under the Final Award have been fully paid and the Final Award is here by satisfied and is cancelled in full.

DATED this 16th day of November, 2012.

THORNE RESEARCH, INC.

By: Thomas P. McKenna
Its: Chief Operating Officer

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2013	05/2014	CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
SACV13-01071 JVS (RNBx)	US District Court, Central District of California

Reason/Charge
Patent Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Sundesa vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Sundesa alleged a patent infringement against XYMOGEN for a blender bottle being distributed by XYMOGEN. The matter was settled between the parties and an Order of Dismissal was filed (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/29/23
Date

Tyson K. Hottinger (California State Bar No. 253221)
E-mail: thottinger@mabr.com
Larry R. Laycock (Utah State Bar No. 4868; *Pro Hac Vice*)
E-mail: llaycock@mabr.com
Adam B. Beckstrom (Utah State Bar No. 14127; *Pro Hac Vice*)
E-mail: abeckstrom@mabr.com

JS-6

MASCHOFF BRENNAN

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Telephone: (435) 252-1360
Facsimile: (435) 252-1361

&

20 Pacifica, Suite 1130
Irvine, California 92618
Telephone: (949) 202-1900
Facsimile: (949) 453-1104

Attorneys for Plaintiff Sundesa, LLC

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA

Sundesa, LLC, a Utah Limited Liability Company,

Plaintiff,

v.

Atlantic Pro-Nutrients, Inc., an Illinois Corporation, d/b/a XYMOGEN

Defendant.

Civil Action No.: 8:13-cv-01071-JVS-RNB

ORDER GRANTING STIPULATED NOTICE OF DISMISSAL WITH PREJUDICE

Assigned For All Purposes To:
Hon. James V. Selna
Department 10C

In view of the Parties' Stipulated Notice of Dismissal with Prejudice, the Court hereby ORDERS that all claims, counterclaims, demands, causes of action, and defenses that were, or could have been, asserted in the above-captioned action are hereby dismissed with prejudice. Each party will bear its own costs and attorneys' fees.

DATED: JUNE 10, 2014

Judge James V. Selna
United States District Court

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
08/2020	Pending	NY		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
20-22971-rdd	US Bankruptcy Court, Southern District of New York

Reason/Charge
Chapter 7 Bankruptcy

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Michael B. Schachter, MD, PC, Debtor	Bankruptcy

Name of Business/Industry/Entity
XYMOGEN (creditor)

Provide explanation below:

As a creditor, XYMOGEN has received Notice of Chapter 7 Bankruptcy Case (copy attached).

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

Information to identify the case.			
Debtor	Michael B. Schachter M.D., P.C	EIN: 13-2794978	
	Name		
United States Bankruptcy Court	Southern District of New York	Date case filed for chapter:	7 8/24/20
Case number:	20-22971-rdd		

Official Form 309C (For Corporations or Partnerships)

Notice of Chapter 7 Bankruptcy Case

12/17

For the debtor listed above, a case has been filed under chapter 7 of the Bankruptcy Code. An order for relief has been entered.

This notice has important information about the case for creditors, debtors, and trustees, including information about the meeting of creditors and deadlines.

The filing of the case imposed an automatic stay against most collection activities. This means that creditors generally may not take action to collect debts from the debtor or the debtor's property. For example, while the stay is in effect, creditors cannot sue, assert a deficiency, repossess property, or otherwise try to collect from the debtor. Creditors cannot demand repayment from debtors by mail, phone, or otherwise. Creditors who violate the stay can be required to pay actual and punitive damages and attorney's fees.

To protect your rights, consult an attorney. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below or through PACER (Public Access to Court Electronic Records at www.pacer.gov).

The staff of the bankruptcy clerk's office and the office of the U.S. Trustee cannot give legal advice.

Do not file this notice with any proof of claim or other filing in the case.

1. Debtor's full name	Michael B. Schachter M.D., P.C		
2. All other names used in the last 8 years	dba Schachter Center for Complementary Medicine		
3. Address	42 Peter Turner Road Monroe, NY 10950-4178		
4. Debtor's attorney Name and address	Robert J. Flanagan III Greenbaum, Rowe, Smith & Davis LLP PO Box 5600 Woodbridge, NJ 07095	Contact phone 732-476-3204 Email: rflanagan@greenbaumlaw.com	
5. Bankruptcy trustee Name and address	Mark S. Tulis Tulis Wilkes Huff & Geiger LLP 220 White Plains Road 2nd Floor Tarrytown, NY 10591	Contact phone (914) 747-4400 Email: mtulis.trustee@gmail.com	
6. Bankruptcy clerk's office Documents in this case may be filed at this address. You may inspect all records filed in this case at this office or online at www.pacer.gov.	300 Quarropas Street White Plains, NY 10601 Clerk of the Bankruptcy Court: Vito Genna	Office Hours: Monday – Friday 8:30 AM – 5:00 PM Contact phone 914-467-7250 Date: 8/24/20	
7. Meeting of creditors The debtor's representative must attend the meeting to be questioned under oath. Creditors may attend, but are not required to do so.	**September 24, 2020 at 10:30 AM** The meeting may be continued or adjourned to a later date. If so, the date will be on the court docket. **Cell phones are not permitted in the Courthouse without an Attorney Secure Pass which can be obtained at the U.S. District Court Clerk's Office.**	Location: **Teleconference *ONLY*, Contact Trustee (see Trustee Section), for direction**	
8. Proof of claim	No property appears to be available to pay creditors. Therefore, other than claims secured by a security interest in the principal residence, please do not file a proof of claim now. If it later appears that assets are available to pay creditors, the clerk will send you another notice telling you that you may file a proof of claim and stating the deadline. Deadline for holder(s) of a claim secured by a security interest in the principal residence pursuant to Rule 3002(c)(7)(A):	**Filing deadline: 70 days after the order for relief is entered.**	
9. Creditors with a foreign address	If you are a creditor receiving a notice mailed to a foreign address, you may file a motion asking the court to extend the deadlines in this notice. Consult an attorney familiar with United States bankruptcy law if you have		

33808017197012

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
05/2015	02/2017	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:15-cv-790-Or-37DAB	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Breach of Contract

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Nutrimatix vs. XYMOGEN	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

Nutrimatix alleged a breach of contract against XYMOGEN for a delay in product delivery. A jury determined no damages were sustained by Nutrimatix and the case was dismissed (copy of Order of Dismissal attached).

Original Signature (electronic, copies or stamps not accepted)

3/29/23
Date

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
ORLANDO DIVISION

NUTRIMATIX INC.,

Plaintiff,

v. **Case No: 6:15-cv-790-Orl-37GJK**

XYMOGEN, INC.,

Defendant.

ORDER OF DISMISSAL

Before the Court is the parties' Joint Notice of Withdrawal of All Pending Post-Trial Motions and Stipulation of Voluntary Dismissal with Prejudice (Doc. 136), filed March 30, 2017. Accordingly, it is

ORDERED that, pursuant to Federal Rules of Civil Procedure 41(a)(A)(ii), this case is hereby **DISMISSED** with prejudice, with each party to bear its own fees and costs. The Clerk is directed to **CLOSE** this case.

DONE AND ORDERED at Orlando, Florida this 3rd day of April, 2017.

ROY B. DALTON JR.
United States District Judge

Copies: Counsel of Record

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/2017	05/2018	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:17-cv-869-Orl-31KRS	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Digitalev/Pure Therapeutics	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Digitalev for its unauthorized use of XYMOGEN trademarks in online selling of its own brand of products through its Pure Therapeutics storefront. The matter was settled between the parties through Mediation, and a Confidential Release and Settlement Agreement was entered into.

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
10/2014	01/2015	FL	Tampa	Hillsborough

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
8:14-cv-2591-T-35AEP	US District Court for the Middle District of Florida, Tampa Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Vitamin Rite	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against Vitamin Rite for its unauthorized online sale of XYMOGEN products. The matter was settled between the parties and XYMOGEN dismissed its Complaint.

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
11/2020	03/2021	FL	Orlando	Orange

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
6:20-cv-2134-WWB-DCI	US District Court for the Middle District of Florida, Orlando Division

Reason/Charge
Trademark Infringement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
XYMOGEN vs. Dorvilus, et als	Lawsuit

Name of Business/Industry/Entity
XYMOGEN

Provide explanation below:

XYMOGEN alleged trademark infringement against the Defendants for their unauthorized online sale of XYMOGEN products and use of its trademarks. The matter was settled between the parties, and a Confidential Settlement Agreement and Release of Claims was entered into.

Original Signature (electronic, copies or stamps not accepted)

3/24/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brian Blackburn, Jr.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/14/22

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Brian Blackburn, Jr., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/14/22

Date

Subscribed and Sworn to before me this 14th day of October, 2022

Notary Public Signature

KIM M. JOHNSON
MY COMMISSION # HH 164806
EXPIRES: December 12, 2025
Bonded Thru Notary Public Underwriters

(Seal)

4IIII

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility		
■ Ambulatory Surgical Center (ASC) ☐ Recovery Center (RC)		
Type of Application (check applicable box)		**Ownership Type (check applicable box)**
■ New ASC/RC ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: _____	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9) ■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9) ☐ Partnership (complete sections 1, 2, 5, 7, 8, 9) ☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Advanced Surgical Center, LLC

Physical Address: 7150 W. Sunset Rd.

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-672-0798 Fax: _____

Contact Email: desiz@lasvegasurology.com Website _____

Nevada Business License # NV20222418303

Employed/Contracted Pharmacist Name: Mary Grear NV Pharmacist License #: 10687

Medical Director Name: Dr. Omid Alex Lesani

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Advanced Surgical Center, LLC

Mailing Address: 7150 W. Sunset Rd. Suite 120

City: Las Vegas State: NV Zip: 89113

Telephone: 702-672-0798 Email: desiz@las vegasurology.com

Contact Person Name: Desiree Zapinsky

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ■ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): LV Surgery Center LLC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning records of PRN, Inc.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear	

Name of Business/Industry/Entity
PRN, Inc

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc.under the care of Mary Grear, Executive Director. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN Inc. grants.

Mary Grear RPh

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

4/10/23

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Desiree Zapinsky

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Desiree Zapinsky

Original signature of Authorized Person (copies or stamps not accepted)

4/20/23

Date

Board Use Only	Date Received: 4.24.23	Amount: 500.00 CC

Advanced Surgical Center, LLC	
Member	Percentage of ownership
CANDELA HOLDINGS, LLC	15%
PATINO UROLOGY, LLC	15%
VICTOR GRIGORIEV, MD	10%
LESANI ENTERPRISES, LLC	10%

List of Directors and Officers

President:	Alex Lesani, M.D.
Vice President:	Victor E. Grigoriev, M.D.
Secretary/Treasurer:.	Vijay Goli, M.D.

Advanced Surgical Center, LLC	
Member	Percentage of ownership
VICTOR GRIGORIEV, MD	10%
GORBACHINSKY GROUP, PLLC	10%
THE NEWMAN FAMILY TRUST	10%
CANDELA HOLDINGS, LLC	15%
CASEY MCCRAW, MD, PLLC	10%
LESANI ENTERPRISES, LLC	10%
PATINO UROLOGY, LLC	15%

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Advanced Surgical Center, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/07/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/16/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202303163474722
You may verify this certificate online at http://www.nvsos.gov

Advanced Surgical Center

Advanced Surgical Center is pending its State ASC licensure from the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services. We need the State Board of Pharmacy license in order to obtain the State ASC license. We will submit a copy of our State ASC license once we obtain it.

Thank you.

Advanced Surgical Center, LLC	
Member	Percentage of ownership
VG ENTERPRISES, LLP	5%
VICTOR GRIGORIEV, MD	10%
GORBACHINSKY GROUP, PLLC	10%
THE NEWMAN FAMILY TRUST	10%
CANDELA HOLDINGS, LLC	15%
CASEY MCCRAW, MD, PLLC	10%
LESANI ENTERPRISES, LLC	10%
PATINO UROLOGY, LLC	15%
WILLIAM R. WISE, MD, LTD	5%
THE JDZ 1999 LIVING TRUST	5%
Total Investment	95%

4

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Jeffrey Middle: Mark Last: Zapinsky

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Winding Canyon Dr

City: Las Vegas State: NV Zip: 89130

Telephone: [redacted] Email: jzapinsky@lasvegasurology.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Lenox Hill Hospital		07/1983-06/1986	
Address	City	State	Zip
100 E 77th St	New York	NY	10021
Diploma/Degree obtained, if any			
Residency- Adult and Pediatric Urology			

School Name		From - To (MM/YY – MM/YY)	
Long Island Jewish Medical Center		07/1979-06/1981	
Address	City	State	Zip
270-05 76th Ave	New Hyde Park	NY	11040
Diploma/Degree obtained, if any			
Residency- Adult and Pediatric Urology			

School Name		From - To (MM/YY – MM/YY)	
State University School of Medicine at Stoney Brook		07/1976-06/1979	
Address	City	State	Zip
100 Nichols Rd	Stoney Brook	NY	11790
Diploma/Degree obtained, if any			
Doctor of Medicine			

School Name		From - To (MM/YY – MM/YY)	
City College of New York		07/1973-06/1975	
Address	City	State	Zip
160 Convent Ave	New York	NY	10031
Diploma/Degree obtained, if any			
B.S. in Biomedical			

School Name		From - To (MM/YY – MM/YY	
The Bronx High School of Science		08/1969-06/1973	
Address	City	State	Zip
75 W. 205 St	The Bronx	NY	10468
Diploma/Degree obtained, if any			
Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/1987-present	[redacted] Winding Canyon Dr	Las Vegas	NV	89120
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Las Vegas Urology, LLP			07/2005 - present	
Business Address	**City**		**State**	**Zip**
2310 Corporate Circle Ste #200	Henderson		NV	89074
Phone	**Title**			
(702) 735-8000	Owner and Board-Certified Urologist (MD)			
Description of Duties				
Las Vegas Urology Owner and Board-Certified Urologist (MD) - Performs cases of all aspects of urologic disease, with a focus on urologic oncology, impotence, noninvasive treatment of stone disease, incontinence tx and vasectomy reversal.				

Business Name			From - To (MM/YY – MM/YY)	
Urology Limited			05/1991 - 07/2005	
Business Address	**City**		**State**	**Zip**
7500 Smoke Ranch Rd. Ste 200	Las Vegas		NV	89128
Phone	**Title**			
(702) 233-0727	Board-Certified Urologist (MD)			
Description of Duties				
Board-Certified Urologist (MD) - Performs cases of all aspects of urologic disease, with a focus on urologic oncology, impotence, noninvasive treatment of stone disease, incontinence tx and vasectomy reversal.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
1992	4/22/2002	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
94997A		District Court - Clark County		
Reason/Charge				
See attached				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Florence Brown (Plantiff) vs Jeffrey Zapinsky, Defendant			Malpractice Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Case dismissed - Court hearing documentation(s) attached.

Jeffrey Zapinsky MD

Original Signature (electronic, copies or stamps not accepted)

3-30-23

Date

Kim Irene Mandelbaum
Mark L. Gentile*
James W. Howard
Annette L. Bradley
*Also licensed in California

June 19, 2003

3130 South Rainbow Boulevard
Suite 303
Las Vegas, Nevada 89146
Phone: (702) 367-1234
Fax: (702) 367-1978

MANDELBAUM GENTILE
ATTORNEYS AT LAW

PERSONAL & CONFIDENTIAL

Via Facsimile: 242-5195

Jeffrey Zapinsky, M.D.
[redacted] Cathedral Rock Drive [redacted]
Las Vegas, Nevada 89128

Re: [redacted]
Claim No.: 94997 A

Dear Dr. Zapinsky:

At your request, please allow this to confirm that you were the Defendant in the case of [redacted] v. Jeffrey Zapinsky, M.D., et al, which went to trial last year. You were defended in that trial by Kim Mandelbaum of this law firm who is on vacation. That trial resulted in a defense verdict for you. If anyone has any further questions, they may contact me.

Very truly yours,

MANDELBAUM GENTILE

James W. Howard, Esq.

JWH/me

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Jeffrey Zapinsky, M.D.

1. Patient Nam[redacted]
2. Diagnosis
3. Your involvement in the case (attending, consulting, etc.)
4. Allegation(s) SEE ATTACHED
5. Clinical Case Summary (Include additional pages or inserts if necessary)
6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 1992 Date Filed 1994 Date Closed 4/22/2002
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
10. Settlement amount paid on your behalf, if any
    Ø
11. Professional liability insurer involved:
    A. Name of Insurer Premier Physicians Ins, Co B. Policy # RRG
    B. Address of Insurer
    C/O Leeds & York
    7074 W. Lake Mead Blvd. #110, Las Vegas, NV 89128

Name: Jeffrey M. Zapinsky

Signature [signature] **Date** 5/1/2014

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CASE PROFILE

RE: Jeffrey Zapinsky, M.D.

CASE HISTORY: [redacted]

In 1992, a motor vehicle accident in a 59-year-old, multiple-trauma patient who was brought in with massive pelvic orthopedic injuries and an extraperitoneal bladder rupture. The extraperitoneal bladder rupture eventually fistulized to the abdominal wound, which required multiple major surgeries to attempt to heal. The patient had multiple complications due to untreated severe diabetes and hypertension. Litigation was filed in 1994, and, on April 22, 2002, a jury returned an 8-0 decision in favor of the physicians, including the orthopedic surgeon and myself.

CASE HISTORY: [redacted]

A 75-year-old male with a history of chronic left testicular pain which was severe. The patient opted for recommended orchiectomy surgery, which was felt to be curative. The patient has a history of heart disease and was on Coumadin. Following the orchiectomy surgery, which was performed without incident as an outpatient procedure, the patient prematurely restarted his Coumadin and had some scrotal bleeding, which eventually led to an infected hematoma. The patient failed to follow up as directed one week later and was seen in the emergency room two weeks following surgery. The infected hematoma was evacuated, and the patient healed without incident. Approximately three weeks following that second surgery, the patient had a massive coronary and died. The patient's son has filed suit against myself and multiple internists that were responsible for his ongoing cardiac and Coumadin issues. That case has been judged by a physician legal screening panel to be without issue of malpractice with regard to my actions. The case has still filed, despite the positive screening panel outcome, and is scheduled for court sometime in April 2003. This case is still pending, but my insurance company and legal team expect a favorable outcome with regard to my liability.

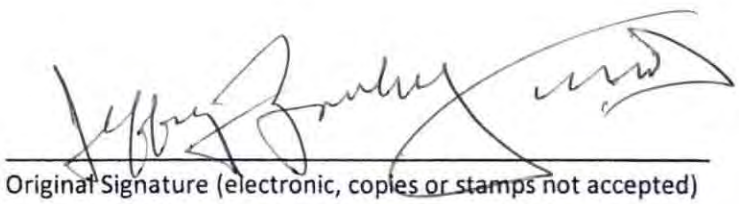
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
8/13/08, 8/20/08	11/05/2010	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
10A003133		Justice Court, Las Vegas Township		
Reason/Charge				
Plaintiff is suing a doctor for malpractice, which occurred in 07/2008. Plaintiff has no money damages.				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Stuart Weiss (Plantiff) vs Jeffrey Zapinsky, Defendant			Malpractice Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

Please see the attached court hearing documentation(s).



Original Signature (electronic, copies or stamps not accepted)

3-30-23

Date

10A003133
RFFD
Referee Findings of Fact Conclusions of La
1036786

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

10A003133

[redacted] Plaintiff(s)

vs.

JEFFREY ZAPINSKY, Defendant(s)

Nov 5 4 04 PM '10
JUSTICE COURT
LAS VEGAS TOWNSHIP
EC
DEPUTY

REFEREE'S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENTAIONS

After hearing the above matter, this referee submits the following:

FINDINGS OF FACT: Plaintiff is suing a doctor for malpractice which occured in 7/08. Plaintiff has no money damages.

CONCLUSIONS OF LAW: Case is time barred and Plaintiff cannot prevail without an expert witness.

REFEREE'S RECOMMENDATIONS:

[ ] Plaintiff should be awarded _____ in damages and _____ in costs.
[X] Plaintiff should be awarded nothing against Defendant.
[ ] Confession [ ] Default [ ] Dismissed With Prejudice [ ] Dismissed Without Prejudice
[ ] Plaintiff should be awarded _____ in damages and _____ in costs on Defedant's Counterclaim (if applicable)
[ ] Defendant should be awarded nothing on Defendant's Counterclaim (if applicable).
[ ] Other: _____

DATED: 11/5/10 Referee: [signature]

This form was [ ] HANDED TO [✓] MAILED TO [✓] THE PARTIES [ ] THE FRONT COUNTER on 11/8/10 by EC

NOTICE

If either Plaintiff or Defendant has failed to appear for the scheduled court date, the party that failed to appear may not file a formal objection. Instead, relief must be sought from the referee who presided on that date.

If both the Plaintiff and Defendant have appeared for hearing before the referee, either party may object to the referee's findings of fact, conclusions of law, and recommendations by filing a formal objection within 5 days after the receipt of this document. Because of this rule, two outcomes are possible.

(7) A timely objection can be filed, and a justice of the peace will review the matter by a trial de novo before issuing a final judgment.

OR

(8) If a timely objection is not filed, the Court will automatically accept these findings, and this referee's decision will become a judgment. At that time, copies of the final judgment can be obtained at the Justice Court Front Counte and the case can be appealed to District Court. However, a notice of appeal must be filed within 5 days from the entry of the judgment. (Detailed information relating to small claims appeals is contained in the small claims information packet).

PLEASE NOTE THAT THIS REFEREE'S DECISION DOES NOT BIND THE PARTIES AND IS NOT ENFORCEABLE IN ANY MANNER UNTIL THE FORMAL OBJECTION PERIOD HAS EXPIRED.

Bonne Bridges
Mueller O'Keefe & Nichols
PROFESSIONAL CORPORATION

3441 S. Eastern Avenue, Suite 402
Las Vegas, NV 89169
702.383.9888
702.383.9882 fax
PLEASE REFER TO FILE:
PREMI-0138-PED

November 15, 2010

James P. McMahon MS, ARM, CPHR
Director of Claims and Risk Management
Capstone Management Group
Program Managers for PPIC
6900 S. McCarran Boulevard, Suite 1010
Reno, NV 89509
jmcmahon@ppicdocs.com

Re: [redacted] v. Jeffrey M. Zapinsky, M.D.

Dear Mr. McMahon:

Please find attached the Referee's Findings of Fact, Conclusions of Law, and Recommendations for the Small Claims hearing on November 5, 2010 in the above-referenced matter. The referee found that Plaintiff is suing a doctor for malpractice which occurred in July 2008 and Plaintiff has no money damages. The referee concluded that the case is time barred and Plaintiff cannot prevail without an expert witness. Plaintiff has five days from the receipt of this order to file an objection to the ruling. If he does that, a justice of the peace will review the matter by a trial de novo before issuing a final judgment. If Plaintiff does not file an objection, the referee's decision will become a final judgment. Once the order becomes a final judgment after the objection period has passed or after a trial de novo, the Plaintiff has five days from the entry of judgment to file a notice of appeal to the District Court. Should he file a notice of appeal to the District Court, the District Court will handle the appeal.

586567.1

complications of the procedures, can testify whether Plaintiff suffered any known risks or complications, can testify regarding Plaintiff's outcome after the procedure, and can testify he met the standard of care in his care and treatment of Plaintiff. With the testimony of Dr. Zapinsky and without any expert testimony presented by Plaintiff, we believe the court should dismiss the complaint as a matter of law.

We may also be able to argue the one year statute of limitations on any medical malpractice cause of action has expired, as Plaintiff last saw Dr. Zapinsky on September 17, 2008, and did not file his Complaint until August 12, 2010. We will need to determine when Plaintiff "discovered" his legal injury. If Plaintiff's complaints are based on not tolerating the August 20, 2008 TUNA procedure, we believe we may be able to show he "discovered" his legal injury sooner than August 20, 2009, such that the one year statute of limitations would have expired. Unfortunately, there is no discovery in small claims court and we are unable to determine this prior to the small claims hearing.

In the next week we will prepare Dr. Zapinsky to testify at the hearing as a Defendant, Plaintiff's treating physician, and as an expert on standard of care in this matter. We will continue to keep you updated on the status of this matter. Should you have any questions, please do not hesitate to call me or my associate, Amanda Rosenthal.

Very truly yours,

BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS
Professional Corporation

Patricia Daehnke

Patricia Egan Daehnke
PED/aer

cc: Dr. Zapinsky

Bonne Bridges
Mueller O'Keefe & Nichols
PROFESSIONAL CORPORATION

3441 S. Eastern Avenue, Suite 402
Las Vegas, NV 89169
702.383.9888
702.383.9882 fax
PLEASE REFER TO FILE:
PREMI-0138-PED

December 10, 2010

James P. McMahon MS, ARM, CPHR
Director of Claims and Risk Management
Capstone Management Group
Program Managers for PPIC
6900 S. McCarran Boulevard, Suite 1010
Reno, NV 89509
jmcmahon@ppicdocs.com

Re: [redacted]. Jeffrey M. Zapinsky, M.D.

Dear Mr. McMahon:

Please be advised that Plaintiff has not filed an objection to the Referee's Findings of Fact, Conclusions of Law, and Recommendations in the above-referenced matter. The Referee's findings were filed on November 5, 2010. Plaintiff had five days to object to the findings before the decision became a final judgment. Once the order became a final judgment after the objection period lapsed, Plaintiff had five days from the entry of judgment to file a notice of appeal to the District Court. Plaintiff has not filed a notice of appeal at this time. Based thereon, we will now close our file.

It has been a pleasure working with you on this case. We look forward to working with you again in the future. Please call should you have any questions.

Very truly yours,

BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS
Professional Corporation

Patricia Daehnke

Patricia Egan Daehnke

cc: Dr. Zapinsky

590388.1

We will wait for the objection and appeal time to expire before closing our file. In the meantime, we will continue to keep you updated on the status of this matter. Please call should you have any questions.

Very truly yours,

BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS
Professional Corporation

Amanda Rosenthal
Amanda Rosenthal

cc: Dr. Zapinsky

law requires that Plaintiff provide expert witness testimony to establish that the standard of care has been breached, and pursuant to *Fierle*, supporting the alleged claim of misrepresentation arising from professional negligence. The judge will either issue a decision at the hearing or will take the matter under advisement, and the decision will be issued in writing. As you know, the maximum Plaintiff can recover in small claims court is $5,000.

We have reviewed Dr. Zapinksy's medical records for Plaintif[redacted](DOB[redacted]). first presented to Dr. Zapinsky on June 11, 2008 complaining of frequent urination. He had been seen in 2004 and was diagnosed with bladder outlet obstruction. A urinalysis was performed and labs were ordered including a PSA and blood sample. Dr. Zapinsky's assessment was benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms. Dr. Zapinsky discussed Plaintiff's options including transurethral microwave thermal therapy and transurethral needle ablation (TUNA). He was given an avodart trial and was requested to return in six months. Mr. Weiss also signed the PPIC arbitration agreement on this date.

On August 13, 2008, Plaintiff presented to Dr. Zapinsky for a cystoscopy which was indicated for his bladder outlet obstruction. He continued to complain of symptoms despite flomax and he had failed avodart. Dr. Zapinksy noted he had bilobar 25 grams/negative bladder. The cystoscopy showed lobar enlargement bilaterally of the prostatic fossa and the median lobe was absent. The prostatic length was 1 cm. The mucosa was normal, there were no tumors, stones, cellules, and efflux was clear. The procedure note indicates the telescope was removed atraumatically, and the patient tolerated the procedure well without complications. At that time Dr. Zapinsky recommended the TUNA procedure, and detailed the risks and benefits. Plaintiff was to follow up in two weeks.

Plaintiff presented to Dr. Zapinsky on August 20, 2008 for the TUNA procedure for benign protastatic hypertrophy (BPH). He signed a consent form in the office for the procedure which advised of risks of infection and blood loss. The consent form explained the TUNA procedure was heat treatment into the prostate using a special needle placed through a telescope into the prostate channel. The consent form also advised that alternatives to the procedure had been explained, including medication to shrink the prostate, reduction of the prostate with telescopic knife (TURP), laser, and further observation. The consent form further stated that the prognosis without treatment would be that there would be continued difficulty with urinary symptoms. The visit record indicates the patient understood the risks of the procedure including but not limited to bleeding, infection, urinary retention, possible worsening irritative symptoms resulting in the need to repeat the procedure in the future, and the possibility of the inability to perform the procedure in the office due to pain.

Dr. Zapinsky proceeded with the TUNA procedure and local anesthetic was given and then Plaintiff was given a periprostatic/pudental nerve block. A cystoscope and TUNA probe were inserted and three lesions were treated with a 14 mm needle and the median lobe was treated. Adequate temperatures were obtained. The cystoscope and TUNA probe were removed. The patient tolerated the procedure well and was discharged home. Dr. Zapinsky's assessment was benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms, urinary frequency, and incomplete bladder emptying. A followup visit was requested in one month.

Plaintiff next presented to Dr. Zapinsky on August 22, 2008 for catheter removal. The catheter was discontinued without problems and Mr. Weiss was given instructions if he was unable to void. He was to follow up in two weeks.

Plaintiff next presented to Dr. Zapinsky on September 17, 2008 for follow up post TUNA. He reported no significant relief of symptoms. Dr. Zapinsky suggested a laser TURP procedure at Mountainview as a potential option. Mr. Weiss was to wait three or four more weeks before deciding. Dr. Zapinsky's assessment was benign localized hyperplasia of prostate with urinary obstruction and other lower urinary tract symptoms. A follow up visit was requested as necessary. Mr. Weiss did not return to see Dr. Zapinsky thereafter.

At the small claims hearing, we will argue that Plaintiff's claims should be dismissed as he has no expert to support his allegations as required by NRS 41A.100. As you know, pursuant to NRS 41A.100 and relevant case law, liability for personal injury is not imposed upon a provider of medical care based on alleged negligence in performing that care unless expert medical testimony is presented to demonstrate an alleged deviation from the accepted standard of care in the specific circumstances of the case and to prove causation of the alleged personal injury or death. The only exception to this rule is if Plaintiff alleges res ipsa loquitur. However, at this time, based on Plaintiff's records and allegations to date, we do not believe Plaintiff's allegations fall under the res ipsa loquitur exceptions. Furthermore, Plaintiff has alleged misrepresentation, which would be considered a professional negligence claim, as it is an alleged negligent act or omission to act by a provider of health care, which Plaintiff alleges resulted in injury. *See* NRS 41A.015. Recent case law, *Fierle v. Perez*, interpreted NRS 41A.071 and clarified that expert affidavits are required to support professional negligence claims against providers of health care (including doctors), for any non-res ipsa loquitur claims. 125 Nev. Adv. Op. 54 (2009). Thus, we will argue that Plaintiff's misrepresentation claims should be dismissed as well based on Plaintiff's lack of expert support. Further, Dr. Zapinsky, as a urologist, will be able to testify at the hearing regarding the standard of care. He can testify regarding Plaintiff's condition, his prognosis, his treatment options, can testify whether the cystoscopy and TUNA procedures were indicated and performed within the standard of care, can testify regarding the risks and

complications of the procedures, can testify whether Plaintiff suffered any known risks or complications, can testify regarding Plaintiff's outcome after the procedure, and can testify he met the standard of care in his care and treatment of Plaintiff. With the testimony of Dr. Zapinsky and without any expert testimony presented by Plaintiff, we believe the court should dismiss the complaint as a matter of law.

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Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/01/2003	10/17/2003	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A433395	District Court - Clark County

Reason/Charge
Ongoing Cardiac & Coumadin issues

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
[redacted] (Plantiff) vs Jeffrey Zapinsky, Defendant	Attending Malpractice Lawsuit

Name of Business/Industry/Entity

Provide explanation below:

Case dismissed - Court hearing documentation(s) attached.

Jeffrey Zapinsky MD

Original Signature (electronic, copies or stamps not accepted)

3-30-23

Date

SAO
Kim Irene Mandelbaum, Esq.
Nevada Bar No. 318
Annette L. Bradley, Esq.
Nevada Bar No. 6575
MANDELBAUM GENTILE
3130 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
(702) 367-1234

Attorneys for Defendant
JEFFREY ZAPINSKY, M.D.

FILED
Oct 17 2 44 PM '03
Lucy S. Gregoire
CLERK

DISTRICT COURT

CLARK COUNTY, NEVADA

[redacted] as the Special Administratrix of the Estate of [redacted], deceased, individually and as the heirs to the Estate of [redacted], deceased;

Plaintiffs,

vs.

JEFFREY ZAPINSKY, M.D.; JAESOO PAK, M.D.; MARISA MEDINA, M.D.; DENNIS CAMPTON, M.D.

Defendants.

Case No.: A433395
Dept. No.: XI

STIPULATION AND ORDER TO DISMISS JEFFREY ZAPINSKY, M.D. ONLY WITH PREJUDICE

IT IS HEREBY STIPULATED AND AGREED by and between the parties, by and through their respective undersigned attorneys of record, that this matter be dismissed, with prejudice, as to Defendant JEFFREY ZAPINSKY, M.D., only, each party to bear their own attorney's fees and costs.

IT IS FURTHER STIPULATED AND AGREED that the jury demand posted by Defendant JEFFREY ZAPINSKY, M.D. in the amount of $120.00 be refunded to MANDELBAUM GENTILE.

...

...

...

10-15-03P03:52 RCVD

IT IS FURTHER STIPULATED AND AGREED that the trial date of November 18, 2003 should NOT be vacated.

Dated the 9th day of October, 2003.

MANDELBAUM GENTILE

By: _____
Kim I. Mandelbaum, Esq.
Nevada Bar #318
3130 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
Attorneys for Defendant
Jeffrey Zapinsky, M.D.

MAINOR HARRIS

By _____
Robert W. Cottle, Esq.
Nevada Bar #4576
801 South Fourth Street
Las Vegas, NV 89101
Attorney for Plaintiffs

ROBICHAUD LAW OFFICE

By: _____ 10/24/03
Yvette Robichaud, Esq.
Nevada Bar #3799
701 South Ninth Street
Suite 100
Las Vegas, NV 89101
Attorney for Defendants,
Jaesoo Pak, M.D. and
Marisa Medina, M.D.

KUMMER KAEMPFER BONNER

By _____
Lyssa Simonelli, Esq.
Nevada Bar #5781
3800 Howard Hughes Pkwy.
7th Floor
Las Vegas, NV 89109
Attorney for Defendant
Dennis Campton, M.D.

ORDER

Based on the foregoing stipulation, and good cause appearing therefore,

IT IS HEREBY ORDERED that the above-captioned matter be dismissed, with prejudice, as to Defendant JEFFREY ZAPINSKY, M.D. only.

IT IS FURTHER ORDERED that the jury demand posted by Defendant JEFFREY ZAPINSKY, M.D. in the amount of $120.00 be refunded to MANDELBAUM GENTILE.

...

...

...

...

...

IT IS FURTHER ORDERED that the trial date of November 18, 2003 should NOT be vacated.

DATED this 15 day of October, 2003.

DISTRICT COURT JUDGE
Michael L. Douglas

Submitted by:

MANDELBAUM GENTILE

By: Kim Irene Mandelbaum

Kim Irene Mandelbaum, Esq.
Nevada Bar #318
3031 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
Attorney for Jeffrey Zapinsky, M.D.

NEOJ
Kim Irene Mandelbaum, Esq.
Nevada Bar No. 318
MANDELBAUM GENTILE
3130 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
(702) 367-1234
Attorneys for Defendant
JEFFREY ZAPINSKY, M.D.

FILED
Oct 21. 2 40 PM '03
Shirley B. Parraguirre
CLERK

DISTRICT COURT
CLARK COUNTY, NEVADA

[redacted] as the Special Administratrix of the Estate of [redacted], deceased, [redacted] individually and as the heirs to the Estate of [redacted], deceased;

Plaintiffs,

vs.

JEFFREY ZAPINSKY, M.D.; JAESOO PAK, M.D.; MARISA MEDINA, M.D.; DENNIS CAMPTON, M.D.

Defendants.

Case No.: A433395
Dept. No. XI

Hearing Date:
Hearing Time:

NOTICE OF ENTRY OF ORDER

TO: ALL PARTIES AND THEIR RESPECTIVE COUNSEL OF RECORD:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that a Stipulation and Order For Dismissal With Prejudice as to Jeffrey Zapinsky, M.D., only, and Return of Jury Fees was entered by the Court in the above-captioned matter on the 17th day of October, 2003, a copy of which is attached hereto.

DATED this 21st day of October, 2003.

MANDELBAUM GENTILE

By: Kim Irene Mandelbaum
Kim Irene Mandelbaum, Esq.
Nevada Bar No. 318
3130 S. Rainbow, Ste. 303
Las Vegas, NV 89146
Attorneys for Defendant
Jeffrey Zapinsky, M.D.

CERTIFICATE OF MAILING

Pursuant to N.R.C.P. 5(b), I hereby certify that on the 21 day of October, 2003, service of a correct copy of the foregoing NOTICE OF ENTRY OF ORDER was made by depositing a copy of the same for mailing, at Las Vegas, Nevada, postage prepaid, addressed to:

Robert W. Cottle, Esq.
Mainor & Harris
801 South Fourth Street
Las Vegas, NV 89101
Attorneys for Plaintiffs

Lyssa M. Simonelli, Esq.
KUMMER KAEMPFER BONNER
3800 Howard Hughes, 7th Floor
Las Vegas, Nevada 89109
Attorneys for Defendant,
DENNIS CAMPTON, M.D.

Yvette Robichaud, Esq.
ROBICHAUD LAW OFFICE
701 South Ninth Street, Suite 100
Las Vegas, Nevada 89101
Attorney for Defendant,
JAESOO PAK, M.D. and
MARISA MEDINA, M.D.

An Employee of Mandelbaum Gentile

MALPRACTICE CASE PROFILE

CASE HISTORY: [redacted]

A 75 year old male with a history of chronic left testicular pain which was severe. The patient opted for recommended orchiectomy surgery, which was felt to be curative. The patient has a history of heart disease and was on Coumadin. Following the orchiectomy surgery, which was performed without incident as an outpatient procedure, the patient prematurely restarted his Coumadin and had some scrotal bleeding, which eventually led to an infected hematoma. The patient failed to follow up as directed one week later and was seen in the emergency room two weeks following surgery. The infected hematoma was evacuated and the patient healed without incident. Approximately three weeks following that second surgery, the patient had a massive coronary and died. The patient's son has filed suit against myself and multiple internists that were responsible for his ongoing cardiac and Coumadin issues. That case has been judged by a physician legal screening panel to be without issue of malpractice with regard to my actions. The case has been filed, despite the positive screening panel outcome and is scheduled for court sometime in April 2003. This case is still pending but my insurance company and legal team expect a favorable outcome with regard to my liability.

ORDER FOR DISMISSAL WITH PREJUDICE was entered by the Court on October 17, 2003.

JEFFREY M. ZAPINSKY, M.D.

NEOJ
Kim Irene Mandelbaum, Esq.
Nevada Bar No. 318
MANDELBAUM GENTILE
3130 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
(702) 367-1234
Attorneys for Defendant
JEFFREY ZAPINSKY, M.D.

FILED
Oct 21 2 40 PM '03
Shirley B. Parraguirre
CLERK

DISTRICT COURT
CLARK COUNTY, NEVADA

[redacted] as the Special Administratrix of the Estate of [redacted] deceased, [redacted] individually and as the heirs to the Estate of [redacted] deceased;

Plaintiffs,

vs.

JEFFREY ZAPINSKY, M.D.; JAESOO PAK, M.D.; MARISA MEDINA, M.D.; DENNIS CAMPTON, M.D.

Defendants.

Case No.: A433395
Dept. No. XI

Hearing Date:
Hearing Time:

NOTICE OF ENTRY OF ORDER

TO: ALL PARTIES AND THEIR RESPECTIVE COUNSEL OF RECORD:

YOU, AND EACH OF YOU, WILL PLEASE TAKE NOTICE that a Stipulation and Order For Dismissal With Prejudice as to Jeffrey Zapinsky, M.D., only, and Return of Jury Fees was entered by the Court in the above-captioned matter on the 17th day of October, 2003, a copy of which is attached hereto.

DATED this 21st day of October, 2003.

MANDELBAUM GENTILE

By: Kim Irene Mandelbaum
Kim Irene Mandelbaum, Esq.
Nevada Bar No. 318
3130 S. Rainbow, Ste. 303
Las Vegas, NV 89146
Attorneys for Defendant
Jeffrey Zapinsky, M.D.

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Robert W. Cottle, Esq.
Mainor & Harris
801 South Fourth Street
Las Vegas, NV 89101
Attorneys for Plaintiffs

Yvette Robichaud, Esq.
ROBICHAUD LAW OFFICE
701 South Ninth Street, Suite 100
Las Vegas, Nevada 89101
Attorney for Defendant,
JAESOO PAK, M.D. and
MARISA MEDINA, M.D.

Lyssa M. Simonelli, Esq.
KUMMER KAEMPFER BONNER
3800 Howard Hughes, 7th Floor
Las Vegas, Nevada 89109
Attorneys for Defendant,
DENNIS CAMPTON, M.D.

An Employee of Mandelbaum Gentile

SAO
Kim Irene Mandelbaum, Esq.
Nevada Bar No. 318
Annette L. Bradley, Esq.
Nevada Bar No. 6575
MANDELBAUM GENTILE
3130 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
(702) 367-1234

Attorneys for Defendant
JEFFREY ZAPINSKY, M.D.

FILED
Oct 17 2 44 PM '03
Shirley B. Parraguirre
CLERK

DISTRICT COURT

CLARK COUNTY, NEVADA

[redacted] as the Special Administratrix of the Estate of [redacted] deceased, individually and as the heirs to the Estate of [redacted] deceased;

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Dept. No.: XI

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IT IS FURTHER STIPULATED AND AGREED that the jury demand posted by Defendant JEFFREY ZAPINSKY, M.D. in the amount of $120.00 be refunded to MANDELBAUM GENTILE.

...

...

...

10-15-03P03:52 RCVD

IT IS FURTHER STIPULATED AND AGREED that the trial date of November 18, 2003 should NOT be vacated.

Dated the 9th day of October, 2003.

MANDELBAUM GENTILE

By: _____
Kim I. Mandelbaum, Esq.
Nevada Bar #318
3130 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
Attorneys for Defendant
Jeffrey Zapinsky, M.D.

ROBICHAUD LAW OFFICE

By: _____ 10/14/03
Yvette Robichaud, Esq.
Nevada Bar #3799
701 South Ninth Street
Suite 100
Las Vegas, NV 89101
Attorney for Defendants,
Jaesoo Pak, M.D. and
Marisa Medina, M.D.

MAINOR HARRIS

By _____
Robert W. Cottle, Esq.
Nevada Bar #4576
801 South Fourth Street
Las Vegas, NV 89101
Attorney for Plaintiffs

KUMMER KAEMPFER BONNER

By _____
Lyssa Simonelli, Esq.
Nevada Bar #5781
3800 Howard Hughes Pkwy.
7th Floor
Las Vegas, NV 89109
Attorney for Defendant
Dennis Campton, M.D.

ORDER

Based on the foregoing stipulation, and good cause appearing therefore,

IT IS HEREBY ORDERED that the above-captioned matter be dismissed, with prejudice, as to Defendant JEFFREY ZAPINSKY, M.D. only.

IT IS FURTHER ORDERED that the jury demand posted by Defendant JEFFREY ZAPINSKY, M.D. in the amount of $120.00 be refunded to MANDELBAUM GENTILE.

...

...

...

...

...

IT IS FURTHER ORDERED that the trial date of November 18, 2003 should NOT be vacated.

DATED this 15 day of October, 2003.

DISTRICT COURT JUDGE
Michael L. Douglas

Submitted by:

MANDELBAUM GENTILE

By: Kim Irene Mandelbaum

Kim Irene Mandelbaum, Esq.
Nevada Bar #318
3031 S. Rainbow Blvd., Ste. 303
Las Vegas, NV 89146
Attorney for Jeffrey Zapinsky, M.D.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name JEFFREY D. ZAPINSKY

1. Patient Name [redacted]
2. Diagnosis See attached
3. Your involvement in the case (attending, consulting, etc.)
4. Allegation(s)
5. Clinical Case Summary (Include additional pages or inserts if necessary)
6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 1992 Date Filed _____ Date Closed 6-2003
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   See attached
10. Settlement amount paid on your behalf, if any -0-
11. Professional liability insurer involved:
    A. Name of Insurer PIC of Wisconsin B. Policy # 13457
    B. Address of Insurer
    ORGILL/SINGER - 550 E. Charleston Ste #11 Las NV 89104

Name: JEFFREY D. ZAPINSKY

Signature [signature] MD Date 3/20/2014

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

'SLIWA0836' 25 707082

NDOI-901 Rev. 3/07

Kim Irene Mandelbaum
Mark L. Gentile*
James W. Howard
Annette L. Bradley
*Also licensed in California

June 19, 2003

3130 South Rainbow Boulevard
Suite 303
Las Vegas, Nevada 89146
Phone: (702) 367-1234
Fax: (702) 367-1978

MANDELBAUM GENTILE
ATTORNEYS AT LAW

PERSONAL & CONFIDENTIAL

Via Facsimile: 242-5195

Jeffrey Zapinsky, M.D.
7200 Cathedral Rock Drive #180
Las Vegas, Nevada 89128

Re: [redacted]
Claim No.: 94997 A

Dear Dr. Zapinsky:

At your request, please allow this to confirm that you were the Defendant in the case of [redacted] v. Jeffrey Zapinsky, M.D., et al, which went to trial last year. You were defended in that trial by Kim Mandelbaum of this law firm who is on vacation. That trial resulted in a defense verdict for you. If anyone has any further questions, they may contact me.

Very truly yours,

MANDELBAUM GENTILE

James W. Howard, Esq.

JWH/me

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: JZapinsky
DCN: 5500000205881694
Process Date: 03/21/2023 Page: 1 of 1
ZAPINSKY, JEFFREY M
For authorized use by:
LAS VEGAS UROLOGY LLP

ZAPINSKY, JEFFREY M - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	ZAPINSKY, JEFFREY M
Date of Birth:	[redacted] **Gender:** MALE
Entity Subject ID Number:	JZapinsky
Organization Name:	LAS VEGAS UROLOGY
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	2310 CORPORATE CIR STE 200, HENDERSON, NV 89074-7729
Home Address:	[redacted]WINDING CANYON DR, LAS VEGAS, NV 89120-2319
Social Security Number:	[redacted] **DEA:** AZ1498357
NPI:	1366537144 **FEIN:** 880366609
UPIN:	C96726
License:	PHYSICIAN (MD), 5522, NV, UROLOGICAL SURGERY
Professional School(s):	STATE UNIVERSITY OF NEW YORK AT STONY BROOK HEALTH SCIENCE CENTER (1979)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

---------- No Reports Found Based on the Subject Information Submitted ----------

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000205886846
Process Date: 03/21/2023
Page: 1 of 1
LAS VEGAS UROLOGY, LLP
For authorized use by:
LAS VEGAS UROLOGY LLP

LAS VEGAS UROLOGY, LLP - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name:	LAS VEGAS UROLOGY, LLP
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	7150 W SUNSET RD STE 201A, LAS VEGAS, NV 89113-1981
FEIN:	880366609 **NPI:** 1629054994
License:	NV19981000336, NV

B. QUERY INFORMATION

Statutes Queried:	Section 1921; Section 1128E
Query Type:	This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

State Licensure or Certification Action	No Reports	DEA/Federal Licensure Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Government Administrative Action(s):	No Reports	Accreditation Action(s):	No Reports
Health Plan Action(s):	No Reports		

---------- No Reports Found Based on the Subject Information Submitted ----------

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Zapinsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Jeffrey Zapinsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-30-23

Date

Subscribed and Sworn to before me this 30 day of March 2023

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable): _____

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-672-0798 Website: _____

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Guillermo Middle: Enrique Last: Patino

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☐ F ☐ X

Mailing Address: [redacted] High Spring Street

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: gpatino@lasvegasurology.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Naval Medical Center		07/2005 - 07/2012	
Address	**City**	**State**	**Zip**
34800 Bob Wilson Dr	San Diego	CA	92134
Diploma/Degree obtained, if any			
Internship - Fellowship (Urology)			
School Name		**From - To (MM/YY – MM/YY)**	
Midwestern University		09/2001 - 05/2005	
Address	**City**	**State**	**Zip**
555 31st St	Downers Grove	IL	60515
Diploma/Degree obtained, if any			
DO - Osteopathic Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
San Diego State University		06/1994 - 08/1998	
Address	**City**	**State**	**Zip**
5402 College Ave	San Diego	CA	92115
Diploma/Degree obtained, if any			
Bachelor or Science			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2019 - present	[redacted] High Spring Street	Las Vegas	NV	89138
08/2017 - 08/2019		Tucson	AZ	85704
07/2012 - 05/2017		Pensacola	FL	32501
07/2005 - 07/2012		San Diego	CA	92115

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			09/2019 - present
Business Address	**City**	**State**	**Zip**
7150 W Sunset Rd #202B	Las Vegas	NV	89113
Phone	**Title**		
(702) 341-9000	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on Robotic Surgery, urinary cancers and urogenital reconstruction.

Business Name			From - To (MM/YY – MM/YY)
Arizona Institute of Urology			08/2017 - 08/2019
Business Address	**City**	**State**	**Zip**
5670 N. Professional Park Dr Ste 100	Tucson	AZ	85704
Phone	**Title**		
520-618-1010	Board-Certified Urologist (MD)		

Description of Duties

Board-Certified Urologist (MD)

Business Name			From - To (MM/YY – MM/YY)
Baptist Hospital/ Gulf Breeze Hospital			04/2013 - 05/2017
Business Address	**City**	**State**	**Zip**
1717 North E Street Ste 430	Pensacola	FL	32501
Phone	**Title**		
850-437-8711	Board-Certified Urologist (MD)		

Description of Duties

Board-Certified Urologist (MD)

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/20/2017	03/25/2019	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Policy #: 0936386	The Doctors Company

Reason/Charge
The compliant alleges physician provided substandard care - see attached

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Jerry P. Rogers	Malpractice claim filed with insurance carrier

Name of Business/Industry/Entity

Provide explanation below:

Involvement in the case: Consulting
Allegations: Patient had an extended lysis of adhesions during his prostate surgery; pt then was later seen at another facility and had complications then; pt. then threatening call wanting to file a lawsuit.

Clinical Case Summary: Patient was never taken care of after besides prostate surgery - no other information was given.

Patient outcome: Patient was willing to settle for $10,000 and wouldn't sue if granted.

Case settled out of court - $10k

GP

Original Signature (electronic, copies or stamps not accepted)

4/6/23

Date

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000144908674
Process Date: 03/20/2019
Page: 1 of 3
PATINO, GUILLERMO E
For authorized use by:
LAS VEGAS UROLOGY LLP

PATINO, GUILLERMO E

THE DOCTORS COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 03/05/2019

Initial Action	Basis for Initial Action
- SETTLEMENT	- IMPROPER PERFORMANCE

A. REPORTING ENTITY

Entity Name: THE DOCTORS' COMPANY *
Address: 185 GREENWOOD RD
PO BOX 2900
City, State, Zip: NAPA, CA 94558-6270
Country:
Name or Office: JULIE STRATTON
Title or Department: ASSISTANT VICE PRESIDENT, CLAIMS OPERATI
Telephone: (517) 324-6590
Entity Internal Report Reference: 366881
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/24/2021:

Entity Name: THE DOCTORS COMPANY
Address: 185 GREENWOOD RD
PO BOX 2900
City, State, Zip: NAPA, CA 94558-6270
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: PATINO, GUILLERMO E
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address: 1717 NORTH EAST STREET
SUITE 402
City, State, ZIP: PENSACOLA, FL 32501
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): [redacted]
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: MIDWESTERN UNIVERSITY (2005)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: OS11971, FL
Specialty: UROLOGICAL SURGERY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Date of Report: 03/20/2019
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: $ 10,000.00
Date of This Payment: 03/05/2019
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: $ 10,000.00
Payment Result of: SETTLEMENT
Date of Settlement, if Any: 03/05/2019
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number:
Description of Settlement and Any Conditions, Including Terms of Payment: Confidential settlement of a disputed claim without admission of liability.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: $ 10,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 65 YEARS
Patient's Gender: MALE
Patient's Type: INPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: Patient presented with large prostate with large medial lobe.
Description of the Procedure Performed: Robotic prostatectomy with lysis of extensive abdominal adhesions.
Nature of Allegation: SURGERY RELATED (020)
Specific Allegation: IMPROPER PERFORMANCE (306)
Date of Event Associated With Allegation or Incident: 02/20/2017
Outcome: MINOR TEMPORARY INJURY (03)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: Small bowel perforation with repair.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 55000001 44908674
Process Date: 03/20/2019
Page: 3 of 3
PATINO, GUILLERMO E
For authorized use by:
LAS VEGAS UROLOGY LLP

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/20/2019
Date of Most Recent Change: 03/20/2019

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1356469761
Occupation/Field of Licensure: Osteopathic Physician (DO)
State License Number, State of Licensure: OS11971, FL
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 007111, AZ
Drug Enforcement Administration (DEA) Numbers: FP3824124

The Data Bank attempted to notify the Subject Identified in Section B on 03/20/2019 at the address below, but the attempt was unsuccessful.

1717 NORTH EAST STREET
SUITE 402
PENSACOLA, FL 32501

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: OLesani
DCN: 5500000205881686
Process Date: 03/21/2023 Page: 1 of 1
LESANI, OMID ALEX
For authorized use by:
LAS VEGAS UROLOGY LLP

LESANI, OMID ALEX - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	LESANI, OMID ALEX		
Date of Birth:	02/25/1973	**Gender:**	MALE
Entity Subject ID Number:	OLesani		
Organization Name:	LAS VEGAS UROLOGY		
Organization Type:	MEDICAL GROUP/PRACTICE (365)		
Work Address:	7150 W SUNSET RD STE 201A, LAS VEGAS, NV 89113-1981		
Home Address:	[redacted]TAPADERO LN, LAS VEGAS, NV 89135-7851		
Social Security Number:	[redacted]	**DEA:**	BL9754943
NPI:	1245242957	**FEIN:**	880366609
License:	PHYSICIAN (MD), 12461, NV, UROLOGICAL SURGERY		
Professional School(s):	UNIVERSITY OF TEXAS MEDICAL SCHOOL-SAN ANTONIO (2000)		

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

--------- No Reports Found Based on the Subject Information Submitted ---------

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Guillermo Patino

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark.

I, Guillermo E. Patino, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/06/23

Date

Subscribed and Sworn to before me this 6 day of April 2023.

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable): _____

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-672-0798 Website: _____

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Lawrence Middle: Howard Last: Newman

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Armandito Dr

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: lnewman@lasvegasurology.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Icahn School of Medicine at Mount Sinai		07/1987-06/1991	
Address	City	State	Zip
1 Gustave L Levy Place	New York	NY	10029
Diploma/Degree obtained, if any			
Residency- Urology			
School Name		From - To (MM/YY – MM/YY)	
Mount Sinai School of Medicine of New York University		09/1982-06/1987	
Address	City	State	Zip
1 Gustave L Levy Place	New York	NY	10029
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		From - To (MM/YY – MM/YY)	
Suffren High School		08/1974-06/1978	
Address	City	State	Zip
49 Viola Rd	New York	NY	10901
Diploma/Degree obtained, if any			
Diplmoa			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2007-present	[redacted] Armandito Dr	Las Vegas	NV	89138
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			03/2014-present
Business Address	**City**	**State**	**Zip**
7150 W Sunset Rd Ste 201A	Las Vegas	NV	89113
Phone	**Title**		
702-385-4342	Owner and Board Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board Certified Urologist, performs cases of all aspects of urologic disease with a focus on prostate cancer, benign prostate disease, stone disease, as well as treatment for erectile dysfunction, etc.

Business Name			From - To (MM/YY – MM/YY)
Newman Urology			01/2008-03/2014
Business Address	**City**	**State**	**Zip**
5380 S Rainbow Blvd	Las Vegas	NV	89118
Phone	**Title**		
702-949-1199	Owner and Board Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board Certified Urologist, performs cases of all aspects of urologic disease with a focus on prostate cancer, benign prostate disease, stone disease, as well as treatment for erectile dysfunction, etc.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
09/16/1994	03/18/1998	CA	Palmdale	Los Angeles
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**	The Doctors Insurance Company	
Reason/Charge				
Negligence - Improper Management of course treatment				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**	Malpractice claim filed with insurance carrier	
Name of Business/Industry/Entity				

Provide explanation below:

Clinical Case Summary: Delay in treatment of Uteropelvic junction obstruction.

Case settlement: $20k

Original Signature (electronic, copies or stamps not accepted)

4-5-23

Date

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000009110171
Process Date: 03/30/1998
Page: 1 of 3
NEWMAN, LAWRENCE
For authorized use by:
LAS VEGAS UROLOGY LLP

NEWMAN, LAWRENCE

THE DOCTORS COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 03/18/1998

Initial Action	Basis for Initial Action
- SETTLEMENT	- TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT

A. REPORTING ENTITY

Entity Name: SCPIE *
Address: 405 S. BEVERLY DRIVE, SUITE 300
City, State, Zip: BEVERLY HILLS, CA 90212-4425
Country:
Name or Office: GORDON PRIEDEMAN
Title or Department: CLAIMS ASSISTANT
Telephone: (310) 492-4772
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following entity is registered as its successor:

Entity Name: THE DOCTORS COMPANY
Address: 185 GREENWOOD RD
PO BOX 2900
City, State, Zip: NAPA, CA 94558-6270
Country:
Name or Office: JULIE STRATTON
Title or Department: ASSISTANT VICE PRESIDENT, CLAIMS OPERATI
Telephone: (517) 324-6590

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: NEWMAN, LAWRENCE
Other Name(s) Used:
Gender: UNKNOWN
Date of Birth: [redacted]
Organization Name:
Work Address: 41210 11TH STREET WEST #D
City, State, ZIP: PALMDALE, CA 93551
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: MOUNT SINAI MED SCH-NY, NY (1986)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: G71034, CA
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 03/30/1998
Act/Omission Code: TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT (650)
Date of Act/Omission: 09/16/1994
Payment Date: 03/18/1998
Multiple or Single Payment: SINGLE

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000009110171
Process Date: 03/30/1998
Page: 2 of 3
NEWMAN, LAWRENCE
For authorized use by:
LAS VEGAS UROLOGY LLP

Amount of This Payment:	$ 20,000.00
Total Amount of Judgment or Settlement:	
Payment Result of:	SETTLEMENT
Number of Practitioners for Whom Payment is Made:	1
Relationship of Entity to the Practitioner:	INSURANCE COMPANY
Date of Judgment/Settlement:	
Adjudicative Case Number:	
Adjudicative Body Name:	
Court File Number:	
Reporter's Description of Act or Omission:	ALLEGATIONS-DELAY IN TREATMENT OF UTEROPELVIC JUNCTION OBSTRUCTION.
Reporter's Description of the Judgment or Settlement:	TOTAL SETTLEMENT TO PLAINTIFF AND ATTORNEY OF RECORD.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision..

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:	03/30/1998
Date of Most Recent Change:	03/30/1998

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN):	[redacted]
National Provider Identifiers (NPI):	1568528677
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	12320, NV
Drug Enforcement Administration (DEA) Numbers:	BN2677485

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000009110171
Process Date: 03/30/1998
Page: 3 of 3
NEWMAN, LAWRENCE
For authorized use by:
LAS VEGAS UROLOGY LLP

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000205886846
Process Date: 03/21/2023
Page: 1 of 1
LAS VEGAS UROLOGY, LLP
For authorized use by:
LAS VEGAS UROLOGY LLP

LAS VEGAS UROLOGY, LLP - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name:	LAS VEGAS UROLOGY, LLP
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	7150 W SUNSET RD STE 201A, LAS VEGAS, NV 89113-1981
FEIN:	880366609 **NPI:** 1629054994
License:	NV19981000336, NV

B. QUERY INFORMATION

Statutes Queried:	Section 1921; Section 1128E
Query Type:	This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

State Licensure or Certification Action	No Reports	DEA/Federal Licensure Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Government Administrative Action(s):	No Reports	Accreditation Action(s):	No Reports
Health Plan Action(s):	No Reports		

---------- **No Reports Found Based on the Subject Information Submitted** ----------

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: LNewman
DCN: 5500000205881688
Process Date: 03/21/2023 Page: 1 of 1
NEWMAN, LAWRENCE H
For authorized use by:
LAS VEGAS UROLOGY LLP

NEWMAN, LAWRENCE H - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	NEWMAN, LAWRENCE H		
Date of Birth:	10/09/1960	**Gender:**	MALE
Entity Subject ID Number:	LNewman		
Organization Name:	LAS VEGAS UROLOGY		
Organization Type:	MEDICAL GROUP/PRACTICE (365)		
Work Address:	7150 W SUNSET RD # 201A, LAS VEGAS, NV 89113-1981		
Home Address:	[redacted]ARMANDITO DR, LAS VEGAS, NV 89138-7583		
Social Security Number:	[redacted]	**DEA:**	BN2677485
NPI:	1568528677	**FEIN:**	880366609
UPIN:	E78619		
License:	PHYSICIAN (MD), 12320, NV, UROLOGICAL SURGERY		
Professional School(s):	MOUNT SINAI SCHOOL OF MEDICINE OF NEW YORK UNIVERSITY (1986)		

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

SCPIE
MEDICAL MALPRACTICE PAYMENT
Basis for Action: TREATMENT: IMPROPER MANAGEMENT OF COURSE OF TREATMENT

Initial Action:	- SETTLEMENT	**Date of Action:**	03/18/1998
DCN:	5500000009110171		

---------- **Unabridged Report(s) Follow** ----------

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lawrence Newman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/05/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Lawrence Newman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-5-23

Date

Subscribed and Sworn to before me this 5 day of April 2023.

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Vijay Middle: Last: Goli

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Meadowhawk Ln

City: Las Vegas State: NV Zip: 89135

Telephone: [redacted] Email: vgoli@lasvegasurology.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Louisville Hospital		07/1996 - 06/2000	
Address	**City**	**State**	**Zip**
530 S. Jackson St	Louisville	KY	40202
Diploma/Degree obtained, if any			
Residency - Urology			
School Name		**From - To (MM/YY – MM/YY)**	
University of Louisville School of Medicine / Abell Administration Center		07/1995 - 06/1996	
Address	**City**	**State**	**Zip**
323 E. Chestnut St	Louisville	KY	40292
Diploma/Degree obtained, if any			
Internship - Urology			
School Name		**From - To (MM/YY – MM/YY)**	
University of Louisville		08/1991 - 05/1995	
Address	**City**	**State**	**Zip**
2301 S 3rd St	Louisville	KY	40292
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
Transylvania University		08/1985 - 12/1989	
Address	**City**	**State**	**Zip**
300 N. Broadway Rd.	Lexington	KY	40508
Diploma/Degree obtained, if any			
Bachelor of Arts			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020-present	[redacted]eadowhawk Lane	Las Vegas	NV	89135
From - To (MM/YY – MM/YY)	[redacted]Eaglewood Dr	Las Vegas	NV	89144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			07/2005 - present
Business Address	**City**	**State**	**Zip**
7150 W Sunset Rd #202B	Las Vegas	NV	89113
Phone	**Title**		
(702) 909-7000	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on minimally invasive therapies for BPH and Overactive Bladder, etc.

Business Name			From - To (MM/YY – MM/YY)
Desert Urology			07/2002 - 06/2005
Business Address	**City**	**State**	**Zip**
7500 Smoke Ranch Rd #200	Las Vegas	NV	89128
Phone	**Title**		
(702) 233-0727	Board-Certified Urologist (MD)		

Description of Duties

Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on minimally invasive therapies for BPH and Overactive Bladder, etc.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: VGoli
DCN: 5500000205881681
Process Date: 03/21/2023 Page: 1 of 1
GOLI, VIJAY B
For authorized use by:
LAS VEGAS UROLOGY LLP

GOLI, VIJAY B - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	GOLI, VIJAY B
Date of Birth:	[redacted] **Gender:** MALE
Entity Subject ID Number:	VGoli
Organization Name:	LAS VEGAS UROLOGY
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	7500 SMOKE RANCH RD STE 200, LAS VEGAS, NV 89128-0373
Home Address:	[redacted] EAGLEWOOD DR, LAS VEGAS, NV 89144-1447
Social Security Number:	[redacted] **DEA:** BG4974918
NPI:	1043305972 **FEIN:** 880366609
UPIN:	G58962
License:	PHYSICIAN (MD), 9430, NV, UROLOGICAL SURGERY
Professional School(s):	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE (1995)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

---------- No Reports Found Based on the Subject Information Submitted ----------

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vijay Goli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/17/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Vijay Goli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/20/23

Date

Subscribed and Sworn to before me this 20th day of March 2023.

Jill Burt

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): _____

Physical Address: 7500 Smoke Ranch Rd. Ste 120

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-672-0798 Website: _____

Licensing Company Email: _____

Section 2: Personal Information

First: Ilya Middle: _____ Last: Gorbachinsky

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Timber Walk Drive

City: Henderson State: NV Zip: 89082

Telephone: [redacted] Email: igorbachinsky1@lasvegasurology.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wake Forest University School of Medicine		07/2012 - 06/2016	
Address	**City**	**State**	**Zip**
1 Medical Center Blvd	Winston-Salem	NC	27103
Diploma/Degree obtained, if any			
Residency - Department of Urology			
School Name		**From - To (MM/YY – MM/YY)**	
Wake Forest Baptist Hospital		07/2011 - 06/2012	
Address	**City**	**State**	**Zip**
1 Medical Center Blvd	Winston-Salem	NC	27103
Diploma/Degree obtained, if any			
Internship - Department of Urology			
School Name		**From - To (MM/YY – MM/YY)**	
Wake Forest University School of Medicine		07/2006 - 06/2010	
Address	**City**	**State**	**Zip**
475 Vine St	Winston-Salem	NC	27101
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
University of Pittsburgh (366) 716-2011		09/2002 - 06/2006	
Address	**City**	**State**	**Zip**
4200 Fifth Ave	Pittsburgh	PA	15260
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY**	
Taylor Allderdice High School		08/1998 - 06/2002	
Address	**City**	**State**	**Zip**
2409 Shady Ave	Pittsburgh	PA	15217
Diploma/Degree obtained, if any			
Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2021 - present	[redacted] Timber Walk Drive	Henderson	NV	89052
01/2018 - 12/2021	[redacted] S Green Valley Pkwy Unit [redacted]	Las Vegas	NV	89012
07/2016 - 01/2018	[redacted] Heavenly Hills Ct Unit [redacted]	Las Vegas	NV	89145
07/2006 - 06/2016	[redacted] Halle Ann Circle	Winston-SAlem	NC	27103

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			08/2016 - present
Business Address	**City**	**State**	**Zip**
2310 Corporate Circle Ste #200	Henderson	NV	89074
Phone	**Title**		
(702) 735-8000	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease, with a special interest in stone disease and minimally invasive treatments.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

NPDB (National Practitioner Data Bank) Query / Response Summary attached

Original Signature (electronic, copies or stamps not accepted)

3/20/23.
Date

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: IGORBACHINSKY
DCN: 5500000205881682
Process Date: 03/21/2023 Page: 1 of 1
GORBACHINSKY, ILYA
For authorized use by:
LAS VEGAS UROLOGY LLP

GORBACHINSKY, ILYA - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	GORBACHINSKY, ILYA		
Date of Birth:	[redacted]	**Gender:**	MALE
Entity Subject ID Number:	IGORBACHINSKY		
Organization Name:	LAS VEGAS UROLOGY		
Organization Type:	MEDICAL GROUP/PRACTICE (365)		
Work Address:	2310 CORPORATE CIR STE 200, HENDERSON, NV 89074-7729		
Social Security Number:	[redacted]	**DEA:**	FG6149466
NPI:	1588959977	**FEIN:**	880366609
License:	PHYSICIAN (MD), 16508, NV, UROLOGICAL SURGERY		

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

---------- **No Reports Found Based on the Subject Information Submitted** ----------

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000205886846
Process Date: 03/21/2023
Page: 1 of 1
LAS VEGAS UROLOGY, LLP
For authorized use by:
LAS VEGAS UROLOGY LLP

LAS VEGAS UROLOGY, LLP - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name:	LAS VEGAS UROLOGY, LLP
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	7150 W SUNSET RD STE 201A, LAS VEGAS, NV 89113-1981
FEIN:	880366609 **NPI:** 1629054994
License:	NV19981000336, NV

B. QUERY INFORMATION

Statutes Queried:	Section 1921; Section 1128E
Query Type:	This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

State Licensure or Certification Action	No Reports	DEA/Federal Licensure Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Government Administrative Action(s):	No Reports	Accreditation Action(s):	No Reports
Health Plan Action(s):	No Reports		

---------- No Reports Found Based on the Subject Information Submitted ----------

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ilya Gorbachinsky

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/17/2023

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of Clark

I, Ilya Gorbachinsky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/20/23

Date

Subscribed and Sworn to before me this 20th day of March 2023.

Notary Public Signature

M CARMEN TREVINO
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 15-3033-1
MY APPT. EXPIRES SEPTEMBER 11, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Omid Middle: Alex Last: Lesani

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]apadero Ln

City: Las Vegas State: NV Zip: 89135

Telephone: [redacted] Email: alesani@lasvegasurology.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Northwestern University (NU)		07/2006 - 06/2007	
Address	**City**	**State**	**Zip**
303 E. Chicago Ave., Tarry 16-703	Chicago	IL	60611
Diploma/Degree obtained, if any			
Fellowship - Endourology			
School Name		**From - To (MM/YY – MM/YY)**	
Case Western Reserve University (CWRU)		7/2002 - 6/2006	
Address	**City**	**State**	**Zip**
11100 Euclid Ave	Cleveland	OH	44106
Diploma/Degree obtained, if any			
Residency - Urology			
School Name		**From - To (MM/YY – MM/YY)**	
Case Western Reserve University (CWRU)		7/2000 - 6/2002	
Address	**City**	**State**	**Zip**
11100 Euclid Ave.	Cleveland	OH	44106
Diploma/Degree obtained, if any			
Residency - Surgery			
School Name		**From - To (MM/YY – MM/YY)**	
University of Texas Health Science Ctr. San Antonio (UTHSCSA)		8/1996 - 5/2000	
Address	**City**	**State**	**Zip**
7703 Floyd Wrl Dr.	San Antonio	TX	78229
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY**	
University of North Texas		8/1992 - 5/1996	
Address	**City**	**State**	**Zip**
1147 Union Circle	Denton	TX	76203
Diploma/Degree obtained, if any			
B.S. in Biochemistry			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2007-present	[redacted] Tapadero Lane	Las Vegas	NV	89135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			10/2007-present
Business Address	**City**	**State**	**Zip**
7150 W Sunset Rd. #201A	Las Vegas	NV	89113
Phone	**Title**		
(702) 385-4342	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on laparoscopy and robotic urologic surgery as well as endoscopic laser treatment of urinary stones, etc.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

NPDB (National Practitioner Data Bank) Query / Response Summary attached

Original Signature (electronic, copies or stamps not accepted)

4/6/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Omid Lesani

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/06/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Omid A. Lesani, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/6/2023

Date

Subscribed and Sworn to before me this 6 day of April 2023.

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Casey Middle: Owen Last: McCraw

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Ashby Ave

City: Las Vegas State: NV Zip: 89102

Telephon[redacted] Email: cmccraw@lasvegasurology.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Medical College of Georgia - Augusta University		07/2012 - 06/2017	
Address	**City**	**State**	**Zip**
1120 15th Street, Room BAA-8415	Augusta	GA	30912
Diploma/Degree obtained, if any			
Internship - Fellowship (Urology)			
School Name		**From - To (MM/YY – MM/YY)**	
Morehouse School of Medicine		08/2008 - 05/2012	
Address	**City**	**State**	**Zip**
720 Westview Drive S.W.	Atlanta	GA	30310
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
Tufts University		08/2004 - 05/2008	
Address	**City**	**State**	**Zip**
419 Boston Ave	Medford	MA	02155
Diploma/Degree obtained, if any			
Bachelor or Science - Biology			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2022 - present	[redacted] Ashby Ave	Las Vegas	NV	89102
08/2021 - 06/2022	[redacted] Morning Sun Way	Las Vegas	NV	89110
07/2018 - 08/2021	[redacted] St. Rose Pkwy Apt [redacted]	Henderson	NV	89052
08/2008 - 07/2018	[redacted] ndependence Drive	Homewood	AL	35209
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Las Vegas Urology, LLP			08/2018 - present	
Business Address	**City**	**State**	**Zip**	
2310 Corporate Circle Ste #200	Henderson	NV	89074	
Phone	**Title**			
(702) 735-8000	Owner and Board-Certified Urologist (MD)			
Description of Duties				
Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on erectile dysfunction, Peyronie's disease, and male urinary incontinence				

Business Name			From - To (MM/YY – MM/YY)	
Men's Health/Prosthetic fellowship with Dr. Gerard Henry			07/2017 - 06/2018	
Business Address	**City**	**State**	**Zip**	
2300 Hospital Dr Suite 460	Bossier City	LA	71111	
Phone	**Title**			
(318) 212-7335	MD- Urologist			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**	
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

NPDB (National Practitioner Data Bank) Query / Response Summary attached

Original Signature (electronic, copies or stamps not accepted)

4/6/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Casey McCraw

Print Name (First, Last)

Casey McCraw

Original Signature (electronic, copies or stamps not accepted)

04/06/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Casey McCraw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Casey McCraw

Original Signature

4/6/23

Date

Subscribed and Sworn to before me this 6 day of April 2023

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: CMcCraw
DCN: 5500000205881687
Process Date: 03/21/2023 Page: 1 of 1
MCCRAW, CASEY OWEN
For authorized use by:
LAS VEGAS UROLOGY LLP

MCCRAW, CASEY OWEN - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	MCCRAW, CASEY OWEN
Date of Birth:	[redacted] **Gender:** MALE
Entity Subject ID Number:	CMcCraw
Organization Name:	LAS VEGAS UROLOGY
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	2310 CORPORATE CIR STE 200, HENDERSON, NV 89128-0373
Home Address:	[redacted] SAINT ROSE PKWY UNIT 1208, HENDERSON, NV 89052-3548
Social Security Number:	[redacted] **DEA:** FM6719439
NPI:	1336403260 **FEIN:** 880366609
License:	PHYSICIAN (MD), 17981, NV, UROLOGICAL SURGERY
Professional School(s):	MOREHOUSE SCHOOL OF MEDICINE (2012)
	MEDICAL COLLEGE OF GEORGIA AT AUGUSTA UNIVERSITY (2018)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024*
	* Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

---------- No Reports Found Based on the Subject Information Submitted ----------

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Joseph Middle: Vincent Last: Candela

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Aquitaine Ct

City: Las Vegas State: NV Zip: 89145

Telephone: [redacted] Email: jcandela@lasvegasurology.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Kaiser Permanente - Surgery		07/1994 - 06/1999	
Address	**City**	**State**	**Zip**
4867 W. Sunset Blvd	Los Angeles	CA	90027
Diploma/Degree obtained, if any			
Residency - Urology			

School Name		From - To (MM/YY – MM/YY)	
Kaiser Permanente - Surgery		07/1993 - 06/1994	
Address	**City**	**State**	**Zip**
4867 W. Sunset Blvd	Los Angeles	CA	90027
Diploma/Degree obtained, if any			
Internship - Urology			

School Name		From - To (MM/YY – MM/YY)	
Tulane University School of Medicine (504) 988-5388		07/1990 - 08/1993	
Address	**City**	**State**	**Zip**
1430 Tulane Ave	New Orleans	LA	70112
Diploma/Degree obtained, if any			
MD			

School Name		From - To (MM/YY – MM/YY)	
University of Notre Dame (574) 631-5000		09/1985-05/1989	
Address	**City**	**State**	**Zip**
1220 E. Angela Blvd	South Bend	IN	46556
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY	
Hinsdale South High School		08/1981-06/1985	
Address	**City**	**State**	**Zip**
7401 Clarendon Hills Rd	Darien	IL	60561
Diploma/Degree obtained, if any			
High School Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2012 - present	[redacted] Aquitaine Ct	Las Vegas	NV	89145
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology			07/2005 - present
Business Address	**City**	**State**	**Zip**
7500 Smoke Ranch Rd #200	Las Vegas	NV	89128
Phone	**Title**		
(702) 233-0727	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on female urology and oncology.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

NPDB (National Practitioner Data Bank) Query / Response Summary attached

Original Signature (electronic, copies or stamps not accepted)

4/18/23
Date

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

Entity Subject ID: JCandela
DCN: 5500000205881676
Process Date: 03/21/2023 Page: 1 of 1
CANDELA, JOSEPH M
For authorized use by:
LAS VEGAS UROLOGY LLP

CANDELA, JOSEPH M - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	CANDELA, JOSEPH M		
Date of Birth:	[redacted]	**Gender:**	MALE
Entity Subject ID Number:	JCandela		
Organization Name:	LAS VEGAS UROLOGY		
Organization Type:	MEDICAL GROUP/PRACTICE (365)		
Work Address:	7500 SMOKE RANCH RD STE 200, LAS VEGAS, NV 89128-0373		
Home Address:	[redacted] SMOKE RANCH RD STE 200, LAS VEGAS, NV 89128-0373		
Social Security Number:	[redacted]	**DEA:**	BC4482573
NPI:	1356436257	**FEIN:**	880366609
UPIN:	G72317		
License:	PHYSICIAN (MD), 9066, NV, UROLOGICAL SURGERY		
Professional School(s):	TULANE UNIVERSITY SCHOOL OF MEDICINE (1993)		

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

---------- No Reports Found Based on the Subject Information Submitted ----------

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Candela

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/10/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark County

I, Joseph Candela, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/10/23

Date

Subscribed and Sworn to before me this 10 day of April 2023

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: William Middle: Robert Last: Wise

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] N Campbell Rd

City: Las Vegas State: NV Zip: 89149

Telephone: [redacted] Email: wwise@lasvegasurology.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Utah Hospital and Clinics		07/1982 - 06/1987	
Address	**City**	**State**	**Zip**
50 N. Medical Drive	Salt Lake City	UT	84132
Diploma/Degree obtained, if any			
Residency - Urology			
School Name		**From - To (MM/YY – MM/YY)**	
Creighton University School of Medicine		07/1978 - 06/1982	
Address	**City**	**State**	**Zip**
2500 California Plaza	Omaha	NE	68102
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
University of Wyoming		07/1974 - 06/1978	
Address	**City**	**State**	**Zip**
1000 E. University Ave	Laramie	WY	82071
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2014 - present	[redacted] N Campbell Rd	Las Vegas	NV	89149
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			07/2005 - present
Business Address	**City**	**State**	**Zip**
2310 Corporate Circle Ste #200	Henderson	NV	89074
Phone	**Title**		
(702) 735-8000	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
12/23/1996	06/16/2001	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Policy #: NV00140-01	NV Mutual Insurance

Reason/Charge
The complaint alleges the physician provided substandard medical care - Ischemic necrosis

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Patient: George Tienken	Malpractice claim filed with insurance carrier

Name of Business/Industry/Entity

Provide explanation below:

Involvement in the case: Attending

Clinical Case Summary: complicated case with multiple parties who had treated him - see attached.

Patient outcome: patient died in May of 2001; through no negligence on my part.

Settled out of court

MD

Original Signature (electronic, copies or stamps not accepted)

4-7-23

Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Wise, William R.

1. Patient Name [redacted]
2. Diagnosis
3. Your involvement in the case (attending, consulting, etc.) attending
4. Allegation(s) Ischemic necrosis
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   patient was impotent for many years this was a complicated case with multiple parties who had treated patient
6. Patient Outcome patient died in May of 2001 through no negligence on my part
7. Other Pertinent Details In December 1995 I surgically implanted a malleable penile prosthesis in patient.
8. Date of Incident 12/23/1999 Date Filed 12/24/1999 Date Closed 05/15/2001
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Settlement out of court
10. Settlement amount paid on your behalf, if any
    25000.00
11. Professional liability insurer involved:
    A. Name of Insurer Nevada Mutual Insurance Co. B. Policy #NV00140-01
    B. Address of Insurer
       700 Shadow Lane
       Las Vegas NV 89106

Name: William R. Wise

Signature: [signature] Date 5/2/2014

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000021994062
Process Date: 06/29/2001
Page: 1 of 3
WISE, WILLIAM
For authorized use by:
LAS VEGAS UROLOGY LLP

WISE, WILLIAM

TRANSPORTATION INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT **Date of Action:** 06/18/2001

Initial Action	Basis for Initial Action
- SETTLEMENT	- SURGERY: IMPROPER MANAGEMENT OF SURGICAL PATIENT

A. REPORTING ENTITY

Entity Name: TRANSPORTATION INSURANCE CO *
Address: CNA PLAZA - 27 SOUTH
333 S WABASH
City, State, Zip: CHICAGO, IL 60685
Country:
Name or Office: YVETTE WHITTLER
Title or Department: CLAIM COMPLIANCE MANAGER
Telephone: (312) 822-5946
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 06/29/2021:

Entity Name: TRANSPORTATION INSURANCE COMPANY
Address: 151 N FRANKLIN ST
City, State, Zip: CHICAGO, IL 60606-1821
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WISE, WILLIAM
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name: WISE, WILLIAM
Work Address: 7200 CATHEDRAL ROCK DRIVE #180
City, State, ZIP: LAS VEGAS, NV 89129
Home Address: [redacted]BRAMBLY CREEK CT.
City, State, ZIP: LAS VEGAS, NV 89129
Deceased: NO
Social Security Numbers (SSN): [redacted]
Professional School(s) & Year(s) of Graduation: CREIGHTON UNIVERSITY (1982)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 5572, NV
Drug Enforcement Administration (DEA) Numbers: BW1233701
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 06/29/2001
Act/Omission Code: SURGERY: IMPROPER MANAGEMENT OF SURGICAL PATIENT (280)
Date of Act/Omission: 12/23/1996
Payment Date: 06/18/2001
Multiple or Single Payment: SINGLE
Amount of This Payment: $ 25,000.00
Total Amount of Judgment or Settlement: $ 25,000.00

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000021994062
Process Date: 06/29/2001
Page: 2 of 3
WISE, WILLIAM
For authorized use by:
LAS VEGAS UROLOGY LLP

Payment Result of:	SETTLEMENT -
Number of Practitioners for Whom Payment is Made:	1
Relationship of Entity to the Practitioner:	INSURANCE COMPANY
Date of Judgment/Settlement:	
Adjudicative Case Number:	
Adjudicative Body Name:	
Court File Number:	
Reporter's Description of Act or Omission:	PLAINTIFFS GEORGE TIENKEN, A 69 YEAR OLD, AND HIS SPOUSE, SANDY TIENKEN, SUED DR. WILLIAM WISE, SURGEON BOARD-CERTIFIED BY THE AMERICAN BOARD OF UROLOGY, AND SUBSEQUENT TREATING HEALTH CARE PROVIDERS FOR MR. TIENKEN'S FAILED PENILE IMPLANT SURGERY. PLAINTIFFS ALLEGED THAT THE POSTOPERATIVE COMPLICATIONS, WHICH SHOULD HAVE BEEN AVOIDED, REQUIRED THE REMOVAL OF THE IMPLANT. ON BEHALF OF DR. WISE, LIABILITY WAS DENIED IN THAT THE POSTOPERATIVE CARE AT ISSUE WAS RENDERED BY OTHER PROVIDERS; FURTHER, THE SURGERY ITSELF WAS SUCCESSFUL. THIS CASE WAS SETTLED FOR LESS THAN THE COST OF DEFENSE AFTER MR. TIENKEN DIED DUE TO UNRELATED CAUSES. STANDARD OF CARE WAS MET.
Reporter's Description of the Judgment or Settlement:	LUMP SUM SETTLEMENT OF $25,000. CLAIM#: HM018430-11

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/29/2001
Date of Most Recent Change: 06/29/2001

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1912092768

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000021994062
Process Date: 06/29/2001
Page: 3 of 3
WISE, WILLIAM
For authorized use by:
LAS VEGAS UROLOGY LLP

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

1996
Case 1:

In December of 1996, I surgically implanted a malleable penile prosthesis in a 65 year old male, Mr. Tienken who I had treated for impotence for many years. He had a diagnosis of both neurological impotence as well as vascular impotence. He had exhausted all other forms of impotence treatments available at that time. Both him and his wife wished to a have a penile prosthesis implanted so that he could participate in sexual intercourse. Both him and his wife understood the risks of implanting a prosthesis and the risk of infection with the possible need to remove the prosthesis. A standard Mentor malleable penile prosthesis was implanted as an outpatient in a certified surgical center here in Las Vegas. I wrapped the penis with a dressing as is standard for this procedure and placed a foley catheter so that the patient's urine would be able to drain overnight. He was treated with the appropriate prophylactic antibiotics. He was discharged successfully from the surgery center.

Home Health Care nursing care was ordered and arranged to see the patient the next day to remove his foley catheter. When the home nurse visited the Tienken's on the first postoperative day, normal postoperative changes were observed, but the nurse did not have an order to remove his foley catheter. The nurse noted no problems such as infection or hematuria. He was told that since the nurse had no order to remove the foley catheter, she would call the doctor the next day and remove it on her next visit. The nurse called Dr. Robert McBeath who was covering for me during this time. Dr. McBeath was hesitant to remove the foley and advised the nurse to call me at home to clarify the orders given. I was not ever called and the nurse did not go back to remove the catheter based on Dr. McBeath's recommendation to leave it in until the orders could be clarified.

Two days later, now 3 days from the surgery, Mr. Tienken's foley catheter became plugged and would not drain. He then went into the emergency care center to seek assistance. He was seen by the emergency physician there and called Dr. Kapinsky who was on call for me on this day. The emergency physician removed the foley catheter, the original penile dressing which had slipped on the

operating room and rewrapped the penis with a new dressing. He was able to void and was given intravenous antibiotics in the emergency center. There was no note made of unusual infection or pain. The home health care nurse called the Dienken's to see if she should come visit him on this day but she was refused and was told she was not needed. Home Health care did not visit the home again.

I saw Mr. Dienken, two days later which was on a Monday in my clinic. It was now seven days since the surgery and when I first saw him and his dressing was wrapped tightly. The end of his penis was infected. The tissue around the urethra was dark. He was admitted to the hospital and after observing him for 24hrs with antibiotics, it was determined that his penile prosthesis was infected and would need to be removed. During the removal of the prosthesis it became clear that he had developed necrosis of the urethra. A foley catheter was placed and his infection eventually healed. However, after he was discharged from the hospital he did not come back to see me, but was under the care of my partner, Dr. Zapinsky. He developed a severe stricture of the urethra under Dr. Zapinsky's care and this was treated with a perineal urethrostomy. A penile prosthesis was not replaced.

The claim was made against me, William Wise, M.D. because of ischemic necrosis as a result of the surgery and wrapping the dressing too tight. My defense was to be centered around the records and testimony in which no evidence indicated the wrapping was too tight as observed by the nurses, Mrs. Dienken, and the emergency physician. The fact was to be brought out that the penis was wrapped again by the emergency doctor three days after the surgery when the foley was removed, which in fact may have been the cause of the ischemia which caused the necrosis.

The claim also was made against the Home Health care service for not removing the foley catheter when orders were given to remove it on the first postoperative day.

Dr. Nesbeth was named because he did not follow standard of care with removing the foley catheter on the first postoperative day.

The emergency care physician was also named for not recognizing the serious nature of the condition affecting

the patient and failure to call in a urological specialist to treat him.

This was a complicated case with multiple parties who had treated the patient during this time. Dr. Zepinsky was never named. The medical legal screening panel found unanimously McBeath "probable" cause for malpractice, and the other three parties were "inconclusive" for malpractice.

The case was then pushed to go to trial. However, in late May of 2001, Mr. Tienken died. I was advised that the case could be settled by having each party contribute $33,000. for a total of $100,000. My attorneys for CNA advised me that this was far less expensive than going to court. No mention was made about any other way of distributing the payment. It was never made known to me that having this case settled in this way would be harmful to my insurance record. In fact it was impressed more on me that this was the way my insurance company (CNA) would rather it be done.

JUN-29-2005 03:03PM From

Policy Number	Claim Number	Loss Date	: 12227/1998
1577000228	HAD184430 11	Occurrence Date	: 12227/1998
		Notice Date	: 12247/1998
		Reported	: 2
		Policy Eff Date	: 10/01/1998
		Policy Cancel DI	:
		NOL Code	: PLF
		Location Code	: 80145
		Producer Code	: 036776
		PAPT	: Nevada - 3841

Reserve - Initial	: $5,000
HP Paid Loss	: $25,000.00
TPWD Recovery	: $0.00
HP Paid Expense ALAE	: $35,286.04
HP Salvage/Subro	: $0.00
Reserve - Current	: $0
HP Incurred Loss ALAE	: $60,286.04
Claim Status	: CLOSED
Closed Date	: 8/18/2004

Insured Name
WASE,WILLIAM
Insured DBA
WASE,WILLIAM
Claimant
TIENKEN,GEORGE
Acc State : NV
Prem State : NV
Bank Code : SFF
Loss Description
NEGLIGENT TREATMENT

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Page 1

OCT. 1. 2009 1:20PM CNA

Case 2:

My second an only other case has been answered and is now before Medical Dental Screening Board here in the State of Nevada. No decision has been rendered.

In 1998 a 13 year old male was referred to me for evaluation of a left sided hydrocele. He was first seen for left testicular pain and swelling in June of 1998, when a Doppler ultrasound of his testicles was first done only to note a hydrocele of the left testicle with good blood flow to both testicles. I initially saw him on a late afternoon in November. He had a second Doppler ultrasound done six days before seeing me that confirmed good blood flow to both testicles, and he was having no change in his presentation for the past six months. He had not been treated for epididymitis, and was not given a trial of antibiotics. When I saw him he did not have the presentation of a torsion. He had no outward visible signs of pain. His left testicle was swollen but like that of a torsion. I reviewed his ultrasound reports from both five months before and six days before. I was told that his condition had not changed from the ultrasound that had been completed. I prescribed the patient antibiotics and instructed his mother to treat him for epididymitis. I also told her if his condition would change that she should call me immediately.

The next day, his mother called me stating that he had been in increasingly severe pain all day and what should they do? I instructed her to go immediately to the emergency room to have him evaluated for a torsion of his testicle. After a short time the emergency room called me back stating that he had torsion of the left testicle and would need surgical exploration. I immediately went to the hospital where he was taken to the operating room. His left testicle was found to be in torsion without being able to be salvaged, resulting in a left orchiectomy. His right testicle was pexed by orchiopexy.
The claim was made against his pediatrician who failed to diagnose the torsion earlier. I was named for not recognizing torsion on our first and only office visit the afternoon before he went to the hospital.

This may be a case of intermittent testicular torsion, however not documented on two episodes of pain, one 5 months before I saw him and again 6 days before I saw him with normal flow Doppler ultrasounds showing only a left hydrocele. The condition appeared to be chronic in nature when I saw him initially in my office. However, the diagnosis was made the next day when his condition changed, perhaps he completed his torsion then and was taken to surgery. I believe the torsion which resulted in the loss of his testicle occurred on the day following our initial visit, and that he was treated appropriately by surgical treatment.

The patient healed well from his surgery and had no other loss except for the left testicle. He had a normal right ~~healthy testicle at the time of my last evaluation.~~

These are the only two cases against me that I am aware of as of this date October 7, 2001. I have not been named in any other claims, nor has any other claims been dropped for other reasons.

William R.Wise, M.D.



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/25/1998	02/10/2003	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Policy #: NV00140-01	NV Mutual Insurance

Reason/Charge
The complaint alleges the physician provided substandard medical care - named for not recognizing torsion

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Patient: Randon Thompson	Malpractice claim filed with insurance carrier

Name of Business/Industry/Entity

Provide explanation below:

Involvement in the case: Attending

Clinical Case Summary: This may have been a case of intermittent testicular torsion which was not documented on two episodes of pain, one 5 months before I saw the patient and again 6 days before I saw the patient.

Patient outcome: patient healed well from surgery

Settled out of court - $121,000.00

Original Signature (electronic, copies or stamps not accepted)

4-7-23
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Wise, William R.

1. Patient Name [redacted]
2. Diagnosis
3. Your involvement in the case (attending, consulting, etc.) attending
4. Allegation(s) I was named for not recognizing torsion on our first & only office visit
5. Clinical Case Summary (include additional pages or inserts if necessary)
   This may have been a case of intermittent testicular torsion which was not documented on two episodes of pain, one 5 months before I saw patient and again 6 days before I saw patient. The conc
6. Patient Outcome The patient healed well from his surgery
7. Other Pertinent Details
8. Date of Incident 11/25/1999 Date Filed 10/11/2000 Date Closed 02/10/2003
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Settlement out of Court
10. Settlement amount paid on your behalf, if any
    121000.00
11. Professional liability insurer involved:
    A. Name of Insurer Nevada Mutual Insurance Company B. Policy #NV00140-01
    B. Address of Insurer
    700 Shadow Lane
    Las Vegas NV 89106

Name: William R. Wise

Signature: [signature] Date: 5/2/2013

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

NOV. 2. 2007 11:15PM DESERT UROLOGY NO. 452 P. 17/19 P. 1

BL 495 P. 1

Database :Claims
Data Refreshed As of: 9/12/2003
Developed Criteria:
PER Policy Hx Lost File 7700020

Filter Criteria:

Sort Order:
Policy Number - Standard
Date of Policy (Date)
Risk Code
Claim Number
Claim Number Extension
Claim Number Suffix

10/01/2003
11:33:34 PM

Page: 1001 Set 1004

Policy Number	Claim Number	Insured Name
107700020	HM015602 11	[redacted]

Insured DBA
WEBB,WILLIAM
Claimant
THOMPSON,RANDON
Acc State : NV
Prem State : NV
Desk Code : AM
Loss Description
FAILURE TO DX TESTICULAR TORSION

Loss Date	: 10/10/2000	Reserve - Initial	: $25,000
Occurrence Date	: 11/25/1998	HP Paid Loss	: $121,000.00
Notice Date	: 10/11/2000	TPWD Recovery	: $0.00
Report Lag	: 1	HP Paid Expense ALAE	: $20,372.13
Policy Eff Date	: 10/16/1999	HP Salvage/Subro	: $0.00
Policy Cancel Dt	:	Reserve - Current	: $0
KOL Code	: PLMM	HP Incurred Loss ALAE	: $141,372.13
Location Code	: 0005	Claim Status	: CLOSED
Producer Code	: 018035	Closed Date	: 2/10/2003
PRPT	: Western Region\Various States Claims Node - 0001		

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WISE, WILLIAM

TRANSPORTATION INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT — **Date of Action: 01/16/2003**

Initial Action	Basis for Initial Action
- SETTLEMENT	- DIAGNOSIS: FAILURE TO DIAGNOSE

A. REPORTING ENTITY

Entity Name: TRANSPORTATION INSURANCE CO *
Address: CNA PLAZA - 27 SOUTH
333 S WABASH
City, State, Zip: CHICAGO, IL 60685
Country:
Name or Office: YVETTE WHITTLER
Title or Department: CLAIM COMPLIANCE MANAGER
Telephone: (312) 822-5946
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 06/29/2021:

Entity Name: TRANSPORTATION INSURANCE COMPANY
Address: 151 N FRANKLIN ST
City, State, Zip: CHICAGO, IL 60606-1821
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WISE, WILLIAM
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name: WISE, WILLIAM
Work Address: 7200 CATHEDRAL ROCK DRIVE
City, State, ZIP: LAS VEGAS, NV 89128
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN): [redacted]
Professional School(s) & Year(s) of Graduation: CREIGHTON UNIVERSITY (1982)
UNIVERSITY OF UTAH (1987)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 5572, NV
Drug Enforcement Administration (DEA) Numbers: BW1233701
Hospital Affiliation(s): MOUNTAIN VIEW HOSPITAL
LAS VEGAS,NV
SUNRISE HOSPITAL
LAS VEGAS,NV
VALLEY HOSPITAL
LAS VEGAS,NV
SUMMERLIN HOSPITAL
LAS VEGAS,NV

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UNIVERSITY MEDICAL CENTER
LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report:	03/27/2003
Act/Omission Code:	DIAGNOSIS: FAILURE TO DIAGNOSE (010)
Date of Act/Omission:	11/25/1998
Payment Date:	01/16/2003
Multiple or Single Payment:	SINGLE.
Amount of This Payment:	$ 121,000.00
Total Amount of Judgment or Settlement:	$ 121,000.00
Payment Result of:	SETTLEMENT
Number of Practitioners for Whom Payment is Made:	1
Relationship of Entity to the Practitioner:	INSURANCE COMPANY
Date of Judgment/Settlement:	
Adjudicative Case Number:	
Adjudicative Body Name:	
Court File Number:	
Reporter's Description of Act or Omission:	13 YEAR OLD MALE OUTPATIENT WAS EXAMINED BY DR. WISE FOR SWOLLEN AND PAINFUL LEFT SCROTUM. CIPRO WAS GIVEN FOR SUSPECTED UNTREATED EPIDIDYMITIS. THE FOLLOWING DAY THE SWELLING BECAME WORSE AND THE PATIENT WENT TO THE EMERGENCY ROOM. AN ULTRASOUND REVEALED TESTICULAR TORSION. DR. WISE WAS CALLED AND ATTEMPTED SURGERY TO RELIEVE THE TORSION. HOWEVER, THE LEFT TESTICLE HAD TO BE REMOVED AND A RIGHT ORCHIOPEXY WAS PERFORMED. PLAINTIFF ALLEGED THAT DR. WISE FAILED TO OBTAIN LABORATORY STUDIES TO CONFIRM THE DIAGNOSIS OF EPIDIDYMITIS AND TO OBTAIN AN ULTRASOUND. THEY CLAIMED LOSS OF THE TESTICLE AND RELATED EMOTIONAL DAMAGES. THE STANDARD OF CARE WAS MET.
Reporter's Description of the Judgment or Settlement:	CLAIM#: HM036682-11

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

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Date of Original Submission: 03/27/2003
Date of Most Recent Change: 03/27/2003

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1912092768

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/20/2008	06/12/2008	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
Claim #: A484096	Nevada Mutual Insurance Co

Reason/Charge
The complaint alleges the physician provided substandard medical care - Delay in Diagnosis

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Claim #: A484096	Malpractice claim filed with insurance carrier

Name of Business/Industry/Entity

Provide explanation below:

Case settled out of court $105,000.00 - see attached NPDB report.

Original Signature (electronic, copies or stamps not accepted)

4-7-23
Date

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Process Date: 07/20/2008
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WISE, WILLIAM ROBERT

NEVADA MUTUAL INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT **Date of Action: 07/10/2008**

Initial Action	Basis for Initial Action
- JUDGMENT	- DELAY IN DIAGNOSIS

A. REPORTING ENTITY

Entity Name: NEVADA MUTUAL INSURANCE COMPANY *
Address: 709 SHADOW LANE
City, State, Zip: LAS VEGAS, NV 89106
Country:
Name or Office: SANDRA KRAUSE RN, M.S. CPCU
Title or Department: ASSISTANT VICE PRESIDENT OF CLAIMS
Telephone: (702) 798-6001 Ext. 1107
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/30/2021:

Entity Name: NEVADA MUTUAL INSURANCE COMPANY
Address: 11605 MIRACLE HILLS DR STE 200
City, State, Zip: OMAHA, NE 68154-4467
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: WISE, WILLIAM ROBERT
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name: LAS VEGAS UROLOGY
Work Address: 7200 CATHEDRAL ROCK DRIVE
#180
City, State, ZIP: LAS VEGAS, NV 89128
Home Address: [redacted] NORTH CAMPBELL ROAD
City, State, ZIP: LAS VEGAS, NV 89149
Deceased: NO
Social Security Numbers (SSN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: CREIGHTON UNIVERSITY (1982)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 5572, NV
Drug Enforcement Administration (DEA) Numbers: BW1233701
Hospital Affiliation(s): CENTENNIAL HILLS HOSPITAL
LAS VEGAS,NV
SUMMERLIN HOSPITAL
LAS VEGAS,NV
SOUTHERN HILLS HOSPITAL
LAS VEGAS,NV
VALLEY HOSPITAL
LAS VEGAS,NV

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SPRING VALLEY HOSPITAL
LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report:	07/20/2008
Relationship of Entity to This Practitioner:	INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner:	$ 105,000.00
Date of This Payment:	07/10/2008
This Payment Represents:	A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner:	$ 105,000.00
Payment Result of:	JUDGMENT
Date of Judgment, if Any:	06/12/2008
Adjudicative Body Case Number:	A484096
Adjudicative Body Name:	DISTRICT COURT CLARK COUNTY NEVADA
Court File Number:	
Description of Judgment and Any Conditions, Including Terms of Payment:	THIS MATTER WAS RESOLVED THROUGH BINDING HIGH LOW ARBITRATION WITH A LOW OF $75,000 AND A HIGH AMOUNT OF $275,000. THE ARBITRATOR AWARDED A TOTAL OF $105,000 TO SIX PLAINTIFFS.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:	$ 105,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:	1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by the State Fund:	
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:	

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event:	68 YEARS
Patient's Gender:	MALE
Patient's Type:	OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment:	THE PATIENT WAS DIAGNOSED WITH A KIDNEY STONE WHILE ON VACATION AND SOUGHT TREATMENT WITH DR. WISE FOR REMOVAL OF THE STONE UPON HIS RETURN HOME.
Description of the Procedure Performed:	PATIENT UNDERWENT A CYSTOSCOPY WITH BILATERAL RETROGRADE PYELOGRAM, LEFT URETEROSCOPY WITH LASER LITHOTRIPSY AND PLACEMENT OF A URETERAL STENT ON 1/28/2002.
Nature of Allegation:	DIAGNOSIS RELATED (001)
Specific Allegation:	DELAY IN DIAGNOSIS (200)
Date of Event Associated With Allegation or Incident:	01/24/2002
Outcome:	DEATH (09)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:	PLAINTIFFS ALLEGE THAT DR. WISE HAD A DUTY TO REACT TO THE ABNORMAL FINDINGS ON THE 1/23/2002 CHEST X-RAY WHICH HE RECEIVED ON 1/24/2002 BY NOTIFYING THE PATIENT OF THE FINDINGS. THE CHEST X-RAY WAS ORDERED FOR ANESTHESIA CLEARANCE AND THE RADIOLOGIST READ THE FILM INDICATING THAT

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.THERE WAS A RIGHT UPPER LOBE OPACITY WHICH COULD BE AN AREA OF PNEUMONIA OR SCAR FORMATION BUT THAT AN UNDERYING MASS IS DIFFICULT TO EXCLUDE. COMPARISON TO PRIOR FILLMS WAS RECOMMENDED. THE ANESTHEIOLOGIST FOR THE PROCEDURE ALSO REVIEWED THE FILM AND SAW NO CONTRAINDICATIONS TO PROCEEDING WITH ANESTHESIA. PLAINTIFFS FURTHER ALLEGE THAT IF DR. WISE HAD NOTIFIED THE PATIENT OF THE FINDINGS THERE WOULD NOT HAVE BEEN A LOST CHANCE FOR SURVIVAL. DURING APRIL OF 2002 THE PATIENT SOUGHT TREATMENT FOR COMPLAINTS OF A COUGH AND SHORTNESS OF BREATH. AFTER FURTHER STUDIES HE WAS DIAGNOSED WITH STAGE IV CANCER WITH METASTASIS AND UNDERWENT CHEMOTHERAPY. RADIOLOGICAL EXPERTS OPINE THAT EVEN IF DR. WISE HAD ADVISED THE PATIENT AT THE TIME OF THE UROLOGICAL SURGERY, THERE WOULD HAVE BEEN NO DIFFERENCE IN THE OUTCOME OR DATE OF DEATH.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/20/2008
Date of Most Recent Change: 07/20/2008

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1912092768

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Page: 4 of 4
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This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/04/2019	pending	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-20-817447-C	District Court

Reason/Charge
The complaint alleges the physician provided substandard medical care - Failed to follow, implement, etc proper protocol

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Patient: Kenneth Harding	Malpractice claim filed with the courts

Name of Business/Industry/Entity

Provide explanation below:

Involvement in the case: Treating

Clinical Case Summary: Negligence surgery resulting in bowel injury with colostomy and additional surgery

Patient outcome: Permanent impairment, disability and/or dysfunction of penis and/or reproductive system.

Court proceedings still in process.

MD

Original Signature (electronic, copies or stamps not accepted)

4-7-23

Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name William Wise, MD

1. Patient Nam [redacted]
2. Diagnosis Priapism
3. Your involvement in the case (attending, consulting, etc.) Treating
4. Allegation(s) Failed to follow, implement, enact, act upon or utilize the proper protocol and/or failed to otherwise appropriately treat or care for plaintiff
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   Documentation of case summary attached
6. Patient Outcome Permanent Impairment, disability and/or dysfunction of penis and/or reproduction system.
7. Other Pertinent Details
8. Date of Incident 07/04/2019 Date Filed 07/01/2020 Date Closed Pending
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
10. Settlement amount paid on your behalf, if any
11. Professional liability insurer involved:
    A. Name of Insurer Doctors Professional Liability Insurance B. Policy # DP-6103-343-N
    B. Address of Insurer
    23276 South Pointe Dr. Suite 204, Laguna Hills, CA 92653

Name: William Wise, MD

Signature [signature] **Date** 05/09/2022

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

Electronically Filed
7/1/2020 7:11 PM
Steven D. Grierson
CLERK OF THE COURT

COMP
KIMBALL JONES, ESQ.
Nevada Bar No.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No. 12608
BIGHORN LAW
2225 E. Flamingo Road
Building 2, Suite 300
Las Vegas, Nevada 89119
Telephone: (702) 333-1111
Kimball@bighornlaw.com
Jacob@bighornlaw.com
Attorneys for Plaintiff

CASE NO: A-20-817447-C
Department 2

DISTRICT COURT

CLARK COUNTY, NEVADA

KENNETH HARDING, individually,

Plaintiff,

vs.

NORTH VISTA HOSPITAL, INC., a foreign corporation; PRIME HEALTHCARE SERVICES - NORTH VISTA, LLC, a foreign Limited Liability Company; CORNELL V. CALINESCU, M.D, individually and as agent/independent contractor for NORTH VISTA HOSPITAL, INC.; SUNRISE HOSPITAL AND MEDICAL CENTER, LLC, a foreign Limited Liability Company; JAIME PRIMERANO, D.O., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC; WILLIAM R. WISE, M.D., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC; DIANE ELVIE, R.N., individually and as an employee of SUNRISE HOSPITAL; DOE UROLOGISTS I-X; DOE NURSES I-X; DOE EMPLOYEES I-X; ROE CORPORATIONS, XI through XX; and ROE ENTITIES, XI through XX, inclusive,

Defendants.

CASE NO.:
DEPT. NO.:

COMPLAINT
Exempt from Arbitration Program

Case Number: A-20-817447-C

COMPLAINT

Plaintiff, KENNETH HARDING, by and through his attorneys of record, KIMBALL JONES, ESQ., and JACOB G. LEAVITT, ESQ., of BIGHORN LAW, as for his Complaint against Defendants, and each and all of them, complains and alleges as follows:

I.

ALLEGATIONS COMMON TO ALL CAUSES OF ACTION

1. Plaintiff KENNETH HARDING (hereinafter "PLAINTIFF"), is and was at all times relevant hereto a resident of County of Clark, State of Nevada.

2. Defendant NORTH VISTA HOSPITAL, INC., is a foreign corporation, which is owned and/or operated by PRIME HEALTHCARE SERVICES – NORTH VISTA, LLC, a foreign Limited Liability company, upon information and belief, is and was at all times relevant hereto, organized and authorized to conduct business in the State of Nevada as a licensed private 177-bed community hospital (hereinafter, collectively, "Defendant NORTH VISTA HOSPITAL") and pursuant to EMTALA must have had appropriate resources for transferring patients to other facilities.

3. Defendant, CORNELL V. CALINESCU, M.D., upon information and belief, is and was at all times relevant hereto, a resident of the County of Clark, State of Nevada and is permitted and licensed to practice medicine in the State of Nevada pursuant N.R.S. 449 and 630 and, as an agent and/or independent contractor for NORTH VISTA HOSPITAL, with access to, and privileges at Defendant NORTH VISTA HOSPITAL. Dr. Calinescu conducted his practice and treated Plaintiff KENNETH HARDING, personally and/or as an agent, apparent agent or independent contractor and/or through Nevada business entities designated as Defendant NORTH VISTA HOSPITAL, and is sued individually and in unison with said foreign and/or domestic business entities being sued pursuant to the doctrine of vicarious liability and/or *respondeat superior*. Dr. Cornell Calinescu, M.D., is a Family Medicine Specialist. He graduated from Universitatea De Medicina Si Earmacie Car Davila, Eacultatea de

Medcina medical school in 1996.

4. Upon information and belief, and at all times mentioned herein, Defendant SUNRISE HOSPITAL AND MEDICAL CENTER, LLC., is a foreign limited liability company (hereinafter referred to as "Defendant SUNRISE HOSPITAL"), upon information and belief, is and was at all times relevant hereto, organized and authorized to conduct business in the State of Nevada as a licensed community hospital.

5. Upon information and belief, and at all times mentioned herein, Defendant JAIME PRIMERANO, M.D, upon information and belief, is and was at all times relevant hereto, a resident of the County of Clark, State of Nevada and is permitted and licensed to practice medicine in the State of Nevada pursuant N.R.S. 449 and 630 and, as an agent, apparent agent and/or independent contractor for SUNRISE HOSPITAL, with access to, and privileges at Defendant SUNRISE HOSPITAL. Dr. Primerano was and is an emergency medicine physician who conducted his practice and treated Plaintiff KENNETH HARDING, personally and/or as an agent or independent contractor and/or through Nevada business entities designated as Defendant SUNRISE HOSPITAL, and is sued individually and in unison with said foreign and/or domestic business entities being sued pursuant to the doctrine of vicarious liability and/or *respondeat superior*.

6. Upon information and belief, at all relevant times, Defendant WILLIAM R. WISE, M.D, upon information and belief, is and was at all times relevant hereto, a resident of the County of Clark, State of Nevada and is permitted and licensed to practice medicine in the State of Nevada pursuant N.R.S. 449 and 630 and, as an agent, apparent agent and/or independent contractor for SUNRISE HOSPITAL, with access to, and privileges at Defendant SUNRISE HOSPITAL. Dr. Wise conducted his practice and treated Plaintiff KENNETH HARDING, personally and/or as an agent or independent contractor and/or through Nevada business entities designated as Defendant SUNRISE HOSPITAL, and is sued individually and in unison with said foreign and/or domestic business entities being sued pursuant to the

doctrine of vicarious liability and/or *respondeat superior*.

7. Upon information and belief, Defendant DIANE ELVIE, R.N., was/is licensed to practice nursing pursuant to N.R.S 632, and were negligent in their care, or omission of care, to Plaintiff, and were acting on behalf of Defendants SUNRISE HOSPITAL as employees, and are thereby liable to Plaintiff.

8. Upon information and belief, Defendant DOE UROLOGISTS, DOE NURSES and/or DOE EMPLOYEES, were negligent in their care, or omission of care, to Plaintiff, and were acting on behalf of Defendants SUNRISE HOSPITAL as employees, and are thereby liable to Plaintiff.

9. Upon information and belief, Defendant ROE CORPORATIONS XI through XX, is, and at all times relevant hereto was, an entity organized and existing under the laws of the State of Nevada, and/or was authorized to conduct, and actually was conducting, business in Clark County, Nevada.

10. At all times relevant the Defendants designated herein as DOES I through X and ROE BUSINESS ENTITIES I through X were and are now physicians, nurses, surgeons, technicians, residents, registered nurses, licensed occasional nurses, practical nurses, registered technicians, aides, technicians, physician assistants, who presently are unknown to PLAINTIFF at this time who, therefore, sues said Defendants by such fictitious names and when their true names and capacities are ascertained, PLAINTIFF will amend this Complaint accordingly to insert the name herein. PLAINTIFF is informed and believe, and based upon such information and belief, allege that Defendants, and each of them, designated as DOES and/or ROE BUSINESS ENTITIES are, in some manner, responsible for the occurrence and injuries sustained by PLAINTIFF, as alleged herein. In particular, said DOES and/or ROE BUSINESS ENTITIES were the employees and/or the employers of the employees who failed to utilize the requisite standard of care in the care and treatment of PLAINTIFF KENNETH HARDING, and by failing to utilize, employ and follow the applicable standard of care, delay in care fell below the standard of care and reasonable continuity of care, injured PLAINTIFF KENNETH HARDING and

directly thereby caused the injuries and damages as alleged herein, as set forth in the Affidavit of EDWARD YUN, M.D. (See **Exhibit "1"**)

11. At all times relevant hereto, Defendants SUNRISE HOSPITAL (hereinafter "SUNRISE HOSPITAL") operated an ongoing private business/community hospital in Clark County, Nevada through its physician, staff, agents, servants, employees, nurses, and representatives. Pursuant to EMTALA, appropriate resources must be provided by the receiving health care provider to patients requiring a higher level of care.

12. The acts, omissions, and breaches of the applicable standard of care by Defendants, and each of them, occurred in Clark County, Nevada. Accordingly, this Court has jurisdiction over the parties and subject matter of this case.

13. Upon information and belief, while under the medical care and supervision of said Defendants SUNRISE HOSPITAL, JAIME PRIMERANO, D.O., WILLIAM R. WISE, M.D., and/or DIANE ELVIE, R.N. (Transport Coordinator), failed to follow, implement, enact, act upon or utilize the proper protocol and/or failed to otherwise appropriately treat or care for Plaintiff KENNETH HARDING's known emergent condition so as to prevent or mitigate against further harm and/or permanent injury to his penis and/or reproductive system.

14. Upon information and belief, as a directly and proximate result of the improper administration or implementation of protocol or procedures, including EMTALA and other applicable standards of care, by Defendants SUNRISE HOSPITAL, JAIME PRIMERANO, D.O., WILLIAM R. WISE, M.D., and/or Transport Coordinator, DIANE ELVIE, R.N., and each, some or all of them, Plaintiff KENNETH HARDING sustained injuries and damages, including permanent injury and/or impairment to his penis and/or reproductive system.

15. Upon information and belief, Plaintiff KENNETH HARDING was never evaluated by a specialist (urologist), while at North Vista Hospital; instead, Defendant NORTH VISTA referred

Plaintiff to another hospital with allegedly greater ability/services, in part for purposes of insurance, which resulted in a denial and/or delay in appropriate care and treatment. In addition, the North Vista Hospital records reveal that Dr. Calinescu failed and refused to personally consult with a urology specialist as part of his screening and/or evaluation process.

16. That on or about July 4, 2019, Plaintiff KENNETH HARDING was transported by ambulance from North Vista Hospital to Sunrise Hospital for further emergency care and treatment of his complaints of priapism, which manifested in severe discomfort and pain.

17. After the emergency and hospitalization admissions, Plaintiff KENNETH HARDING was ultimately devastated by the realization that he had been left with a permanent impairment, disability and/or dysfunction of his penis and/or reproductive system.

18. Following that fateful 4th of July, 2019, Plaintiff KENNETH HARDING had to undergo further follow up care and treatment as a direct and proximate result of the negligence of Defendants, and each, some or all of them.

19. Plaintiff KENNETH HARDING claims arise out of errors and omissions of Defendants, individually and collectively, in and by the failure to adhere to the policies, procedures and standards of medicine and care, including EMTALA, in whole or in part and, moreover, by failing to ensure involvement and supervision by a licensed physician and/or by failing to timely and/or personally consult with a urology specialist, failure to timely treat and/or transfer the Plaintiff, and failure to more timely transport and/or refer the patient to another, more appropriately staffed, emergency care facility where Plaintiff could receive the care his emergency condition warranted.

20. Plaintiff KENNETH HARDING's claims arise out of errors and omissions of Defendants SUNRISE HOSPITAL, JAIME PRIMERANO, D.O., WILLIAM R. WISE, M.D., Transport Coordinator, DIANE ELVIE, R.N., and/or its employees, agents, nurses, physicians individually and collectively and under the direction and control of Defendants SUNRISE HOSPIAL and/or the

following Defendants: JAIME PRIMERANO, D.O., WILLIAM R. WISE, M.D., and/or Transport Coordinator, DIANE ELVIE, R.N., for the failure to individually and/or collectively and properly implement standards, including EMTALA, and safeguards designed to prevent the improper administration of protocols and procedures and patient care. Furthermore, said Defendants failed to properly supervise, manage, train and monitor its physicians and staff, including nurses, so as to prevent or mitigate against Plaintiff KENNETH HARDING suffering undue delay and/or harm and/or further harm and/or permanent injury or impairment to his penis and/or reproductive system.

21. Defendants, and each and all of them, had a non-delegable duty to the Plaintiff KENNETH HARDING arising from its special relationships with its physicians and staff, and one another, relative to their patient, Plaintiff herein.

22. Defendants NORTH VISTA AND SUNRISE HOSPITAL are vicariously liable for its physicians and staff, who examined, evaluated or otherwise assessed, treated and/or transferred pursuant to EMTALA or other applicable policies, procedures and/or standards of care, Plaintiff KENNETH HARDING for his presenting emergent complaints and condition.

23. The requirements of NRS 41A.100 et seq. are fully and timely complied with as against Defendants, and each and all of them, by the attachment hereto of the Affidavit of Urology Specialist, Edward Yun, M.D. (attached as Exhibit "1").

24. This action is governed by the provisions of NRS 41A and is thus exempt from any Court mandated arbitration program.

GENERAL ALLEGATIONS

25. Plaintiff hereby adopts and incorporates by reference each and every allegation contained in the preceding paragraphs as though fully set forth herein at length.

North Vista Hospital

26. Defendant NORTH VISTA had a nondelegable duty to the Plaintiff KENNETH

HARDING, arising from their special relationships with their patients and physicians.

27. Defendant NORTH VISTA is vicariously liable for its employees, agents and/or servants and their actions, to include but not limited to, physicians; surgeons; anesthesiologists; registered nurses; licensed practical nurses; pharmacists; registered technicians; certified nursing assistants; certified technicians, attendants, physician assistants or paramedical personnel who were receiving, examining or otherwise assessing and/or treating or transferring Plaintiff, KENNETH HARDING.

28. Only physicians who NORTH VISTA gives permission to, can treat patients in/at NORTH VISTA HOSPITAL.

29. Defendant NORTH VISTA has a continuing duty to ensure physicians, whom it gives privileges, are competent in providing care and treatment to its patients.

30. Defendant NORTH VISTA has a continuing duty to ensure the doctors that have been granted privileges by North Vista Hospital, are familiar with North Vista Hospital policies, procedures and protocols, that are applicable to the units/areas where they are privileged to treat patients and abide by standards of care and applicable law and regulations, including EMTALA.

31. Defendant NORTH VISTA has a continuing duty to ensure their nurses, whom it employs, are competent in providing care and treatment to North Vista Hospital patients.

32. Defendant NORTH VISTA has policy(ies), procedure(s) and or protocol(s) as to urology emergencies presenting to the hospital.

33. Defendant NORTH VISTA has a continuing duty to ensure that all North Vista Hospital Policies, Procedures and Protocols, involving the safety of its's patients are routinely complied with, by the doctors that have been granted privileges by North Vista Hospital, where applicable.

34. Defendant NORTH VISTA has a continuing duty to ensure that all of its nurses are familiar with North Vista Hospital policy, procedures and protocols, that are applicable to the units the nurses are assigned.

35. Defendant NORTH VISTA has a continuing duty to ensure that all North Vista Hospital Policies, Procedures and Protocols, involving the safety and transfer of its' patients are routinely complied with, by its' nurses, where applicable.

36. At all relevant times, Defendants, and each of them, were the agents, ostensible agents, servants, employees, employers, partners, co-owners and/or joint venturers of each other and of their co-defendants, and were acting within the color, purpose and scope of their employment, agency, ownership and/or joint ventures and by reason of such relationships the Defendants, and each of them, are vicariously and jointly and severally responsible and liable for the acts and/or omissions of their co-Defendants.

37. Plaintiff KENNETH HARDING presented himself to North Vista Hospital with a condition that manifested itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in placing the Plaintiff's health in serious jeopardy, serious impairment to bodily functions, or serious injury and/or impairment or dysfunction of systems and organs.

38. That North Vista Hospital documentation shows their patient, KENNETH HARDING, presented himself on July 4, 2019, at 3:08 a.m., complaining of severe penile pain ongoing since he awoke at or about 10:30 p.m. on July 3, 2019 in severe pain. None of this information appears to be recorded in Dr. Colinescu's notes within the hospital records. Instead, personnel at North Vista erroneously assumed Plaintiff's erection had been ongoing for 12 to 14 hours. In reality, and consistent with other information within Plaintiff's medical records, Plaintiff woke up at home at about 10:30 p.m., on July 3, 2019, with an erection that soon became uncomfortable and very painful (10/10), requiring that he went to the Emergency Room at North Vista Hospital, arriving at 3:08 a.m. on July 4, 2019.

39. Upon information and belief, at 3:12 a.m., on July 4, 2019, Dr. Calinescu, allegedly reviewed the patient's records, noting a prior visit on June 18, 2019, wherein Plaintiff had complained of

dyspnea and peripheral edema.

40. Upon information and belief, at or about 3:24 a.m., July 4, 2019, Raudel Alvarez, R.N., triaged the Plaintiff, and noted that the patient was complaining about shortness of breath and priapism. Patient is in a lot of pain (10/10), and had no other complaints.

41. Upon information and belief, at or about 3:29 a.m., Dr. Calinescu alleges he had a detailed discussion with the Plaintiff regarding his historical points, exam findings and any diagnostic results supporting the diagnoses, and the need to transfer to another facility for further evaluation of symptoms, results, and higher level of care with specialty allegedly offered at North Vista Hospital. At that time, it is alleged the Plaintiff was stable and ready for transfer.

42. Upon information and belief, at or about 3:40 a.m., Dr. Calinescu allegedly discussed the case with Diane Elvie, R.N. (Sunrise Hospital Transport Coordinator) who accepted the patient on behalf of Patrick Flores, D.O., at Sunrise Hospital. However, there appears some institutional failure occurred by Defendants 1) not ensuring accurate notes regarding the details for the emergent condition of Plaintiff; 2) not ensuring that a urologist was called to timely consult the Plaintiff at North Vista Hospital and/or upon his arrival via ambulance at Sunrise Hospital; 3) not ensuring a timely and appropriate transfer of the patient to Sunrise Hospital; and 4) not recording Dr. Calinescu's call to Sunrise Hospital, all in violations of EMTALA and other applicable policies, procedures, protocols and standards of care.

43. Upon information and belief, at or about 3:26 a.m., Dr. Calinescu ordered that the patient receive:

A) 1 mg (0/1) Hydromorphone (Dilaudid) injection, which was administered intravenously by Bradley A. Olson, R.N., at 3:58 a.m.;

B) 4 mg (0/1) of Ondansetron (Zofran), which was also administrated intravenously by Bradley A. Olson, R.N., at 4:00 a.m.;

C) 0.25 mg of Terbutaline (Brethine), which Bradley Olson, R.N., administered

subcutaneous (abdominal tissue), at 4:30 a.m.

D) 1,000 mL Sodium Choride 0.9%, which Lady Karen Mangahas, R.N., administered intravenously at 4:00 a.m.

E) 1 mg (1/1) Hydromorphone (Dilaudid), which Lady Karen Mangahas, R.N., administered intravenously at 4:35 a.m.

44. Upon information and belief, no one at Defendant North Vista ordered an ambulance to effectuate a transfer of the Plaintiff until 4:10 a.m.; and the EMTALA Form, indicating the transfer of care occurred at 4:19 a.m., was completed.

Sunrise Hospital

45. Defendant SUNRISE HOSPITAL had a nondelegable duty to the Plaintiff KENNETH HARDING, arising from their special relationships with their patients and physicians.

46. Defendant SUNRISE HOSPITAL is vicariously liable for its employees, agents and/or servants and their actions, to include but not limited to, physicians; surgeons; anesthesiologists; registered nurses; licensed practical nurses; pharmacists; registered technicians; certified nursing assistants; certified technicians, attendants, physician assistants or paramedical personnel who were receiving, examining or otherwise assessing and/or treating or transferring Plaintiff, KENNETH HARDING.

47. Only physicians who SUNRISE HOSPITAL gives permission to, can treat patients in/at SUNRISE HOSPITAL AND MEDICAL CENTER.

48. Defendant SUNRISE HOSPITAL has a continuing duty to ensure physicians, whom it gives privileges, are competent in providing care and treatment to its patients.

49. Defendant SUNRISE HOSPITAL has a continuing duty to ensure the doctors that have been granted privileges by Sunrise Hospital and Medical Center, are familiar with Sunrise Hospital policies, procedures and protocols, that are applicable to the units/areas where they are privileged to treat patients and abide by standards of care and applicable law and regulations, including EMTALA.

50. Defendant SUNRISE HOSPIAL has a continuing duty to ensure their nurses, whom it employs, are competent in providing care and treatment to North Vista Hospital patients.

51. Defendant SUNRISE HOSPITAL has policy(ies), procedure(s) and or protocol(s) as to urology emergencies presenting to the hospital.

52. Defendant SUNRISE HOSPITAL has a continuing duty to ensure that all Sunrise Hospital Policies, Procedures and Protocols, involving the safety of its's patients are routinely complied with, by the doctors that have been granted privileges by Sunrise Hospital, where applicable.

53. Defendant SUNRISE HOSPITAL has a continuing duty to ensure that all of its nurses are familiar with Sunrise Hospital policies, procedures and protocols, that are applicable to the units the nurses are assigned.

54. Defendant SUNRISE HOSPITAL has a continuing duty to ensure that all Sunrise Hospital Policies, Procedures and Protocols, involving the safety and transfer of its' patients are routinely complied with, by its' nurses, where applicable.

55. At all relevant times, Defendants, and each of them, were the agents, ostensible agents, servants, employees, employers, partners, co-owners and/or joint venturers of each other and of their co-defendants, and were acting within the color, purpose and scope of their employment, agency, ownership and/or joint ventures and by reason of such relationships the Defendants, and each of them, are vicariously and jointly and severally responsible and liable for the acts and/or omissions of their co-Defendants.

56. Plaintiff KENNETH HARDING arrived, via Ambulance, at Sunrise Hospital and was greeted by Sunrise Hospital personnel at 5:31 a.m., on July 4, 2019; and he was triaged at 5:45 a.m., by Defendant Daniel A. Scott, R.N., an employee of Defendant SUNRISE HOSPITAL.

57. That Sunrise Hospital records note that the patient had been given Turbutaline at North Vista Hospital with no improvement prior to Plaintiff's transfer to Sunrise Hospital.

58. At 5:34 a.m., however, Alissa M. McMahon, PA-C, ordered what appears to be, from the Sunrise Hospital records, a penile ultrasound, duplex vessels. Apparently, this Order was later canceled by Dr. Primerano, for reasons not fully identified or otherwise stated.

59. At 6:30 a.m., on July 4th Plaintiff was aspirated, about 20 cc of dark red blood from corpus cavernosum bilaterally, and injected 200 mcg phenylephrine; and again, at 7:28 a.m., Plaintiff was aspirated, about 100 cc of dark red blood from corpus cavernosum bilaterally, and injected 200 mcg phenylephrine. Then, at 8:00 a.m., noting the patient's penis appeared to be increasing in size, a decision was then made to consult urology.

60. Instead, at 9:08 a.m., Mark F. Hyndman, M.D., an Internist, assumed care of the Plaintiff, who was then admitted to Sunrise Hospital for in-patient care and treatment at or about 9:10 a.m.

61. That Defendant SUNRISE HOSPITAL's on-call Urologist, William R. Wise, M.D., was not called by Sunrise Hospital personnel until 8:01 a.m., and Dr. Wise finally responded at or about 8:50 a.m., which was about five (5) hours after Plaintiff presented himself to North Vista Hospital for his emergent medical condition and complaints of severe (10/10) pain.

62. Plaintiff KENNETH HARDING completed his pre-op at or about 10:39 a.m.

63. Plaintiff KENNETH HARDING underwent a reduction of priapism with penile corporal irrigation and phenylephrine injection by Dr. Wise, which was completed at or about 1:40 p.m., on July 4, 2019 – approximately ten (10) hours after Plaintiff first presenting himself to an Emergency Room.

II.

SPECIFIC ALLEGATIONS OF NEGLIGENCE & CAUSES OF ACTION

FIRST CAUSE OF ACTION
CORPORATE/PROFESSIONAL NEGLIGENCE/VICARIOUS LIABILITY/ NEGLIGENT HIRING AND/OR SUPERVISION AND/OR NEGLIGENT CREDENTIALING/PRIVILEGING (As Against DEFENDANT NORTH VISTA HOSPITAL)

64. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of

this Complaint and make them a part of the instant cause of action as though full set forth herein.

65. Defendant NORTH VISTA HOSPITAL employees, agents and/or servants, to include but not limited to nurses, including lab technicians, pharmacy technicians; supervisors, managers, administrators; and physicians, including CORNELL CALINESCU, M.D., who were/was acting in the scope of their employment and/or agency, under Defendant NORTH VISTA HOSPITAL's control, and in furtherance of Defendant NORTH VISTA HOSPITAL's interest at the time their acts and/or omissions caused injuries to Plaintiff KENNETH HARDING.

66. Defendant NORTH VISTA HOSPITAL is vicariously liable for damages resulting from its agents' and/or employees' and/or servants' negligent actions and/or omissions regarding the injuries sustained by Plaintiff KENNETH HARDING.

67. Defendant, NORTH VISTA HOSPITAL, in the capacity of a medical hospital, providing medical/nursing care to the public, owed KENNETH HARDING, a nondelegable duty to employ physicians and nurses adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent nursing personnel practicing in the United States of America under the same or similar circumstances.

68. Defendant, NORTH VISTA HOSPITAL, in the capacity of a medical hospital, providing medical care to the public, owed KENNETH HARDING, a nondelegable duty to employ medical staff adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under the same or similar circumstances.

69. Defendant, NORTH VISTA HOSPITAL, in the capacity of a medical hospital, providing medical care to the public, owed KENNETH HARDING, a nondelegable duty to credential/privilege medical staff adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under

the same or similar circumstances.

70. Defendant, NORTH VISTA HOSPITAL, by and through its employees, agents and/or servants, owed Plaintiff a duty to exercise reasonable and ordinary care for Plaintiff KENNETH HARDING.

71. Defendant, NORTH VISTA HOSPITAL, breached its duty by providing medical staff whose care and treatment was not consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under same or similar circumstances.

72. Defendant, NORTH VISTA HOSPITAL, breached its duty by providing health care providers whose care and treatment was not consistent with the degree of skill and learning possessed by competent nursing personnel practicing in the United States of America under same or similar circumstances.

73. Defendant, NORTH VISTA HOSPITAL, negligently breached its duty by failing to recognize that the doctors, to include but not limited to: CORNELL CALINESCUE, M.D., lacked the credentials or expertise necessary to provide the services, giving rise to Plaintiff KENNETH HARDING's injuries.

74. Defendant, NORTH VISTA HOSPITAL, negligently breached its duty to its patients, such as KENNETH HARDING, by failing to employ personnel adequately trained to protect its patients such as the Plaintiff herein from foreseeable harm. Such actions and/or omissions on the part of the Defendant NORTH VISTA were careless and negligent and were the proximate cause of KENNETH HARDING's injuries and damages.

75. Defendant, NORTH VISTA HOSPITAL, by and through its employees, agents and/or servants breached its duty of care by failing to initiate safety protocols when they knew, or should have known, that KENNETH HARDING was at risk of permanent injury and/or dysfunction to his reproductive system.

76. Defendant, NORTH VISTA HOSPITAL, violated its own policy in failing to timely treat and/or transfer their patient to another facility, for KENNETH HARDING.

77. Defendant, NORTH VISTA HOSPITAL, and its nurses, transport coordinator and/or other involved personnel, failed to timely intervene and/or transfer their patient, KENNETH HARDING, causing additional stress on KENNETH HARDING, and risk to his reproductive system.

78. Defendant, NORTH VISTA HOSPITAL, and nurses, transport coordinator or other involved personnel, failed to timely recognize and consult with appropriate specialists, including but not limited to a Urologist, regarding the emergent nature of Plaintiff's presenting condition and the need to timely and appropriately respond to the same, per the policies, procedures, protocols, rules, regulations and laws, including EMTALA.

79. Defendant, NORTH VISTA HOSPITAL provided physicians failed to timely recognize and consult with appropriate specialists, including but not limited to a Urologist, regarding the emergent nature of Plaintiff's presenting condition and the need to timely and appropriately respond to the same, per the policies, procedures, protocols, rules, regulations and laws, including EMTALA.

80. Defendant, NORTH VISTA HOSPITAL nurses failed to timely communicate and otherwise schedule and coordinate, regarding Plaintiff's transfer and transport to Sunrise Hospital and Medical Center.

81. Defendant, NORTH VISTA HOSPITAL, violated its own policy in failing to timely, provide a timely and proper emergency medical screening examination, to timely and properly stabilize the patient, and ensure a timely specialist consultation and/or a transfer of care so that a timely specialist consultation and examination of the Plaintiff is provided, creating risk of harm or further harm and injury to Plaintiff KENNETH HARDING.

82. Defendant NORTH VISTA HOSPITAL's nursing, transport coordinator and/or other involved personnel, did not timely and/or appropriately advocate for the safety of its' patient, Plaintiff

KENNETH HARDING.

83. As a proximate and/or direct result of the negligence of the Defendant NORTH VISTA HOSPITAL, as well as its agents' and/or employees' and/or servants' acts and/or omissions, there was a significant delay in response to Plaintiff's presenting, emergent condition, as well as in transferring the Plaintiff to a facility, falling below the standard of care and in violation of EMTALA, with greater capability and/or specialty, leading to further harm and/or injury to the Plaintiff herein, including permanent impairment to and/or dysfunction of Plaintiff's penis and reproductive system.

84. As a proximate and/or direct result of the negligence of the Defendant NORTH VISTA HOSPITAL agents' and/or employees' and/or servants' actions and/or omissions, there was a substandard of care by the delay in response and in the continuity of care to Plaintiff's presenting, emergent condition violating EMTALA for inadequate medical screening exam, failure to consult with a Urologist and timely transport.

85. Defendant, NORTH VISTA HOSPITAL, by and through its employees, agents and/or servants further breached its duty of care by failing to function as a patient advocate by breaching the standard of care, the duty and continuity of care, and in otherwise failing to provide for the safety and well-being of Plaintiff KENNETH HARDING.

86. Defendant NORTH VISTA HOSPITAL failed to ensure compliance of safety policies, protocols and procedures in their overall care and treatment and transfer of the Plaintiff.

87. Defendant failed to train and/or supervise its medical staff to include nurses and doctors, to ensure that they were following policies, protocols and procedures in their overall care and treatment and transfer of the Plaintiff.

88. That Defendant NORTH VISTA HOSPITAL chose not to adequately train/supervise and/or make sure that its employees and/or medical staff were competent in recognizing and intervening relative to priapism and/or other urological conditions, with the knowledge that this is a critical skill

necessary to keep patients safe in emergent care situations, including the transfer of patients with emergent priapism conditions.

89. That Defendant NORTH VISTA HOSPITAL chose not to adequately train/supervise and/or make sure that its employees and/or medical staff were competent in recognizing and intervening with a patient requiring emergency urological services, with the knowledge that this is a critical skill necessary to protect patients' elimination and/or reproductive and/or other systems.

90. As a proximate and/or direct result of this Defendant's actions and/or omissions, there was a delay in recognizing and treating Plaintiff's condition, leading to permanent injury or dysfunction to Plaintiff KENNETH HARDING's reproductive system.

91. As a proximate and/or direct result of this Defendant's actions and/or omissions, there was a delay in transfer to a facility that could provide adequate care and/or treatment to the Plaintiff, KENNETH HARDING, leading to permanent injury and/or dysfunction to his reproductive system.

92. As a proximate and/or direct result of the negligence of the Defendant NORTH VISTA HOSPITAL's agents' and/or employees' and/or servants' actions and/or omissions, Plaintiff KENNETH HARDING had to endure pain and suffering, emotional distress, frustration and embarrassment.

93. As a result of the negligence of Defendant, NORTH VISTA HOSPITAL, Plaintiff has sustained general and special damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

94. As a direct and/or proximate result of the negligence of the Defendant, NORTH VISTA HOSPITAL, Plaintiff, KENNETH HARDING, has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

95. That as a further proximate and/or direct result of Defendant NORTH VISTA HOSPITAL's negligent acts and/or omissions, Plaintiff was required to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment

interest.

SECOND CAUSE OF ACTION
PROFESSIONAL NEGLIGENCE
(As Against DEFENDANT CORNELL CALINESCU, M.D.)

96. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

97. Defendant CORNELL CALINESCU, M.D., owed a duty of care to KENNETH HARDING, to render medical care and treatment in a timely and professional manner consistent with the standard of care as an emergency room physician and/or as prescribed in their medical field pursuant to all applicable law and licensing requirements.

98. Defendant CORNELL CALINESCU, M.D., fell below the standard of care by falling below his respective professional degree of learning, skill and exercise of good judgment in the care, treatment and transfer of the Plaintiff.

99. Plaintiff KENNETH HARDING alleges that Defendant CORNELL CALINESCU, M.D., an Internist, fell below the standard of care of emergency room physicians who possess the degree of professional learning, skill and ability of other similarly situated health care providers. The deviations include but are not limited to, failing to:

a. properly and adequately exercise his nondelegable duty, under EMTALA and other applicable policies, procedures and standards of care, to provide a medical screening examination to determine whether or not his patient had an emergency medical condition.

b. Failed to exercise his nondelegable duty, under EMTALA and other applicable polices, procedures and standards of care, to personally consult with a urologist regarding his patient's then-determined emergent condition, either internally or externally.

c. Failed to exercise his nondelegable duty, under EMTALA and other applicable policies, procedures and standards of care, to properly and timely ensure the patient was scheduled for,

and thereafter transferred to, a facility with a higher level of care;

d. Improperly considered the patient's health insurance information when determining whether further emergent and permanent member disabling condition would occur at North Vista and/or another facility possessing the ability to provide a higher level of care to his patient.

e. Properly and personally ensure that a urology specialist was contacted and would be available at the receiving facility upon the patient's arrival, thus increasing the risk of permanent member disability and impairment by not meeting the standard of care by failing to ensure the timely involvement of appropriate specialist(s); and

f. Failure to timely and accurately document the Patient's history and course of care and/or treatment, as well as his transfer to Sunrise Hospital and Medical Center.

100. Defendant CORNELL CALINESCU, M.D.'s conduct was a conscious disregard for the safety and well-being of his patient, the Plaintiff herein. Said conduct justifies the imposition of exemplary and punitive damages against this Defendant and/or one or more of his co-Defendants herein.

101. As a direct and/or proximate result of Defendant CORNELL CALINESCU, M.D.'s negligent acts and/or omissions, Plaintiff KENNETH HARDING had to endure extreme pain and suffering, anxiety, frustration and embarrassment, for an unreasonable period time due to a delay in care, and the lack of appropriate continuity of care, as well as permanent injury and/or dysfunction to Plaintiff KENNETH HARDING's penis and/or reproductive system.

102. As a direct and/or proximate result of the negligence of the Defendant CORNELL CALINESCU, M.D.'s negligent actions and/or omissions, Plaintiff KENNETH HARDING has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

103. As a direct and/or proximate result of the negligence of the Defendant CORNELL CALINESCU, M.D., Plaintiff KENNETH HARDING has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS

($15,000.00).

104. That as a further proximate result of Defendant CORNELL CALINESCU's negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

THIRD CAUSE OF ACTION
CORPORATE/PROFESSIONAL NEGLIGENCE/VICARIOUS LIABILITY/ NEGLIGENT HIRING AND/OR SUPERVISION AND/OR NEGLIGENT CREDENTIALING/PRIVILEGING
(As Against DEFENDANT SUNRISE HOSPITAL)

105. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

106. Defendant SUNRISE HOSPITAL employees, agents and/or servants, to include but not limited to: Nurses, including Defendant Transport Coordinator DIANE ELVIE, R.N.; nurses; lab technicians, pharmacy technicians; supervisors, managers, administrators, and physicians (to include but not limited to JAIME PRIMERANO, D.O., was acting in the scope of their employment, under Defendant's control, and in furtherance of Defendant's interest at the time their actions caused injuries to KENNETH HARDING.

107. Defendant SUNRISE HOSPITAL is vicariously liable for damages resulting from its agents' and/or employees' and/or servants' negligent actions and omissions regarding the injuries to KENNETH HARDING.

108. Defendant, SUNRISE HOSPITAL, in the capacity of a medical hospital, providing medical/nursing care to the public, owed KENNETH HARDING, a nondelegable duty to employ physicians and nurses adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent nursing personnel practicing in the United States of America under the same or similar circumstances.

109. Defendant SUNRISE HOSPITAL, in the capacity of a medical hospital, providing

medical care to the public, owed KENNETH HARDING, a nondelegable duty to employ medical staff adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under the same or similar circumstances.

110. Defendant SUNRISE HOSPITAL, in the capacity of a medical hospital, providing emergency and other medical care and/or treatment to the public, owed KENNETH HARDING a nondelegable duty to credential/privilege medical staff adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under the same or similar circumstances.

111. Defendant SUNRISE HOSPITAL, by and through its employees, agents and/or servants, owed Plaintiff a duty to exercise reasonable and ordinary care for Plaintiff KENNETH HARDING.

112. Defendant, SUNRISE HOSPITAL, breached its duty by providing medical staff whose care and treatment was not consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under same or similar circumstances.

113. Defendant, SUNRISE HOSPITAL, breached its duty by providing health care providers whose care and treatment was not consistent with the degree of skill and learning possessed by competent nursing personnel practicing in the United States of America under same or similar circumstances.

114. Defendant, SUNRISE HOSPITAL, negligently breached its duty by failing to recognize that the doctors, to include but not limited to: JAIME PRIMERANO, D.O., lacked the credentials or expertise necessary to provide the services, giving rise to Plaintiff KENNETH HARDING's injuries.

115. Defendant, SUNRISE HOSPITAL, negligently breached its duty to its patients, such as KENNETH HARDING, by failing to employ personnel adequately trained to protect its patients such as the Plaintiff herein from foreseeable harm. Such actions and/or omissions on the part of the Defendant SUNRISE HOSPITAL were careless and negligent and were the proximate cause of KENNETH

HARDING's injuries and damages.

116. Defendant, SUNRISE HOSPITAL, by and through its employees, agents and/or servants breached its duty of care by failing to initiate safety protocols when they knew, or should have known, that KENNETH HARDING was at risk of permanent injury and/or dysfunction to his reproductive system.

117. Defendant, SUNRISE HOSPITAL, violated its own policy in failing to timely treat and/or transfer their patient to another facility, for KENNETH HARDING.

118. Defendant, SUNRISE HOSPITAL, and its nurses, transport coordinator and/or other involved personnel, failed to timely intervene and/or transfer their patient, KENNETH HARDING, causing additional stress on KENNETH HARDING, and risk to his reproductive system.

119. Defendant, SUNRISE HOSPITAL, institutionally, by and through its physicians, nurses, transport coordinator or other involved personnel, failed to timely recall and/or recognize Plaintiff's emergent condition which necessitated a transfer of care, as well as Plaintiff's condition and status as communicated to it by North Vista Hospital.

120. Defendant, SUNRISE HOSPITAL's physicians, nurses or other involved personnel, failed to timely recognize and report Plaintiff's urgent need for consultation and examination by a urology specialist, resulting in a delay of approximately five (5) hours for Plaintiff to obtain needed specialist services.

121. Defendant SUNRISE HOSPITAL, by and through its administration and nursing staff, failed to ensure a continuity of care, resulting in some apparent confusion about Plaintiff's history, condition and needs, as well as a significant delay in Plaintiff's ability to be evaluated or otherwise assessed and treated by a urology or other specialist of priapism.

122. Defendant SUNRISE HOSPITAL, violated its own policies, procedures, protocols, as well as applicable rules, regulations and laws, including EMTALA, creating an unreasonable risk of harm

to KENNETH HARDING upon any misstep or delay in timely and appropriately treating Plaintiff's emergent priapism condition.

123. Defendant SUNRISE HOSPITAL, nursing, transport coordinator or other involved personnel, did not timely advocate for the safety and well-being of its patient, Plaintiff KENNETH HARDING.

124. As a proximate and/or direct result of the negligence of the Defendant SUNRISE HOSPITAL's agents' and/or employees' and/or servants' actions and/or omissions, there was a significant delay in response to Plaintiff's presenting issues, leading to further pain, harm, impairment and/or dysfunction relative to his penis and reproductive system.

125. As a proximate and/or direct result of the negligence of the Defendant SUNRISE HOSPITAL agents' and/or employees' and/or servants' actions and/or omissions, there was a significant delay in response to Plaintiff's presenting condition.

126. Defendant, SUNRISE HOSPITAL, by and through its employees, agents and/or servants further breached its duty of care by failing to function as a patient advocate by failing to provide for the safety of KENNETH HARDING.

127. Defendant SUNRISE HOSPITAL failed to train and/or supervise its medical staff to include nurses and doctors, to ensure that they were following policies, protocols and procedures relative to emergent conditions, such as Plaintiff emergent priapism condition.

128. That Defendant SUNRISE HOSPITAL chose not to adequately train/supervise and/or make sure that its employees and/or medical staff were competent in recognizing and intervening with priapism, with the knowledge that this is a critical skill necessary to keep patients safe from further harm and/or impairment.

129. That Defendant SUNRISE HOSPITAL chose not to adequately train/supervise and/or make sure that its employees and/or medical staff were competent in recognizing and intervening with a

patient requiring emergency urological services, with the knowledge that this is a critical skill necessary to protect a patient's reproductive and/or other systems.

130. As a proximate and/or direct result of this Defendant's actions and/or omissions, there was a delay in recognizing and treating Plaintiff's condition, leading to permanent injury or dysfunction to Plaintiff KENNETH HARDING's reproductive system.

131. As a proximate and/or direct result of this Defendant's actions and/or omissions, there was a delay in transfer to a facility that could provide adequate care and/or treatment to the Plaintiff, KENNETH HARDING, leading to permanent injury and/or dysfunction to his reproductive system.

132. As a proximate and/or direct result of the negligence of the Defendant NORTH VISTA HOSPITAL's agents' and/or employees' and/or servants' actions and/or omissions, Plaintiff KENNETH HARDING had to endure pain and suffering, emotional distress, frustration and embarrassment.

133. As a result of the negligence of Defendant, SUNRISE HOSPITAL, Plaintiff has sustained general and special damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

134. As a direct and/or proximate result of the negligence of the Defendant, SUNRISE HOSPITAL, Plaintiff, KENNETH HARDING, has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

135. That as a further proximate and/or direct result of Defendant SUNRISE HOSPITAL's negligent acts and/or omissions, Plaintiff was required to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

FOURTH CAUSE OF ACTION
PROFESSIONAL NEGLIGENCE
(As Against Defendant Transport Coordinator, DIANE ELVIE, R.N.)

136. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

137. Defendant or Transport Coordinator, DIANE ELVIE, R.N., individually, and each of them

owed a duty of care to KENNETH HARDING, to render care and treatment in a professional manner consistent with the standard of care prescribed in their medical, nursing or related field.

138. Defendant Transport Coordinator, DIANE ELVIE, R.N., individually, and each of them, owed a duty of care to KENNETH HARDING, to render physician, nursing care and treatment, as well as transfer/transport coordination to a more appropriate emergency medical facility in a professional manner consistent with the standard of care prescribed in their respective fields.

139. Plaintiff alleges that Defendant Transport Coordinator, DIANE ELVIE, R.N., fell below the standard of care of licensed physicians, registered nurses and/or others who possess the degree of professional learning, skill and ability of other similar health care providers. The deviations include but are not limited to, failing to:

a. properly and adequately ensure proper communication and assistance to Drs. Colinescu and Flores and/or other appropriate specialists;

b. properly recognize and respond to Plaintiff's presenting emergent condition;

c. failing to communicate the urgency of Plaintiff's condition to the administration of SUNRISE HOSPITAL, as well as their patient's urgent need for a urology consult upon his arrival;

d. failing to recognize and intervene appropriately to any unreasonable delays in care and/or treatment;

e. failing to timely communicate with North Vista personnel so as to ensure that a urologist was on call and/or standing by to assess Plaintiff KENNETH HARDING upon his arrival;

h. failing to adhere to SUNRISE HOSPITAL safety policies, procedures and/or protocols, to include but not limited to urology; monitoring, communication and transfer of care policies;

140. As a proximate and/or direct result of Defendant Transport Coordinator, DIANE ELVIE, R.N.'s negligent actions and/or omissions, KENNETH HARDING had to endure extreme pain and suffering, isolation and brain injuries.

141. As a proximate and/or direct result of Defendant and Travel Coordinator, DIANE ELVIE, R.N.'s negligent actions and/or omissions, KENNETH HARDING had to endure extreme pain and suffering, isolation and brain injuries.

142. As a proximate and/or direct result of the negligence of the Defendant Travel Coordinator, DIANE ELVIE, R.N.'s actions and/or omissions, Plaintiff, KENNETH HARDING, has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

143. As a proximate and/or direct result of the negligence of the Defendant Travel Coordinator, DIANE ELVIE, R.N.'s actions and/or omissions, Plaintiff, KENNETH HARDING, has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

144. As a direct and/or proximate result of the negligence of the Defendants, Plaintiff, KENNETH HARDING, has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

145. That as a further proximate result of Defendants' negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

FIFTH CAUSE OF ACTION
CORPORATE NEGLIGENCE, VICARIOUS LIABILITY and NEGLIGENT HIRING AND SUPERVISION OF JAIME PRIMERANO, D.O.,
(As against Defendant SUNRISE HOSPITAL)

146. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

147. Defendant SUNRISE HOSPITAL owed Plaintiff KENNETH HARDING, a nondelegable duty to employ physicians adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under the same or similar circumstances.

148. Defendant SUNRISE HOSPITAL, by and through its employees, agents and/or servants, owed Plaintiff KENNETH HARDING a duty to exercise reasonable and ordinary care for KENNETH HARDING.

149. Defendant SUNRISE HOSPITAL breached its duty, including but not limited to, by not 1) not ensuring that his patient, the Plaintiff herein, timely consulted with a urologist or other priapism specialist upon his arrival at Sunrise and/or within a reasonable time thereafter.

150. Defendant SUNRISE HOSPITAL's employees, agents and/or servants, to include but not limited to, JAIME PRIMERANO, D.O., was acting in the scope of his employment, under Defendant SUNRISE HOSPITAL's control, and in furtherance of Defendant's interest at the time their actions caused injuries to KENNETH HARDING.

151. Defendant SUNRISE HOSPITAL failed to ensure its physicians were competent to provide care to urology patients in the Emergency Department.

152. Defendant SUNRISE HOSPITAL is vicariously liable for damages resulting from its agents' and/or employees' and/or servants' negligent actions and omissions regarding the injuries to KENNETH HARDING.

153. As a direct and/or proximate result of Defendant SUNRISE HOSPITAL's negligent actions and/or omissions, KENNETH HARDING, had to endure extreme pain and suffering, as well as permanent injury to his penis and/or reproductive system.

154. As a direct and/or proximate result of the negligence of the Defendant SUNRISE HOSPITAL's negligent actions and/or omissions, Plaintiff, KENNETH HARDING, has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

155. As a direct and/or proximate result of the negligence of the Defendant SUNRISE HOSPIAL, Plaintiff, KENNETH HARDING, has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

156. That as a further proximate result of Defendant SUNRISE HOSPITAL's negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

SIXTH CAUSE OF ACTION
PROFESSIONAL NEGLIGENCE
(As Against Defendant JAIME PRIMERANO, D.O.)

157. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

158. Defendant JAIME PRIMERANO, D.O., individually, owed a duty of care to KENNETH HARDING, to render medical care and treatment in a professional manner consistent with the standard of care prescribed in his medical field.

159. Defendant JAIME PRIMERANO, D.O., fell below the standard of care by falling below his respective professional degree of learning, skill and exercise of good judgment.

160. Plaintiff KENNETH HARDING alleges that Defendant JAIME PRIMERANO, D.O., fell below the standard of care of a treating emergency care or attending physician, who possess the degree of professional learning, skill and ability of other similar health care providers. The deviations include but are not limited to, failing to:

a. properly and adequately evaluate and timely intervene relative to Plaintiff' emergent condition shortly after Plaintiff's arrival at Sunrise Hospital;

b. properly evaluate and ensure a timely consult with a urologist or other priapism specialist;

c. by failing to timely recognize and intervene appropriately to prevent and/or mitigate against undue delay in his patient receiving appropriate consultations, care and/or treatment; and

d. by failing to adhere to SUNRISE HOSPITAL policies, procedures and safety protocols,

161. Defendant JAIME PRIMERANO, D.O.'s conduct was a conscious disregard for the safety of his patient. Said conduct justifies the imposition of exemplary and punitive damages against the

Defendant

162. As a direct and/or proximate result of Defendant JAIME PRIMERANO's negligent actions and/or omissions, KENNETH HARDING had to endure extreme pain and suffering, and permanent injury to his reproductive system.

163. As a direct and/or proximate result of the negligence of the Defendant JAIME PRIMERANO, D.O.'s negligent actions and/or omissions, Plaintiff, KENNETH HARDING, has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

164. As a direct and/or proximate result of the negligence of the Defendant, JAIME PRIMERANO, D.O., Plaintiff, KENNETH HARDING, has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

165. That as a further proximate result of Defendant JAIME PRIMERANO, D.O.'s negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

SEVENTH CAUSE OF ACTION
PROFESSIONAL NEGLIGENCE
(As Against Defendant WILLIAM R. WISE, M.D., individually)

166. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

167. Defendant WILLIAM R. WISE, M.D., individually, owed a duty of care to KENNETH HARDING, to render medical care and treatment in a professional manner consistent with the standard of care prescribed in his medical field.

168. Defendant WILLIAM R. WISE, M.D., fell below the standard of care by falling below his professional degree of learning, skill and exercise of good judgment.

169. Plaintiff KENNETH HARDING alleges that Defendant WILLIAM R. WISE, M.D., fell

below the standard of care of an on-call ER urologist, who possess the degree of professional learning, skill and ability of other similar specialty care providers. The deviations include but are not limited to, failing to:

a. timely review the medical records and reports on the Plaintiff's emergent condition, including any contradictions relative to the patient's history;

b. properly respond to the Patient's likely deteriorating condition caused and contributed to by the delay in appropriate care, since his initial presentation to North Vista Hospital and Sunrise Hospital;

c. by failing to adhere to SUNRISE HOSPITAL safety policies, procedures and protocols;

170. Defendant WILLIAM R. WISE, M.D.'s conduct was a conscious disregard for the safety of his patient. Said conduct justifies the imposition of exemplary and punitive damages against the Defendant

171. As a direct and/or proximate result of Defendant WILLIAM R. WISE, M.D.'s negligent actions and/or omissions, KENNETH HARDING had to endure extreme pain and suffering, and permanent injury to his penis and/or reproductive system.

172. As a direct and/or proximate result of the negligence of the Defendant WILLIAM R. WISE, M.D.'s negligent actions and/or omissions, Plaintiff, KENNETH HARDING, has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

173. As a direct and/or proximate result of the negligence of the Defendant WILLIAM R. WISE, M.D., Plaintiff KENNETH HARDING has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

174. That as a further proximate result of Defendant WILLIAM R. WISE, M.D.'s negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

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EIGHTH CAUSE OF ACTION
RES IPSA LOQUITUR
(As against Defendants NORTH VISTA HOSPITAL & SUNRISE HOSPITAL)

175. Plaintiff hereby adopts and incorporates by reference all of the preceding paragraphs of this Complaint and make them a part of the instant cause of action as though full set forth herein.

176. Defendants NORTH VISTA HOSPITAL and SUNRISE HOSPITAL owed Plaintiff KENNETH HARDING a nondelegable duty to employ physicians adequately trained in the care and treatment of patients consistent with the degree of skill and learning possessed by competent medical personnel practicing in the United States of America under the same or similar circumstances.

177. Defendant NORTH VISTA HOSPITAL and SUNRISE HOSPITAL, by and through its employees, agents and/or servants, owed Plaintiffs a duty to exercise reasonable and ordinary care for KENNETH HARDING.

178. Defendants NORTH VISTA HOSPITAL and SUNRISE HOSPITAL breached its duty by not timely providing a urologist or other priapism specialist to Plaintiff at or about the time of his arrival at North Vista Hospital and/or at Sunrise Hospital via ambulance.

179. Defendants NORTH VISTA HOSPITAL and SUNRISE HOSPITAL are vicariously liable for damages resulting from its agents' and/or employees' and/or servants' negligent actions and omissions regarding the injuries to KENNETH HARDING.

180. The delays and other events described herein are the kind that ordinarily do not occur in the absence of negligence.

181. Defendants NORTH VISTA HOSPITAL and SUNRISE HOSPITAL were in exclusive control of their facilities, over which each had the exclusive right of control.

182. The events described herein were not due to any voluntary action or contribution on the part of the Plaintiff which were the responsible cause of Plaintiff's injuries.

183. As a direct and/or proximate result of Defendants NORTH VISTA HOSPITAL and

SUNRISE HOSPITAL's respective negligent actions and/or omissions, including a lack of continuity of care, Plaintiff KENNETH HARDING had to endure extreme pain and suffering, as well as permanent injury to his reproductive system.

184. As a direct and/or proximate result of the negligence of the Defendants NORTH VISTA HOSPOITAL and SUNRISE HOSPITAL's negligent actions and/or omissions, Plaintiff, KENNETH HARDING, has suffered general damages in an amount in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

185. As a direct and/or proximate result of the negligence of the Defendants NORTH VISTA HOSPITAL and SUNRISE HOSPITAL, Plaintiff KENNETH HARDING has incurred medical and other special expenses, and will incur future medical and special expenses in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00)

186. That as a further proximate result of Defendants NORTH VISTA HOSPITAL and SUNRISE HOSPITAL's negligent acts and/or omissions, Plaintiff was forced to retain the services of attorneys in this matter and therefore, seek reimbursement for attorneys' fees, costs of suit and pre-judgment interest.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff KENNETH HARDING prays for relief from the Defendants, jointly and severally, as follows:

1. For general damages in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

2. For special damages in excess of FIFTEEN THOUSAND DOLLARS ($15,000.00).

3. For punitive or exemplary damages against Defendants, as deemed just and proper;

4. For Plaintiff' costs and disbursements of this suit;

5. For reasonable attorney's fees incurred herein, and

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6. For such and further relief as this Court may deem just and equitable in the premises.

DATED this 1st day of July, 2020

BIGHORN LAW

By:*/s/ Jacob G. Leavitt, Esq.*
KIMBALL J. JONES, ESQ.
Nevada Bar No.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No. 12608
2225 E. Flamingo Road, Bldg. 2, Suite 300
Las Vegas, Nevada 89119
Attorneys for Plantiff

AFFIDAVIT OF EDWARD J. YUN, M.D.

STATE OF California)
) ss.
COUNTY OF Orange)

I, Edward J. Yun, M.D., being duly sworn, declares and states as follows:

1. Affiant is over the age of 18, has personal knowledge of the facts set forth herein, and is competent to testify thereto, except for those matters stated upon information and belief and, as to those matters, I believe them to be true.

2. I am a Board-Certified Urologist and have been with The Urology Center of Southern California since 2004. I obtained my M.D. degree from Columbia University, and thereafter completed my surgical internship and Urology Residency at the University of California, San Francisco. A copy of my Curriculum Vitae is attached hereto. During my career I have treated many patients with priapism and have performed many procedures to treat this condition, including aspiration and shunting procedures. I am qualified based on my education, training, knowledge, and clinical experience to offer expert medical opinion in this matter.

3. I have reviewed and considered the medical records and reports generated by North Vista Hospital and Sunrise Hospital and Medical Center on Kenneth Harding, and my opinions are held to a reasonable degree of medical probability.

4. Kenneth Harding, a 57-year-old man with an erection that would not resolve presented to the Emergency Department of North Vista Hospital on July 4, 2019 at approximately 3:08 a.m., and was determined to be suffering from shortness of breath and priapism.

5. **Priapism** is a medical **emergency** and is defined as a prolonged penile erection that fails to subside. This medical **emergency** should be diagnosed and treated early to preserve erectile function and avoid corporal fibrosis resulting from anoxia of the corporal tissue.

6. Accurate historical information does not appear to have been obtained and/or documented by North Vista Hospital as to the onset of the Plaintiff's acute medical condition.

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7. North Vista Hospital and specifically Dr. Calinescu failed to document that he had in fact initiated medical treatment for Mr. Harding's priapism with tertbutaline. He also failed to document whether he ever attempted to reach a urologist affiliated with North Vista. Furthermore, Dr. Calinescu failed to document confirmation that a Urologist would have been available in a timely manner if Mr. Harding was transferred to Sunrise Hospital. It appears that the transfer was approved by Diane Elvie, R.N., who accepted Mr. Harding as a patient at Sunrise on behalf of a Dr. Patrick Flores, despite Dr. Flores not being a urologist. It should be noted that Dr. Flores apparently was not even present at Sunrise Hospital to receive or participate in the patient's evaluation and care upon his arrival at Sunrise. Also, the medical records do not indicate that a Urologist at Sunrise was ever informed of the transfer prior to its acceptance.

8. In my opinion there was also a failure to timely ensure that an ambulance was contacted and available for the timely transfer of Mr. Harding to another facility (Sunrise Hospital). Despite Mr. Harding's arrival at North Vista at 3:08 a.m., and despite the purported awareness by the ER staff that no urologist was available at North Vista, North Vista did not order an ambulance to effectuate the transfer of the Plaintiff until 4:10 a.m. Furthermore, despite the relative proximity of the two hospitals, Mr. Harding did not arrive at Sunrise Hospital until approximately 5:31 a.m.

9. It my opinion it appears that Sunrise relied on inaccurate historical information as recorded by North Vista, as it does not appear the staff at Sunrise verified the historical information with Mr. Harding at the time of his triage and/or examination by Dr. Primerano.

10. At 5:34 a.m., Alissa M. McMahon, PA-C, ordered what appears to be, from the Sunrise Hospital records, a penile ultrasound, duplex vessels. Apparently, this order was later canceled by Dr. Primerano, for reasons not fully identified or otherwise stated.

11. Furthermore, despite the presence of a urologic emergency, it appears that Dr. Primerano did not contact a urologist until approximately 2.5 hours after Mr. Harding arrived at the emergency room at Sunrise. Rather, he performed/arranged several urologic procedures himself.

12. At 6:30 a.m., a needle was placed into Mr. Harding's penis and 20 cc of dark red blood was aspirated from his corpus cavernosum bilaterally; phenylephrine 200 mcg was then injected.

This procedure was again performed at 7:28 a.m., with 100 cc of dark red blood aspirated. Only after both procedures failed to resolve the priapism, in fact resulting in exacerbation of the engorged penis, was a decision made to consult a urologist (approximately 8:00 a.m.). This was approximately five hours after the patient first presented to North Vista and 2.5 hours after having arrived at Sunrise Hospital.

13. According to the medical records, Dr. Wise responded to the call at or about 8:50 a.m. It is unclear as to whether Dr. Wise was on-call for the Urology Service at Sunrise Hospital or otherwise had a duty to treat Mr. Harding on the morning of July 4, 2019,

14. At 9:08 a.m., Mark F. Hyndman, M.D., an Internist, assumed care of the Plaintiff, who he admitted to Sunrise Hospital for in-patient care and treatment at or about 9:10 a.m.

15. At approximately 1 p.m., Mr. Harding was taken to the operating room where he underwent a procedure that was named a reduction of priapism with penile corporal irrigation and phenylephrine injection. The operative report notes that a glanular shunting technique was utilized to reduce the priapism. The procedure by Dr. Wise was completed at or about 1:40 p.m., on July 4, 2019, approximately ten hours after Mr. Harding first presented himself to an emergency room and seven hours after he presented to Sunrise Hospital.

16. To a reasonably degree of medical probability, there were multiple, significant delays in providing Mr. Harding with timely and appropriate treatment for his emergent priapism. Each of these delays resulted in progression of his condition, pain, inflammation, infection, and ultimately, loss of his penile erectile function and such delays fall below the standard of care.

I declare under penalty of perjury under the laws of the State of California this 30th day of June, 2020.

EDWARD J. YUN, M.D.

NOTARY (SEE ATTACHED)

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 30th day of June,

2020 by Edward J. Yun,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature J Biehn (Seal)

JOSEPH ANSON BIEHN
COMM.# 2159613
NOTARY PUBLIC-CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. JULY 11, 2020

OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit of Edward
(Title or description of attached document)

D. Yun. M.D.
(Title or description of attached document continued)

Number of Pages 3 Document Date 06/30/2020

Additional Information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

Electronically Issued
7/1/2020 7:12 PM

SUMM

KIMBALL JONES, ESQ.
Nevada Bar No.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No. 12608
BIGHORN LAW
2225 E. Flamingo Road
Building 2, Suite 300
Las Vegas, Nevada 89119
Telephone: (702) 333-1111
Kimball@bighornlaw.com
Jacob@bighornlaw.com
Attorneys for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

KENNETH HARDING, individually,

Plaintiff,

vs.

NORTH VISTA HOSPITAL, INC., a foreign corporation; PRIME HEALTHCARE SERVICES - NORTH VISTA, LLC, a foreign Limited Liability Company; CORNELL V. CALINESCU, M.D, individually and as agent/independent contractor for NORTH VISTA HOSPITAL, INC.; SUNRISE HOSPITAL AND MEDICAL CENTER, LLC, a foreign Limited Liability Company; JAIME PRIMERANO, D.O., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC; WILLIAM R. WISE, M.D., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC; DIANE ELVIE, R.N., individually and as an employee of SUNRISE HOSPITAL; DOE UROLOGISTS I-X; DOE NURSES I-X; DOE EMPLOYEES I-X; ROE CORPORATIONS, XI through XX; and ROE ENTITIES, XI through XX, inclusive,

Defendants.

CASE NO.: CASE NO: A-20-817447-C
DEPT. NO.:

Department 2

SUMMONS

Case Number: A-20-817447-C

NOTICE! YOU HAVE BEEN SUED. THE COURT MAY DECIDE AGAINST YOU WITHOUT YOU BEING HEARD UNLESS YOU RESPOND WITHIN 20 DAYS. READ THE INFORMATION BELOW.

TO THE DEFENDANT. A Civil Complaint has been filed by the plaintiff(s) against you for the relief set forth in the Complaint.

WILLIAM R. WISE, M.D., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC

1. If you intend to defend this lawsuit, within 20 days after this Summons is served on you exclusive of the date of service, you must do the following:

   a. File with the Clerk of this Court, whose address is shown below, a formal written response to the Complaint in accordance with the rules of the Court.
   b. Serve a copy of your response upon the attorney whose name and address is shown below.

2. Unless you respond, your default will be entered upon application of the plaintiff(s) and this Court may enter a judgment against you for the relief demanded in the Complaint, which could result in the taking of money or property or other relief requested in the Complaint

3. If you intend to seek the advice of an attorney in this matter, you should do so promptly so that your response may be filed on time.

Issued at the direction of:

BIGHORN LAW

By: /s/ Jacob G. Leavitt
KIMBALL JONES, ESQ.
Nevada Bar No.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No.: 12608
2225 E. Flamingo Road
Building 2, Suite 300
Las Vegas, Nevada 89119
702-333-1111
Attorneys for Plaintiff

CLERK OF COURT

By: Patricia Azucena 7/2/2020
Deputy Clerk
County Courthouse
200 Lewis Avenue
Las Vegas, Nevada 89101

Patricia Azucena-Preza

Electronically Filed
7/1/2020 7:11 PM
Steven D. Grierson
CLERK OF THE COURT

IAFD
KIMBALL JONES, ESQ.
Nevada Bar No.: 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No. 12608
BIGHORN LAW
2225 E. Flamingo Road
Building 2, Suite 300
Las Vegas, Nevada 89119
Telephone: (702) 333-1111
Kimball@bighornlaw.com
Jacob@bighornlaw.com
Attorneys for Plaintiff

CASE NO: A-20-817447-C
Department 2

DISTRICT COURT

CLARK COUNTY, NEVADA

KENNETH HARDING, individually,

Plaintiff,

vs.

NORTH VISTA HOSPITAL, INC., a foreign corporation; PRIME HEALTHCARE SERVICES - NORTH VISTA, LLC, a foreign Limited Liability Company; CORNELL V. CALINESCU, M.D, individually and as agent/independent contractor for NORTH VISTA HOSPITAL, INC.; SUNRISE HOSPITAL AND MEDICAL CENTER, LLC, a foreign Limited Liability Company; JAIME PRIMERANO, D.O., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC; WILLIAM R. WISE, M.D., individually and as agent/independent contractor for SUNRISE HOSPITAL AND MEDICAL CENTER, LLC; DIANE ELVIE, R.N., individually and as an employee of SUNRISE HOSPITAL; DOE UROLOGISTS I-X; DOE NURSES I-X; DOE EMPLOYEES I-X; ROE CORPORATIONS, XI through XX; and ROE ENTITIES, XI through XX, inclusive,

Defendants.

CASE NO.:
DEPT. NO.:

INITIAL APPEARANCE FEE DISCLOSURE

Pursuant to NRS Chapter 19, as amended by Senate Bill 106, filing fees are submitted for parties appearing in the above-entitled action as indicated below:

KENNETH HARDING — TOTAL REMITTED: $270.00

Dated this 1st day of July, 2020.

BIGHORN LAW

By: */s/ Jacob G. Leavitt, Esq.*
KIMBALL J. JONES, ESQ.
Nevada Bar No. 12982
JACOB G. LEAVITT, ESQ.
Nevada Bar No. 12608
2225 E. Flamingo Road, Bldg. 2, Suite 300
Las Vegas, Nevada 89119
Attorneys for Plaintiff

DISTRICT COURT CIVIL COVER SHEET

County, Nevada

Case No. _____
(Assigned by Clerk's Office)

CASE NO: A-20-817447-C
Department 2

I. Party Information *(provide both home and mailing addresses if different)*

Plaintiff(s) (name/address/phone):	Defendant(s) (name/address/phone):
KENNETH HARDING	NORTH VISTA HOSPITAL, INC., et al.
Attorney (name/address/phone):	Attorney (name/address/phone):
Jacob G. Leavitt, Esq. of Bighorn Law	
2225 E. Flamingo Road, Building 2 Suite 300, Las Vegas, NV 89119	
Phone: 702-333-1111 Fax: 702-710-0999	

II. Nature of Controversy *(please select the one most applicable filing type below)*

Civil Case Filing Types

Real Property

Landlord/Tenant
- ☐ Unlawful Detainer
- ☐ Other Landlord/Tenant

Title to Property
- ☐ Judicial Foreclosure
- ☐ Other Title to Property

Other Real Property
- ☐ Condemnation/Eminent Domain
- ☐ Other Real Property

Torts

Negligence
- ☐ Auto
- ☐ Premises Liability
- ☐ Other Negligence

Malpractice
- ■ Medical/Dental
- ☐ Legal
- ☐ Accounting
- ☐ Other Malpractice

Other Torts
- ☐ Product Liability
- ☐ Intentional Misconduct
- ☐ Employment Tort
- ☐ Insurance Tort
- ☐ Other Tort

Probate

Probate *(select case type and estate value)*
- ☐ Summary Administration
- ☐ General Administration
- ☐ Special Administration
- ☐ Set Aside ☐ Surviving Spouse
- ☐ Trust/Conservatorship
- ☐ Other Probate

Estate Value
- ☐ Greater than $300,000
- ☐ $200,000-$300,000
- ☐ $100,001-$199,999
- ☐ $25,001-$100,000
- ☐ $20,001-$25,000
- ☐ $2,501-20,000
- ☐ $2,500 or less

Construction Defect & Contract

Construction Defect
- ☐ Chapter 40
- ☐ Other Construction Defect

Contract Case
- ☐ Uniform Commercial Code
- ☐ Building and Construction
- ☐ Insurance Carrier
- ☐ Commercial Instrument
- ☐ Collection of Accounts
- ☐ Employment Contract
- ☐ Other Contract

Judicial Review/Appeal

Judicial Review
- ☐ Foreclosure Mediation Case
- ☐ Petition to Seal Records
- ☐ Mental Competency

Nevada State Agency Appeal
- ☐ Department of Motor Vehicle
- ☐ Worker's Compensation
- ☐ Other Nevada State Agency

Appeal Other
- ☐ Appeal from Lower Court
- ☐ Other Judicial Review/Appeal

Civil Writ

Civil Writ
- ☐ Writ of Habeas Corpus
- ☐ Writ of Mandamus
- ☐ Writ of Quo Warrant
- ☐ Writ of Prohibition
- ☐ Other Civil Writ

Other Civil Filing

Other Civil Filing
- ☐ Compromise of Minor's Claim
- ☐ Foreign Judgment
- ☐ Other Civil Matters

Business Court filings should be filed using the Business Court civil coversheet.

7/01/2020
Date

/s/Jacob Leavitt
Signature of initiating party or representative

See other side for family-related case filings.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Wise

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/07/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, William R. Wise MD, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4-7-2023

Date

Subscribed and Sworn to before me this 7 day of April 2023

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Advanced Surgical Center

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7150 W Sunset Rd Ste 120

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-672-0798 Website:

Licensing Company Email: desiz@lasvegasurology.com

Section 2: Personal Information

First: Victor Middle: E Last: Grigoriev

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Alta Dr Unit [redacted]

City: Las Vegas State: NV Zip: 89145

Telephone: [redacted] Email: veg@lasvegasurology.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Harvard University - Beth Israel Hospital		07/1993 - 06/1994	
Address	**City**	**State**	**Zip**
330 Brookline Ave	Boston	MA	02215
Diploma/Degree obtained, if any			
Fellowship - Female Pelvic Medicine and Reconstructive Surgery			
School Name		**From - To (MM/YY – MM/YY)**	
Brown University		07/1988 - 06/1993	
Address	**City**	**State**	**Zip**
222 Richmond St.	Providence	RI	02903
Diploma/Degree obtained, if any			
Residency - Urology			
School Name		**From - To (MM/YY – MM/YY)**	
University of Missouri School of Medicine		07/1984 - 06/1988	
Address	**City**	**State**	**Zip**
315 Business Loop 70	Columbia	MO	65203
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
Washington University in St. Louis School of Medicine		07/1980 - 06/1988	
Address	**City**	**State**	**Zip**
660 S. Euclid Ave.	St. Louis	MO	63110
Diploma/Degree obtained, if any			
Bachelor of Arts			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2010 - present	[redacted] Alta Dr. Unit [redacted]	Las Vegas	NV	89145
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Las Vegas Urology, LLP			07/2005 - present
Business Address	**City**	**State**	**Zip**
7500 Smoke Ranch Rd #200	Las Vegas	NV	89128
Phone	**Title**		
(702) 233-0727	Owner and Board-Certified Urologist (MD)		

Description of Duties

Las Vegas Urology Owner and Board-Certified Urologist (MD), performs cases of all aspects of urologic disease with a focus on female urology, robotics, female pelvic issues, including problems with mesh, etc.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2003	08/30/2007	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case: A570779		District Court- Clark County		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- see attached				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Georgeanne Mumm		Malpractice claim filed with the courts		
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in case: Attending

Clinical Case Summary: See attached

Patient Outcome: see attached

Case settle out of court: $999,999.00

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name VICTOR E. GRIGORIEV

1. Patient Name [redacted]
2. Diagnosis

3. Your involvement in the case (attending, consulting, etc.)
4. Allegation(s)
5. Clinical Case Summary (Include additional pages or inserts if necessary)
6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 9/4/07 Date Filed 9/2/08 Date Closed 11-12-2010
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Settled
10. Settlement amount paid on your behalf, if any $ 999,999.00
11. Professional liability insurer involved:
    A. Name of Insurer PREMIER PHYSICIANS B. Policy # RR6-061886
    C. Address of Insurer 7674 W. LAKE MEAD BLVD STE #110 LAS VEGAS NV 89128

Name: VICTOR E. GRIGORIEV

Signature [signature] **Date** 6/19/2012

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

'TFNV0778'

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Victor E. Grigorlev

1. Patient Name [redacted]
2. Diagnosis

3. Your involvement in the case (attending, consulting, etc.)
4. Allegation(s)
5. Clinical Case Summary (Include additional pages or inserts if necessary)
   See Attached
6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 9/4/2007 Date Filed 9/2/2008 Date Closed 11/12/2010
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Settled
10. Settlement amount paid on your behalf, if any $999,999.00
11. Professional liability insurer involved:
    A. Name of Insurer Premier Physicians Ins. Co. B. Policy # RRG-061886
    C. Address of Insurer c/o Leeds & York
    7874 W. Lake Mead Blvd., #110, Las Vegas, NV 89128

Name: Victor E. Grigorlev

Signature [signature] Date 10/17/2013

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

Re: Mumm, Georgianna

Date of Incident: September 2007

Date Settled: November 2010.

Involvement: Treating Physician.

Case Settled in Clark County, Nevada.

Allegation: Patient (Mumm) Underwent Laparoscopic Radical Nephrectomy for Renal Cell Carcinoma and Biopsy of retroperitoneal mass. Patient sustained pancreatic injury requiring reoperation and prolonged hospital stay.

Patient filed suit in September 2008, and Dr. Grigoriev denied allegations of negligence as the case was complicated cancer surgery in severely compromised patient. This was corroborated by an expert opinion of board certified urologist Stuart Boyd, M.D. This case ultimately settled in November 2010 to resolve this otherwise disputed claim.

V Grigoriev 2/16/2018

Re: Mumm, Georgianna

Date of Incident: September 2007

Date Settled: November 2010.

Involvement: Treating Physician.

Case Settled in Clark County, Nevada.

Allegation: Patient (Mumm) Underwent Laparoscopic Radical Nephrectomy for Renal Cell Carcinoma and Biopsy of retroperitoneal mass. Patient sustained pancreatic injury requiring reoperation and prolonged hospital stay.

Patient filed suit in September 2008, and Dr. Grigoriev denied allegations of negligence as the case was complicated cancer surgery in severely compromised patient. This was corroborated by an expert opinion of board certified urologist Stuart Boyd, M.D. This case ultimately settled in November 2010 to resolve this otherwise disputed claim.

Re: [redacted]

Date of Incident: September 2007

Date Settled: November 2010.

Involvement: Treating Physician.

Case Settled in Clark County, Nevada.

Allegation: Patient (Mumm) Underwent Laparoscopic Radical Nephrectomy for Renal Cell Carcinoma and Biopsy of retroperitoneal mass. Patient sustained pancreatic injury requiring reoperation and prolonged hospital stay.

Patient filed suit in September 2008, and Dr. Grigoriev denied allegations of negligence as the case was complicated cancer surgery in severely compromised patient. This was corroborated by an expert opinion of board certified urologist Stuart Boyd, M.D. This case ultimately settled in November 2010 to resolve this otherwise disputed claim.

Joseph V. Candela, MD MPH
Vijay Goli, MD FACS
Victor E. Grigoriev, MD FACS
Steven Kurtz, MD
O. Alex Lesani, MD

Las Vegas Urology

Diplomates of the American Board of Urology

PATIENT: [redacted]

CASE SUMMARY

Patient underwent right radical nephrectomy for Renal Cell Carcinoma and removal of possible metastic retroperitoneal/mesenteric mass.
During surgery patient sustained injury to the pancreas and had subsequent repair. Post operatively patient had pancreatitis and prolonged hospital course, but, eventually recovered and returned to normal activities.
I documented findings of the surgery in the chart and in the operating report which was dictated immediately. I also asked for multiple consultations immediately after surgery. The initial operating report was not found and I redictated the report when it became apparent that the initial report was not in a chart.

Patient subsequently initialed a law suit.

VICTOR E. GRIGORIEV, MD

NORTHWEST
7500 Smoke Ranch Rd.
Suite 200 • Las Vegas, NV 89128
702.233.0727 • 702.233.4799 FAX

SOUTHWEST
7150 W. Sunset Road
Suite 201A • Las Vegas, NV 89113
702.385.4342 • 702.358.4346 FAX

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
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DCN: 5500000065832884
Process Date: 12/10/2010
Page: 1 of 4
GRIGORIEV, VICTOR E
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GRIGORIEV, VICTOR E

PREMIER PHYSICIANS INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 11/21/2010

Initial Action	Basis for Initial Action
- SETTLEMENT	- IMPROPER PERFORMANCE

A. REPORTING ENTITY

Entity Name: PREMIER PHYSICIANS INSURANCE COMPANY RRG *
Address: 6900 S MCCARRAN BLVD SUITE 1010
City, State, Zip: RENO, NV 89509
Country:
Name or Office: GAIL BETZ
Title or Department: CLAIMS MANAGER
Telephone: (775) 200-0741
Entity Internal Report Reference: 0043
Type of Report: INITIAL

*The reporting entity is no longer an active registrant with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/03/2018. The NPDB has no additional information regarding this entity.

Entity Name: PREMIER PHYSICIANS INSURANCE COMPANY
Additional Name: GAIL BETZ
Address: 6900 S MCCARRAN BLVD STE 1010
City, State, Zip: RENO, NV 89509-6153
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIGORIEV, VICTOR E
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name: LAS VEGAS UROLOGY
Work Address: 2901 N TENAYA WAY
SUITE 100
City, State, ZIP: LAS VEGAS, NV 89128
Home Address: [redacted] QUEEN CHARLOTTE DR
City, State, ZIP: LAS VEGAS, NV 89145
Deceased: NO
Social Security Numbers (SSN): [redacted]
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSITY OF MISSOURI, COLUMBIA SCHOOL OF MEDICINE (1984)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 7212, NV
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s): MOUNTAIN VIEW
LAS VEGAS,NV
SUMMERLIN
LAS VEGAS,NV
SUNRISE
LAS VEGAS,NV
UMC

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LAS VEGAS,NV
VALLEY HOSPITAL
LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report: 12/10/2010
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: $ 999,999.99
Date of This Payment: 11/21/2010
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: $ 999,999.99
Payment Result of: SETTLEMENT
Date of Settlement, if Any: 11/21/2010
Adjudicative Body Case Number:
Adjudicative Body Name: DISTRICT COURT CLARK COUNTY
Court File Number: A570779
Description of Settlement and Any Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: $ 999,999.99
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 53 YEARS
Patient's Gender: FEMALE
Patient's Type: INPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: RIGHT RENAL MASS
Description of the Procedure Performed: 1. RIGHT RADICAL NEPHRECTOMY 2. BIOSPY, RETROPERITONEAL MASS 3. REPAIR OF ENTEROTOMY 4. REPAIR OF PANCREAS
Nature of Allegation: SURGERY RELATED (020)
Specific Allegation: IMPROPER PERFORMANCE (306)
Date of Event Associated With Allegation or Incident: 09/04/2007
Outcome: MAJOR TEMPORARY INJURY (04)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGED NEGLIGENT RETROPERITONEAL MASS BIOPSY RESULITNG IN INTRAOPERATIVE COMPLICATIONS WITH ADDITIONAL SURGERY AND EXTENDED HOSPITALIZATION.

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DCN: 5500000065832884
Process Date: 12/10/2010

GRIGORIEV, VICTOR E
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D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 12/10/2010
Date of Most Recent Change: 12/10/2010

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s):	GRIGORYEV, VICTOR
National Provider Identifiers (NPI):	1720173602
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	0101252574, VA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	G89127, CA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	MD60266378, WA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	25098, AZ
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	D74598, MD
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	75335, MA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	ME115075, FL
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	267280, NY
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	00629869, MO
Drug Enforcement Administration (DEA) Numbers:	BG2133914

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This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
02/14/2011	02/14/2011	OH	Missouri	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
State Lic #: 105326	Missouri Board for the Healing Hands

Reason/Charge
Failure to maintain or provide accurate or adequate medical records.

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
	Missouri Board Reprimand or censure

Name of Business/Industry/Entity

Provide explanation below:

Failure to maintain or provide accurate or adequate medical records; see attached NPDB report for additional details.

Original Signature (electronic, copies or stamps not accepted)

3/22/2023
Date

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U.S. Department of Health and Human Services
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DCN: 5500000066841086
Process Date: 02/16/2011
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GRIGORIEV, VICTOR
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GRIGORIEV, VICTOR

MISSOURI STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

STATE LICENSURE OR CERTIFICATION ACTION **Date of Action:** 02/14/2011

Initial Action	Basis for Initial Action
- REPRIMAND OR CENSURE	- FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION - DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name: MISSOURI BOARD FOR THE HEALING ARTS *
Address: PO BOX 4
City, State, Zip: JEFFERSON CITY, MO 65102
Country:
Name or Office: JAMES JR. LEGGETT
Title or Department: EXECUTIVE DIRECTOR
Telephone: (573) 751-0101
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 03/06/2023:

Entity Name: MISSOURI STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
Address: PO BOX 4
City, State, Zip: JEFFERSON CITY, MO 65102-0004
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIGORIEV, VICTOR
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address: 7500 SMOKE RANCH RD #200
City, State, ZIP: LAS VEGAS, NV 89128
Organization Type:
Home Address: [redacted] QUEEN CHARLOTTE
City, State, ZIP: LAS VEGAS, NV 89145
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSITY OF MISSOURI, COLUMBIA SCHOOL OF MEDICINE (1988)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 105326, MO
Specialty: UROLOGICAL SURGERY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):

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Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION (50)
DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)

Name of Agency or Program That Took the Adverse Action Specified in This Report: MISSOURI STATE BOARD OF HEALING ARTS

Adverse Action Classification Code(s): REPRIMAND OR CENSURE (1140)

Date Action Was Taken: 02/14/2011

Date Action Became Effective: 02/14/2011

Length of Action: INDEFINITE

Total Amount of Monetary Penalty, Assessment and/or Restitution:

Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: Licensee failed to maintain adequate and complete medical records for one patient who he performed a paravaginal and enterocele repair on. Licensee's license was reprimanded by the Nevada Board of Medical Examiners for the above conduct.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

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Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

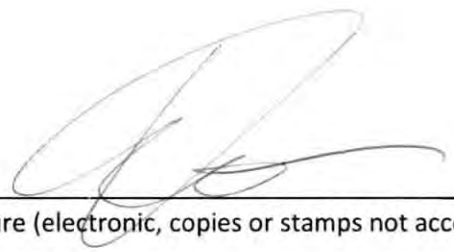
Date of Event/Arrest	Disposition Date	State	City	County
12/01/1996	02/25/2003	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case # 98A394429		Judicial District Court		
Reason/Charge				
The claimant alleges the physician provided substandard medical care				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Tonia Chambliss		Malpractice claim filed with insurance carrier		
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in case: Treating physician

Cinical Case Summary: Patinet alleged that there was a delay in the removal of a left ureteral stent. This patient was a UMC patinet who had a stent placed for kidney stones. She was subsequently incarcerated and failed to follow up for care.

Patient outcome: Six months later she had the stent removed at UMC by an endoscopic procedure
Case discharged and no monetary damages were incurred other than legal fees.



Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/03/2014	07/27/2015	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Policy # RRG061886VGR		Premier Physicians Insurance Company		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- procedure improperly performed				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Raymond Cummings		Malpractice claim filed with insurance carrier		
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in case: Performed a penile implant procedure

Clinical Case Summary: See attached

Patient Outcome: Claimant claims surgery was done improperly, leaving him with a "flop"

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

Dignity Health.
St. Rose Dominican

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case that has resulted in a judgement, a settlement, final disposition or is pending since your last reappointment.

Practitioner Name Victor Grigoriev, MD

1. Patient Name [redacted]
2. Diagnosis Erectile Dysfunction
3. Your involvement in the case (attending, consulting, etc.) Performed a penile implant procedure.
4. Allegation(s) Patient claims the procedure was improperly done.
5. Clinical Case Summary (Include additional pages or inserts if necessary) see attached
6. Patient Outcome Claimaint claims surgery was done improper leaving him with a "flop".
7. Other Pertinent Details
8. Date of Incident 6/3/2014 Date Filed 5/29/2015 Date Closed
9. Resolution of Case **NOTE: Please provide legal documentation.**
10. Settlement amount paid on your behalf, if any
11. Professional liability insurer involved:
    - A. Name of Insurer Premier Physicians Insurance Company
    - B. Address of Insurer 6900 S McCarran Blvd #1010 Reno, NV 89509
    - C. Policy Number RRG061886VGR

Name: Victor Grigoriev, MD

Signature V Grigoriev Date 1/24/2020

☐ **No claims to report**

Approved by MEC 2/3 & 2/4/2011
Approved by BOT 3/31/11

REGISTER OF ACTIONS
CASE NO. A-15-719162-C

Raymond Cummings, Plaintiff(s) vs. Victor E. Grigorlev, M.D., Defendant (s)

Case Type: Malpractice - Medical/Dental
Date Filed: 05/29/2015
Location: Department 31
Cross-Reference Case Number: A719162
Supreme Court No.: 76504

PARTY INFORMATION

Defendant	Grigorlev, Victor E, M.D.	Lead Attorneys Kim Irene Mandelbaum *Retained* 7023671234(W)
Plaintiff	Cummings, Joanne	Steven M. Burris *Retained* 702-258-6238(W)
Plaintiff	Cummings, Raymond	Travis E Shetler *Retained* 702-258-6238(W)

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

05/03/2018 **Verdict** (Judicial Officer: Kishner, Joanna S.)
Debtors: Victor E Grigorlev, MD. (Defendant)
Creditors: Raymond Cummings (Plaintiff), Joanne Cummings (Plaintiff)
Judgment: 05/03/2018, Docketed: 05/10/2018

06/26/2018 **Judgment Upon the Verdict** (Judicial Officer: Kishner, Joanna S.)
Debtors: Raymond Cummings (Plaintiff), Joanne Cummings (Plaintiff)
Creditors: Victor E Grigorlev, MD. (Defendant)
Judgment: 06/26/2018, Docketed: 06/26/2018

09/25/2018 **Order** (Judicial Officer: Kishner, Joanna S.)
Debtors: Raymond Cummings (Plaintiff), Joanne Cummings (Plaintiff)
Creditors: Victor E Grigorlev, MD. (Defendant)
Judgment: 09/26/2018, Docketed: 09/25/2018
Total Judgment: 41,355.94

OTHER EVENTS AND HEARINGS

05/29/2015 **Case Opened**
05/29/2015 **Med Mal Case**
05/29/2015 **Complaint**
Complaint
07/08/2015 **Order Setting Medical/Dental Malpractice Status Check**
Order Setting Medical/Dental Malpractice Status Check and Trial Setting Conference
08/03/2015 **Status Check: Medical/Dental Malpractice** (1:00 PM) (Judicial Officer Wiese, Jerry A.)
Minutes
Result: Matter Heard
08/04/2015 **Answer to Complaint**
Answer to Complaint on Behalf of Defendants, Victor E. Grigorlev, M.D. and Las Vegas, Urology, LLP
08/04/2015 **Initial Appearance Fee Disclosure**
Initial Appearance Fee Disclosure of Defendents Victor E. Grigorlev, M.D. and Les Vegas Urology, LLP
08/04/2015 **Consent to Service By Electronic Means**
Consent to Service By Electronic Means
08/04/2015 **Summons**
Summons
08/04/2015 **Summons**
Summons
09/10/2015 **Stipulation and Order**
Stipulation and Order to Extend Time to Hold 16.1 Early Case Conference
09/15/2015 **Substitution of Attorney**

Substitution of Attorneys

09/18/2015 **Notice of Entry of Order**
Notice of Entry of Order

09/18/2015 **Demand for Jury Trial**
Demand for Jury Trial

09/21/2015 **Notice of Early Case Conference**
Notice of 16.1 Early Case Conference

09/30/2015 **Early Case Conference Disclosure Statement**
Defendants' Early Case Conference Disclosure Statement

10/28/2015 **Joint Case Conference Report**
Joint Case Conference Report

11/24/2015 **Notice to Appear for Discovery Conference**
Notice to Appear for Discovery Conference

12/08/2015 **Discovery Conference** (8:55 AM) (Judicial Officer Bulla, Bonnie)
Parties Present
Minutes
Result: Scheduling Order Will Issue

01/05/2016 **Scheduling Order**
Scheduling Order

02/01/2016 **Status Check: Medical/Dental Malpractice** (1:00 PM) (Judicial Officer Wiese, Jerry A.)
Parties Present
Minutes
Result: Trial Date Set

05/25/2016 **Notice of Taking Deposition**
Notice of Taking the Deposition of Plaintiff, Raymond Cummings

05/25/2016 **Notice of Taking Deposition**
Notice of Taking the Deposition of Plaintiff, Joanne Cummings

06/29/2016 **Stipulation to Extend Discovery**
Stipulation and Order to Extend Discovery (First Request)

06/30/2016 **Notice of Entry of Order**
Notice of Entry of Order to Extend Discovery

08/01/2016 **Status Check: Medical/Dental Malpractice** (1:00 PM) (Judicial Officer Wiese, Jerry A.)
Parties Present
Minutes
Result: Matter Heard

09/27/2016 **Supplemental Disclosure of Witnesses & Documents**
Defendants' Supplement to Their Early Case Conference Disclosure Statement (Second)

10/05/2016 **Supplemental Disclosure of Witnesses & Documents**
Defendants' Supplement to Their Early Case Conference Disclosure Statement (Third)

10/07/2016 **Initial Expert Disclosure**
Defendants' Initial Disclosure of Experts and Reports

10/17/2016 **Order Setting Civil Jury Trial, Pre-Trial, and Calendar Call**
Amended Order Setting Civil Jury Trial, Pre-Trial Conference, Calendar Call, and Status Check

11/30/2016 **Stipulation and Order**
Stipulation and Order to Extend Discovery Deadlines (Second Request)

11/30/2016 **Notice of Entry of Stipulation and Order**
Notice of Entry of Stipulation and Order to Extend Discovery Deadlines (Second Request)

12/05/2016 **Supplemental List of Documents**
Defendants' Supplement to Their Early Case Conference Disclosure Statement (Fourth)

01/03/2017 **Notice of Taking Deposition**
Notice of Taking the Out of State Deposition of Plaintiffs' Expert, Steven K. Wilson, M.D. and Request for Production of Documents

01/06/2017 **Stipulation to Extend Discovery**
Stipulation to Extend Discovery (Third Request)

01/19/2017 **Status Check** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
Status Check
Parties Present
Minutes
Result: Matter Heard

01/23/2017 **Disclosure of Expert**
Defendants' Disclosure of Rebuttal Experts and Reports

01/24/2017 **Notice of Entry of Stipulation and Order**
Notice of Entry of Stipulation and Order to Extend Discovery (Third Request)

02/06/2017 **Status Check: Medical/Dental Malpractice** (8:30 AM) (Judicial Officer Wiese, Jerry A.)
Parties Present
Minutes
Result: Matter Heard

02/06/2017 **Status Check** (8:30 AM) (Judicial Officer Bulla, Bonnie)
Minutes
Result: Matter Heard

02/06/2017 **Amended Notice of Taking Deposition**
Amended Notice of Taking the Video-Conference Deposition of Plaintiffs' Expert, Steven K. Wilson, M.D. and Request for Production of Documents

03/10/2017 *CANCELED* **Status Check: Compliance** (11:00 AM) (Judicial Officer Bulla, Bonnie)

Vacated - per Commissioner

03/14/2017 **Deposition Subpoena**
Deposition Subpoena - Civil for Personal Appearance of Mary Ann Adkins

03/21/2017 **Discovery Commissioners Report and Recommendations**
Discovery Commissioner's Report and Recommendation

03/22/2017 **Notice of Entry of Order**
Notice of Entry of Order re: Discovery Commissioner's Report and Recommendation

04/07/2017 **Affidavit of Service**
Affidavit of Service Plaintiffs Deposition Subpoena for Mary Ann Adkins

04/20/2017 *CANCELED* **Pre Trial Conference** (10:15 AM) (Judicial Officer Kishner, Joanna S.)
Vacated

04/26/2017 **Amended Order Setting Jury Trial**
Amended Order Setting Civil Jury Trial, Pre-Trial, Calendar Call, and Status Check

05/02/2017 **Affidavit of Service**
Affidavit of Service for Subpoena Duces Tecum to MountainView Hospital Custodian of Records

05/16/2017 *CANCELED* **Calendar Call** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
Vacated

05/22/2017 *CANCELED* **Jury Trial** (9:00 AM) (Judicial Officer Earley, Kerry)
Vacated
JURY TRIAL (SET DURING MED MAL SWEEPS)

05/22/2017 *CANCELED* **Jury Trial** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
Vacated
JURY TRIAL (SET DURING MED MAL SWEEPS)

09/19/2017 **Notice of Association of Counsel**
Notice of Association of Counsel

11/02/2017 **Supplemental Disclosure of Witnesses & Documents**
Defendants' Supplement to Their Early Case Conference Disclosure Statement (First)

11/09/2017 **Supplemental Disclosure of Witnesses & Documents**
Defendants' Supplement to Their Early Case Conference Disclosure Statement (Fifth)

11/13/2017 **Stipulation to Extend Discovery**
Stipulation and Order to Extend Discovery Deadlines (Fourth Request)

11/13/2017 **Notice of Entry of Order**
Notice of Entry of Order

11/20/2017 **Motion for Sanctions**
Defendants' Motion for Sanctions for Spoliation of the Key Evidence in this Case (Explanted Penile Implant)

11/21/2017 **Motion to Dismiss**
Motion to Dismiss Defendant Las Vegas Urology, LLP Per NRS 41A.071

12/08/2017 **Opposition**
Opposition to Defendants' Motion for Sanctions for Spoliation of the Key Evidence in This Case (Explanted Penile Implant)

12/08/2017 **Opposition to Motion to Dismiss**
Plaintiff's Opposition to Defendants' Motion to Dismiss Defendant Las Vegas Urology, LLP Per NRS 41A.071

12/15/2017 **Notice of Taking Deposition**
Notice of Taking the Telephonic Deposition of Irwin Goldstein, M.D.

12/18/2017 **Amended Notice of Taking Deposition**
Amended Notice of Taking the Telephonic Deposition of Irwin Goldstein, M.D. and Request for Production

12/18/2017 **Reply in Support**
Reply in Support of Motion to Dismiss Defendant Las Vegas Urology, LLP Per NRS 41A.071

12/18/2017 **Reply in Support**
Reply in Support of Defendants' Motion for Sanctions for Spoliation of the Key Evidence in This Case (Explanted Penile Implant)

12/21/2017 **Motion for Sanctions** (9:30 AM) (Judicial Officer Kishner, Joanna S.)
Defendant's Motion for Sanctions for Spoliation of the Key Evidence in this Case
12/21/2017 Reset by Court to 12/21/2017
Result: Motion Not Addressed

12/21/2017 **Motion to Dismiss** (9:30 AM) (Judicial Officer Kishner, Joanna S.)
Motion to Dismiss Defendant Les Vegas Urology, LLP Per NRS 41A.071
01/04/2018 Reset by Court to 12/21/2017
Result: Motion Not Addressed

12/21/2017 **All Pending Motions** (9:30 AM) (Judicial Officer Kishner, Joanna S.)
Parties Present
Minutes
Result: Matter Heard

01/03/2018 **Telephonic Conference** (1:30 PM) (Judicial Officer Kishner, Joanna S.)
Parties Present
Minutes
Result: Matter Heard

01/17/2018 **Amended Notice of Taking Deposition**
Second Amended Notice of Taking The Telephonic Deposition of Irwin Goldstein, M.D.

01/19/2018 **Motion**
Motion in Support of Recusal and Reassignment to New Department and Affidavit of Plaintiff Raymond Cummings in Support of Motion

01/30/2018 **Opposition**
Opposition to Motion for Recusal and Case Reassignment

02/01/2018 **Reply to Opposition**
Plaintiffs' Reply to Opposition to Motion for Recusal and Case Reassignment

02/09/2018 **Status Check** (3:00 AM) (Judicial Officer Kishner, Joanna S.)
Minutes

	02/02/2018 Reset by Court to 02/09/2018
	Result: Minute Order - No Hearing Held
02/16/2018	**Notice**
	Notice of Declaration of Counsel
02/20/2018	**Status Check** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
	Result: Matter Heard
02/20/2018	**Motion** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
	02/20/2018, 02/23/2018, 03/02/2018
	Motion in Support of Recusal and Reassignment to New Department and Affidavit of Plaintiff Raymond Cummings in Support of Motion
	Minutes
	Result: Deferred Ruling
02/20/2018	**All Pending Motions** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
	Parties Present
	Minutes
	Result: Matter Heard
03/07/2018	**Motion in Limine**
	Motion in Limine No. 3 to Exclude Appeals to the Golden Rule
03/07/2018	**Motion in Limine**
	Motion in Limine No. 5 to Preclude Attorneys from Engaging in Inepproprlate Conduct at Trial
03/07/2018	**Motion in Limine**
	Motion in Limine No. 14 to Preclude Use of Irrelevant and Prejudical Evidence or Argument at Trial Regarding the Reptile Theory
03/07/2018	**Motion in Limine**
	Motion in Limine No. 17 to Exclude at Trial any Refernce to an Attorney's Life or Personal Opinions
03/07/2018	**Motion in Limine**
	Motion in Limine No. 18 to Limit or Exclude Hedonic Damages Testimony by Plaintiffs' Expert
03/09/2018	**Motion to Continue Trial**
	Defendants' Motion to Continue Trial on an Order Shortening Time
03/12/2018	**Order**
	Order - Decision and Order Denying Motion for Recusal and Case Reassignment
03/16/2018	**Opposition and Countermotion**
	Plaintiff's Opposition to Defendent's Motion to Continue Trial on an Order Shortening Time & Countermotion for Preferential Trial Setting Pursuant to NRS 16.025
03/19/2018	**Reply in Support**
	Reply in Support of Defendents' Motion to Continue Trial on an Order Shortening Time & Opposition to Counter-Motion for Preferential Trial Setting Pursuant to NRS 16.025
03/20/2018	**Reply to Opposition**
	Plaintiff's Reply to Defendant's Opposition to Countar Motion for Preferential Trial setting Pursuant to NRS 16.025
03/21/2018	**Opposition**
	Plaintiffs' Opposition to Defendant's Motion in Limine No. 18 to Limit or Exclude Hedonic Damages Testimony by Plaintiffs' Experts
03/21/2018	**Opposition**
	Plaintiffs' Opposition to Defendant's Motion in Limine No. 3 to Exclude Appeals to the Golden Rule
03/21/2018	**Opposition**
	Plaintiffs' Oppositoin to Defendent's Motion in Limine No. 14 to Preclude Irrelevant and Prejudicial Evidence or Argument at Trial Regarding the Reptile Theory
03/21/2018	**Opposition to Motion in Limine**
	Plaintiffs' Oppositon to Defendant's Motion in Limine Nno. . 17 to Exclude at Trial any Refeerence to an Attorney's Life or Personal Opinions
03/21/2018	**Opposition to Motion in Limine**
	Plaintiffs' Opposition to Defendants' Motion in Limine No. 5 to Preclude Attorneys from Engaging in Inappropriate Conduct at Trial
03/22/2018	**Pre Trial Conference** (10:15 AM) (Judicial Officer Kishner, Joanna S.)
	Parties Present
	Result: Matter Heard
03/22/2018	**Motion to Continue Trial** (10:15 AM) (Judicial Officer Kishner, Joanna S.)
	Defendants' Motion to Continue Trial on an Order Shortening Time
	Parties Present
	Result: Motion Denied
03/22/2018	**Opposition and Countermotion** (10:15 AM) (Judicial Officer Kishner, Joanna S.)
	Plaintiff's Opposition to Defendant's Motion to Continue Trial on an Order Shortening Time & Countermotion for Preferential Trial Setting Pursuant to NRS 16.025
	Parties Present
	Result: Granted
03/22/2018	**Stipulation and Order**
	Stipulation and Order Regarding Motions in Limine
03/22/2018	**Notice of Entry of Order**
	Notice of Entry of Order re Motions in Limine
03/22/2018	**All Pending Motions** (10:15 AM) (Judicial Officer Kishner, Joanna S.)
	Parties Present
	Minutes
	Result: Matter Heard
03/23/2018	**Pre-Trial Disclosure**
	Defendants' Pre-Trial Disclosures
03/28/2018	**Telephonic Conference** (1:30 PM) (Judicial Officer Kishner, Joanna S.)
	Parties Present
	Minutes
	Result: Matter Heard

04/02/2018 **Motion for Sanctions** (10:00 AM) (Judicial Officer Kishner, Joanna S.)
04/02/2018, 04/06/2018, 04/10/2018
Defendants' Motion for Sanctions For Spoliation of The Key Evidence In This Case (Explanted Penile Implant)
Parties Present
Result: Matter Continued

04/02/2018 **Motion to Dismiss** (10:00 AM) (Judicial Officer Kishner, Joanna S.)
04/02/2018, 04/06/2018, 04/10/2018
Motion to Dismiss Defendant Las Vegas Urology, LLP Per NRS41a.071
Parties Present
04/06/2018 Reset by Court to 04/10/2018
Result: Matter Continued

04/02/2018 **All Pending Motions** (10:00 AM) (Judicial Officer Kishner, Joanna S.)
Parties Present
Minutes
Result: Matter Heard

04/03/2018 **Reply In Support**
Reply In Support of Motion in Limine No. 3 to Exclude Appeals to the Golden Rule

04/03/2018 **Reply In Support**
Reply In Support of Motion in Limine No. 5 to Preclude Attorneys from Engaging in Inappropriate Conduct at Trial

04/03/2018 **Reply In Support**
Reply In Support of Motion in Limine No. 14 to Preclude Use of Irrelevant and Prejudicial Evidence or Argument at Trial Regarding the Reptile Theory

04/03/2018 **Reply In Support**
Reply In Support of Motion in Limine No. 17 to Exclude at Trial any Reference to an Attorney's Life or Personal Opinions

04/03/2018 **Reply In Support**
Reply In Support of Motion in Limine No. 18 to Limit or Exclude Hedonic Damages Testimony by Plaintiffs' Experts

04/06/2018 **Evidentiary Hearing** (4:00 PM) (Judicial Officer Kishner, Joanna S.)
Parties Present
Result: Matter Heard

04/06/2018 **All Pending Motions** (4:00 PM) (Judicial Officer Kishner, Joanna S.)
Parties Present
Minutes
Result: Matter Heard

04/10/2018 **Motion In Limine** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
Motion in Limine No. 3 to Exclude Appeals to the Golden Rule
Parties Present
04/10/2018 Reset by Court to 04/10/2018
Result: Granted

04/10/2018 **Motion In Limine** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
Motion in Limine No. 5 to Preclude Attorneys from Engaging in Inappropriate Conduct at Trial
Parties Present
04/10/2018 Reset by Court to 04/10/2018
Result: Granted

04/10/2018 **Motion In Limine** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
Motion in Limine No. 14 to Preclude Use of Irrelevant and Prejudical Evidence or Argument at Trial Regarding the Reptile Theory
Parties Present
04/10/2018 Reset by Court to 04/10/2018
Result: Granted In Part

04/10/2018 **Motion In Limine** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
Motion in Limine No. 17 to Exclude at Trial any Reference to an Attorney's Life or Personal Opinions
Parties Present
04/10/2018 Reset by Court to 04/10/2018
Result: Granted

04/10/2018 **Motion In Limine** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
Motion in Limine No. 18 to Limit or Exclude Hedonic Damages Testimony by Plaintiffs' Expert
Parties Present
04/10/2018 Reset by Court to 04/10/2018
Result: Stipulated

04/10/2018 **All Pending Motions** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
Parties Present
Minutes
Result: Matter Heard

04/13/2018 **Recorders Transcript of Hearing**
Transcript - Evidentiary Hearing 4/6/18

04/13/2018 **Recorders Transcript of Hearing**
Transcript - All Pending Motions 4/10/18

04/16/2018 **Pre-trial Memorandum**
Defendants' Pre-Trial Memorandum

04/17/2018 **Calendar Call** (9:00 AM) (Judicial Officer Kishner, Joanna S.)

Parties Present

Minutes

Result: Matter Heard

04/17/2018 **Proposed Voir Dire Questions**
Defendants' Proposed Voir Dire

04/18/2018 **Proposed Voir Dire Questions**
Plaintiffs' Proposed Voir Dire Questions

04/24/2018 **Jury Trial** (1:00 PM) (Judicial Officer Kishner, Joanna S.)
04/24/2018, 04/25/2018, 04/26/2018, 04/27/2018, 04/30/2018, 05/01/2018, 05/02/2018, 05/03/2018

Parties Present

Minutes

Result: Trial Continues

04/25/2018 **Order Granting**
Order Granting Defendants' "Motion for Sanctions for Spoliation . . ." (Explanted Penile Implant)

04/25/2018 **Order**
Order Regarding Defendants' Motions in Limine Nos. 3, 5, 14, 17 and 18

04/25/2018 **Notice of Entry of Order**
Notice of Entry of Order

04/25/2018 **Notice of Entry of Order**
Notice of Entry of Order

04/26/2018 **Jury List**

04/30/2018 **Pre-trial Memorandum**
Plaintiff's Pre trial Memoradum

05/02/2018 **Proposed Jury Instructions Not Used At Trial**
Plaintiff's Proposed Jury Instructions Not Used At Trial

05/02/2018 **Proposed Jury Instructions Not Used At Trial**
Defendant's Proposed Jury Instructions Not Used At Trial

05/03/2018 **Amended Jury List**

05/03/2018 **Special Verdict Form**

05/03/2018 **Jury Instructions**

06/13/2018 **Memorandum of Costs and Disbursements**
Defendant's Verified Memorandum of Costs

06/15/2018 **Motion for Fees**
Defendant's Motion for Attorney's Fees

06/19/2018 **Notice of Hearing**
Notice of Hearing

06/20/2018 **Motion to Retax**
Plaintiff's Motion to Retax Costs

06/26/2018 **Judgment on Jury Verdict**
Judgment on Jury Verdict

06/27/2018 **Opposition**
Plaintiffs' Opposition to Defendant's Motion for Attorney's Fees

07/05/2018 **Opposition**
Opposition to Plaintiffs' Motion to Retax Costs

07/12/2018 **Reply In Support**
Reply In Support of Defendant's Motion for Attorney's Fees

07/15/2018 **Reply to Opposition**
Plaintiffs' Reply to Defendant's Opposition to Plaintiff's Motion to Retax Costs

07/19/2018 **Notice of Appeal**
Notice of Appeal

07/19/2018 **Case Appeal Statement**
Case Appeal Statement

07/20/2018 **Supplement**
Cummings - PostTrial - Supplement to Motion for Attorneys Fees

07/24/2018 **Motion for Attorney Fees** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
Defendant's Motion for Attorney's Fees

Parties Present

07/19/2018 Reset by Court to 07/24/2018

Result: Motion Denied

07/24/2018 **Motion to Retax** (9:00 AM) (Judicial Officer Kishner, Joanna S.)
Plaintiffs' Motion to Retax Costs

Parties Present

Result: Granted in Part

07/24/2018 **All Pending Motions** (9:00 AM) (Judicial Officer Kishner, Joanna S.)

Parties Present

Minutes

Result: Granted in Part

08/03/2018 **Supplement**
Cummings - PostTrial - Supplemental Support for Mulcahy Costs.wpd

08/15/2018 **Reply to Opposition**
Plaintiff's Reply to Defendant's Supplemental Support for Costs

09/25/2018 **Order**
Order Granting In Part and Denying In Part Plaintiffs' Motion to Retax Costs

09/25/2018 **Order Denying**
Order Denying Defendant's Motion for Attorney's Fees

09/27/2018 **Notice of Entry**
Notice of Entry of Order Regarding Plaintiff's Motion to Retax Costs
09/27/2018 **Notice of Entry**
Notice of Entry of Order Regarding Defendant's Motion for Attorney's Fees

FINANCIAL INFORMATION

	Defendant Grigoriev, Victor E, M.D.			
	Total Financial Assessment			370.00
	Total Payments and Credits			370.00
	Balance Due as of 01/09/2020			**0.00**
08/04/2015	Transaction Assessment			223.00
08/04/2015	Efile Payment	Receipt # 2015-81746-CCCLK	Grigoriev, Victor E	(223.00)
09/16/2015	Transaction Assessment			3.50
09/16/2015	Efile Payment	Receipt # 2015-97452-CCCLK	Grigoriev, Victor E	(3.50)
09/19/2015	Transaction Assessment			3.50
09/19/2015	Efile Payment	Receipt # 2015-99296-CCCLK	Grigoriev, Victor E	(3.50)
05/25/2016	Transaction Assessment			3.50
05/25/2016	Efile Payment	Receipt # 2016-50905-CCCLK	Grigoriev, Victor E	(3.50)
05/25/2016	Transaction Assessment			3.50
05/25/2016	Efile Payment	Receipt # 2016-50908-CCCLK	Grigoriev, Victor E	(3.50)
06/29/2016	Transaction Assessment			3.50
06/29/2016	Efile Payment	Receipt # 2016-62838-CCCLK	Grigoriev, Victor E	(3.50)
06/30/2016	Transaction Assessment			3.50
06/30/2016	Efile Payment	Receipt # 2016-63244-CCCLK	Grigoriev, Victor E	(3.50)
01/04/2017	Transaction Assessment			3.50
01/04/2017	Efile Payment	Receipt # 2017-00428-CCCLK	Grigoriev, Victor E	(3.50)
01/24/2017	Transaction Assessment			3.50
01/24/2017	Efile Payment	Receipt # 2017-07491-CCCLK	Grigoriev, Victor E	(3.50)
02/07/2017	Transaction Assessment			3.50
02/07/2017	Efile Payment	Receipt # 2017-11950-CCCLK	Grigoriev, Victor E	(3.50)
03/22/2017	Transaction Assessment			3.50
03/22/2017	Efile Payment	Receipt # 2017-27300-CCCLK	Grigoriev, Victor E	(3.50)
03/22/2017	Transaction Assessment			3.50
03/22/2017	Efile Payment	Receipt # 2017-27425-CCCLK	Grigoriev, Victor E	(3.50)
11/02/2017	Transaction Assessment			3.50
11/02/2017	Efile Payment	Receipt # 2017-83578-CCCLK	Grigoriev, Victor E	(3.50)
11/09/2017	Transaction Assessment			3.50
11/09/2017	Efile Payment	Receipt # 2017-85195-CCCLK	Grigoriev, Victor E	(3.50)
11/21/2017	Transaction Assessment			3.50
11/21/2017	Efile Payment	Receipt # 2017-87546-CCCLK	Grigoriev, Victor E	(3.50)
11/22/2017	Transaction Assessment			3.50
11/22/2017	Efile Payment	Receipt # 2017-87998-CCCLK	Grigoriev, Victor E	(3.50)
12/18/2017	Transaction Assessment			3.50
12/18/2017	Efile Payment	Receipt # 2017-94557-CCCLK	Grigoriev, Victor E	(3.50)
12/16/2017	Transaction Assessment			3.50
12/16/2017	Efile Payment	Receipt # 2017-94620-CCCLK	Grigoriev, Victor E	(3.50)
12/18/2017	Transaction Assessment			3.50
12/18/2017	Efile Payment	Receipt # 2017-94677-CCCLK	Grigoriev, Victor E	(3.50)
12/18/2017	Transaction Assessment			3.50
12/18/2017	Efile Payment	Receipt # 2017-94757-CCCLK	Grigoriev, Victor E	(3.50)
01/17/2018	Transaction Assessment			3.50
01/17/2018	Efile Payment	Receipt # 2018-03656-CCCLK	Grigoriev, Victor E	(3.50)
01/30/2018	Transaction Assessment			3.50
01/30/2018	Efile Payment	Receipt # 2018-06959-CCCLK	Grigoriev, Victor E	(3.50)
03/07/2018	Transaction Assessment			3.50
03/07/2018	Efile Payment	Receipt # 2018-16592-CCCLK	Grigoriev, Victor E	(3.50)
03/09/2018	Transaction Assessment			3.50
03/09/2018	Efile Payment	Receipt # 2018-17313-CCCLK	Grigoriev, Victor E	(3.50)
03/19/2018	Transaction Assessment			3.50
03/19/2018	Efile Payment	Receipt # 2018-19397-CCCLK	Grigoriev, Victor E	(3.50)
03/22/2018	Transaction Assessment			3.50
03/22/2018	Efile Payment	Receipt # 2018-20128-CCCLK	Grigoriev, Victor E	(3.50)
03/22/2018	Transaction Assessment			3.50
03/22/2018	Efile Payment	Receipt # 2018-20163-CCCLK	Grigoriev, Victor E	(3.50)
03/26/2018	Transaction Assessment			3.50
03/26/2018	Efile Payment	Receipt # 2018-20837-CCCLK	Grigoriev, Victor E	(3.50)
04/03/2018	Transaction Assessment			3.50
04/03/2018	Efile Payment	Receipt # 2018-22914-CCCLK	Grigoriev, Victor E	(3.50)
04/17/2018	Transaction Assessment			3.50
04/17/2018	Efile Payment	Receipt # 2018-26183-CCCLK	Grigoriev, Victor E	(3.50)
04/17/2018	Transaction Assessment			3.50
04/17/2018	Efile Payment	Receipt # 2018-26223-CCCLK	Grigoriev, Victor E	(3.50)
04/25/2018	Transaction Assessment			3.50
04/25/2018	Efile Payment	Receipt # 2018-28292-CCCLK	Grigoriev, Victor E	(3.50)

04/25/2018	Transaction Assessment			3.50
04/25/2018	Efile Payment	Receipt # 2018-28356-CCCLK	Grigoriev, Victor E	(3.50)
06/13/2018	Transaction Assessment			3.50
06/13/2018	Efile Payment	Receipt # 2018-39463-CCCLK	Grigoriev, Victor E	(3.50)
06/18/2018	Transaction Assessment			3.50
06/18/2018	Efile Payment	Receipt # 2018-40606-CCCLK	Grigoriev, Victor E	(3.50)
06/20/2018	Transaction Assessment			3.50
06/20/2018	Efile Payment	Receipt # 2018-41019-CCCLK	Grigoriev, Victor E	(3.50)
06/26/2018	Transaction Assessment			3.50
06/26/2018	Efile Payment	Receipt # 2018-42429-CCCLK	Grigoriev, Victor E	(3.50)
07/05/2018	Transaction Assessment			3.50
07/05/2018	Efile Payment	Receipt # 2018-44563-CCCLK	Grigoriev, Victor E	(3.50)
07/12/2018	Transaction Assessment			3.50
07/12/2018	Efile Payment	Receipt # 2018-46142-CCCLK	Grigoriev, Victor E	(3.50)
07/20/2018	Transaction Assessment			3.50
07/20/2018	Efile Payment	Receipt # 2018-48356-CCCLK	Grigoriev, Victor E	(3.50)
08/06/2018	Transaction Assessment			3.50
08/06/2018	Efile Payment	Receipt # 2018-51758-CCCLK	Grigoriev, Victor E	(3.50)
09/25/2018	Transaction Assessment			3.50
09/25/2018	Efile Payment	Receipt # 2018-63860-CCCLK	Grigoriev, Victor E	(3.50)
09/27/2018	Transaction Assessment			3.50
09/27/2018	Efile Payment	Receipt # 2018-64681-CCCLK	Grigoriev, Victor E	(3.50)

	Defendant Las Vegas Urology, LLP			
	Total Financial Assessment			51.00
	Total Payments and Credits			51.00
	Balance Due as of 01/09/2020			0.00
08/04/2015	Transaction Assessment			30.00
08/04/2015	Efile Payment	Receipt # 2015-81747-CCCLK	Las Vegas Urology, LLP	(30.00)
09/30/2015	Transaction Assessment			3.50
09/30/2015	Efile Payment	Receipt # 2015-103063-CCCLK	Las Vegas Urology, LLP	(3.50)
09/28/2016	Transaction Assessment			3.50
09/28/2016	Efile Payment	Receipt # 2016-94095-CCCLK	Las Vegas Urology, LLP	(3.50)
10/05/2016	Transaction Assessment			3.50
10/05/2016	Efile Payment	Receipt # 2016-97025-CCCLK	Las Vegas Urology, LLP	(3.50)
10/10/2016	Transaction Assessment			3.50
10/10/2016	Efile Payment	Receipt # 2016-98085-CCCLK	Las Vegas Urology, LLP	(3.50)
12/05/2016	Transaction Assessment			3.50
12/05/2016	Efile Payment	Receipt # 2016-117796-CCCLK	Las Vegas Urology, LLP	(3.50)
01/23/2017	Transaction Assessment			3.50
01/23/2017	Efile Payment	Receipt # 2017-07021-CCCLK	Las Vegas Urology, LLP	(3.50)

	Plaintiff Cummings, Joanne			
	Total Financial Assessment			30.00
	Total Payments and Credits			30.00
	Balance Due as of 01/09/2020			0.00
06/01/2015	Transaction Assessment			30.00
06/01/2015	Efile Payment	Receipt # 2015-56711-CCCLK	Cummings, Joanne	(30.00)

	Plaintiff Cummings, Raymond			
	Total Financial Assessment			294.00
	Total Payments and Credits			294.00
	Balance Due as of 01/09/2020			0.00
06/01/2015	Transaction Assessment			270.00
06/01/2015	Efile Payment	Receipt # 2015-56710-CCCLK	Cummings, Raymond	(270.00)
07/19/2018	Transaction Assessment			24.00
07/19/2018	Efile Payment	Receipt # 2018-48030-CCCLK	Cummings, Raymond	(24.00)

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/2003	08/30/2007	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case: 05A505543		Judicial District Court		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- see attached				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Patient: Susan Goodell			Malpractice claim filed with the courts	
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in case: Attending

Clinical Case Summary: See attached

Patient Outcome: see attached

Case settle out of court: Court hearing documentation and/or case closure notification from the State Board of Medical Examiners attached

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Victor Grigoriev

1. Patient Name [redacted]
2. Diagnosis Ureterolithiasis
3. Your involvement in the case (attending, consulting, etc.) Attending
4. Allegation(s) See Attached
5. Clinical Case Summary (Include additional pages or inserts if necessary)

   See Attached.

6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 7/2003 Date Filed 6/2005 Date Closed 8/30/2007
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.

   Dismissed

10. Settlement amount paid on your behalf, if any 0
11. Professional liability insurer involved:
    A. Name of Insurer NV Mutual Ins. B. Policy # NV00184-01
    C. Address of Insurer 7320 S. Valley View Blvd #110
    Las Vegas, NV 89102

Name: Victor E. Grigoriev

Signature [signature] **Date** 6/25/2012

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

To Whom It May Concern:

Re: [redacted]

Patient is 55 year old female who had episode of acute nephrolithiasis in October 2002, her pain has resolved and she failed to return for follow up.

One year late (July 2003) patient had another episode of acute ureteral colic. She underwent ureteroscopy and stone extraction.

Patient subsequently developed ureteral stricture.

She elected to follow up with another physician. She underwent surgery in October 2003 by another urologist. At the time of surgery stricture could not be repaired and patient had to undergo nephrectomy.

She recovered well and returned to work within 1-2 months. Patient has been subsequently fully employed and in fact has advanced to a position at the same institution.

Patient alleges that complications from operation has lead to additional operation.

V. Goyonia

Re: Goodell

Date of Incident: July 2003

Date of Dismissal: August 2007

Involvement: Treating Physician.

Allegation Patient (Goodell) underwent removal of Ureteral Stone and Subsequently developed Ureteral Stricture

ureter

In July 2003 Dr. Grigoriev performed ureteroscopy and laser lithotripsy for obstructing ureteral stone. It was alleged that patient sustained injury to ~~urethra~~ as a result of alleged negligence. The patient filed suit in June 2005. Dr. Grigoriev denied allegations of negligence. Thereafter the Plaintiff dropped the case resulting in formal dismissal in September 2007.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
07/07/2009	10/2013	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		District Court- Clark County		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- see attached				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Jeffrey Gilbert		Malpractice claim filed with the courts		
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in case: Attending

Clinical Case Summary: Patient sustained colonic injury during robotically assisted laproscopic prostatectomy for prostate cancer

Patient Outcome: see attached

Public reprimand fine paid- closed

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Victor E. Grigorlev

1. Patient Name [redacted]
2. Diagnosis Prostate Cancer
3. Your involvement in the case (attending, consulting, etc.) Attending
4. Allegation(s)
5. Clinical Case Summary (Include additional pages or inserts if necessary)

   See Attached
6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 7/7/2009 Date Filed 2/23/2011 Date Closed 10/2013
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   CLOSED
10. Settlement amount paid on your behalf, if any
11. Professional liability insurer involved:
    A. Name of Insurer Premier Physicians Ins. Co. B. Policy # RRG-061886
    C. Address of Insurer c/o Leeds & York
    7674 W. Lake Mead Blvd., #110, Las Vegas, NV 89128

Name: Victor E. Grigorlev

Signature _____ Date 10/17/2013

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name VICTOR E. GRIGORIEV

1. Patient Name [redacted]
2. Diagnosis PROSTATE CANCER
3. Your involvement in the case (attending, consulting, etc.) ATTENDING
4. Allegation(s)
5. Clinical Case Summary (Include additional pages or inserts if necessary) See Attached
6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 7-7-2009 Date Filed 2-23-2011 Date Closed
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
   Pending
10. Settlement amount paid on your behalf, if any
11. Professional liability insurer involved:
    A. Name of Insurer PREMIER PHYSICIAN B. Policy # RRG 061886
    B. Address of Insurer
    LEEDS + YORK LLC
    17674 W. LAKE MEAD BLVD #110 LAS VEGAS NV 89128

Name: VICTOR E. GRIGORIEV

Signature _____ Date 6/25/2012

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

October 5, 2011

Re: Gilbert , Jeff

This summary is in response to your request about my treatment of Mr. Jeff Gilbert.

Mr. Gilbert was diagnosed with prostate cancer which was discovered because of rising/elevated PSA and subsequent prostate biopsy.

On July 7, 2009 patient underwent Robotically Assisted Laparoscopic Radical Prostatectomy at Summerlin Hospital. (see attached operative report)

Although patient did well initially, patient failed to progress as expected. He developed renal insufficiency with creatinine rising from baseline of 1.2 to 2.5 by the second postoperative day.

No immediate cause for that was found and I obtained medical consultation on first postoperative date (7/8/2009), pulmonary and renal consultation on the 2nd postoperative date (July 9, 2009). Subsequently consultation was obtained from and Infectious disease on 7/11/2009 .

Once it became apparent that source of infection was intestine, general surgeon was consulted and patient underwent exploratory laparotomy , right colon resection and diverting colostomy on July 13,2009.

He subsequently recovered and was discharge from the hospital 2 weeks later.

Patient's creatinine was 1.5 at the time of discharge on July 31,2009.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
08/16/2016	12/11/2017	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
NDOC #: 89926		Judicial District Court		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- see attached				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Timothy Williams (Plaintiff) vs Victor Grigoriev (Defendant)			Malpractice claim filed with the courts	
Name of Business/Industry/Entity				

Provide explanation below:

Case dismissed- court hearing documentation(s) and/or case closure notification from the State Board of Medical Examiners attached.

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Victor Grigoriev, M.D.

Patient Name [redacted]

Diagnosis Prostate Cancer

Your involvement in the case (attending, consulting, etc.) Attending

Allegation(s) See Attached

Clinical Case Summary (Include additional pages or inserts if necessary) Dismissed

Patient Outcome See Attached

Other Pertinent Details Motion was filled to dismiss

Date of Incident 8/16/2016 Date Filed 12/11/2017 Date Closed

Resolution of Case (dismissed, settled out of court, litigated, other)
NOTE: All cases litigated must include legal documentation.

Settlement amount paid on your behalf, if any

Professional liability insurer involved:
A. Name of Insurer Physicians Casualty Risk Retention Group B. Policy No. PCX-2017-1307

C. Address of Insurer 401 Corbett St Ste 200 Clearwater, FL 33756

By submission of a blank form, I attest I have no pending or final claims.

Name: Victor Grigoriev, M.D.

Signature VGrigoriev **Date** 01/09/2020

Regardless of whether you have had any claims, this form must be signed and dated.

No._____ Dept. No._____

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE
STATE OF NEVADA IN AND FOR
THE COUNTY OF CLARK

[redacted]

Petitioner/Plaintiff,

v.

LAS VEGAS UROLOGY CLINIC ET, AL.

Respondent/Defendant.

REQUEST FOR SUBMISSION OF MOTION

It is requested that the Motion entitled CIVIL TORT CLAIM _____, which was submitted/~~filed~~ on the 11 day of DECEMBER, 2017, in the above-entitled matter, be submitted to the Court for it's consideration.

The undersigned Petitioner/Plaintiff, certifies that a copy of the motion noted above and this pleading, have been served upon the Respondent/Defendant.

Dated this 11 day of DECEMBER, 2017.

Petitioner/Plaintiff
Ely State Prison
P.O. Box 1989
Ely, Nevada 89301-1989

AFFIRMATION PURSUANT TO NRS 239B.030

I, [redacted], NDOC# 89986,

CERTIFY THAT I AM THE UNDERSIGNED INDIVIDUAL AND THAT THE ATTACHED DOCUMENT ENTITLED CIVIL TORT CLAIM

_____,

DOES NOT CONTAIN THE SOCIAL SECURITY NUMBER OF ANY PERSONS, UNDER THE PAINS AND PENALTIES OF PERJURY.

DATED THIS 11 DAY OF DECEMBER, 20 17.

SIGNATURE: _____

INMATE PRINTED NAME: TIMOTHY LEROY WILLIAMS

INMATE NDOC # 89986

INMATE ADDRESS: ELY STATE PRISON
P. O. BOX 1989
ELY, NV 89301

CIVIL COVER SHEET

PLAINTIFF / IN PROPRIA PERSONA

[redacted]
ELY STATE PRISON
POST OFFICE BOX [redacted]
ELY, NEVADA 89301-1989

COUNTY OF RESIDENCE: WHITE PINE

DEFENDANTS / UNKNOWN COUNSEL

LAS VEGAS UROLOGY CLINIC, DR. GRIGOROVICH, P.A. JANE DOE # 1
[redacted]
2650 SUNSET
LAS VEGAS, NEVADA 89114

COUNTY OF RESIDENCE: CLARK

NATURE OF SUIT: TORT CLAIM

CODE 362: PERSONAL INJURY - MEDICAL MALPRACTICE / NEGLIGENCE

THIS ACTION IS THE ORIGINAL PROCEEDING, AND RELIEF IN THE FORM OF MONETARY DAMAGES IS SOUGHT AGAINST DEFENDANTS BOTH SEPERATELY AND IN JOINDER.

UNDER PENALTY OF PERJURY, PURSUANT TO NRS 208.165 ET. SEQ. AND 28 USCA § 1746, THE UNDERSIGNED HEREBY DECLARES THAT HE IS THE PLAINTIFF IN THIS ACTION AND KNOWS THE CONTENTS THEREOF, THAT THE PLEADING IS TRUE AND CORRECT OF HIS OWN PERSONAL KNOWLEDGE, EXCEPT AS TO THOSE MATTERS BASED ON INFORMATION AND BELIEF, AND TO THOSE MATTERS, HE BELIEVES THEM TO BE TRUE.

EXECUTED AT ELY STATE PRISON ON THIS 11 DAY OF DECEMBER 2017

TIMOTHY LEROY WILLIAMS
NDOC # 89986
PLAINTIFF / IN PRO PER

[redacted]
ELY STATE PRISON
POST OFFICE BOX 1989
ELY, NEVADA 89301-1989
PLAINTIFF / IN PROPRIA PERSONA

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF CLARK

[redacted]

PLAINTIFF,

V.

LAS VEGAS UROLOGY CLINIC, DR. GRIGOROVICH, JANE DOE #1, PHYSICIAN ATTENDANT,

DEFENDANTS

CIVIL ACTION FILE NO:

CIVIL TORT CLAIM FOR MEDICAL MALPRACTICE AND NEGLIGENCE

COMES NOW THE PLAINTIFF, TIMOTHY LEROY WILLIAMS, PROCEEDING BY AND FOR HIS PROPER PERSON, SUBMITTING TO THIS HONORABLE COURT HIS CIVIL TORT CLAIM FOR INJURY AGAINST HIS PERSON, AT THE HANDS OF ABOVE-NAME DEFENDANT, TO BE CONSIDERED, ADDRESSED, AND DECIDED.

THIS CLAIM IS MADE AND BASED UPON THE FOLLOWING STATEMENT OF FACTS, TRUE AND CORRECT, AND INFORMATION BELIEVED TO BE TRUE TO PLAINTIFF.

I. STATEMENT OF FACTS

1) ON OR ABOUT 1 DECEMBER 2015, PLAINTIFF WAS DELIVERED TO DEFENDANT'S

PLACE OF BUSINESS FOR A CONSULT IN RE POSSIBLE DIAGNOSIS OF PROSTATE CANCER.

2) UPON ARRIVAL PLAINTIFF WAS SEEN AND EVALUATED BY (JANE DOE #1) PYSICIAN ATTENDING, AND A RECOMMENDATION OF BIOPSY WAS SUBMITTED AS RESULT.

3) ON OR ABOUT 21 DECEMBER 2015 PLAINTIFF WAS DELIVERED TO DEFENDANT'S SECOND PLACE OF BUSINESS FOR PROSTATE BIOPSY PROCEDURE, PERFOAMED BY DR. GRIGORDVICH (? GREGORVIC ?)

4) ON OR ABOUT 26 FEBRUARY 2016 PLAINTIFF WAS APPRISED OF THE RESULTS OF BIOPSY, IN WHICH A POSITIVE DIAGNOSIS OF CANCER WAS MADE.

5) DIAGNOSIS WAS DESCRIBED AS HAVING FULLY INVOLVED ONE-HALF OF HIS PROSTATE, FAST-GROWING AND AGGRESSIVE, HAVING A 'GLEASON' SCORE OF SEVEN (7).

6) ON OR ABOUT 3 MARCH 2016, PLAINTIFF WAS TRANSPORTED TO STIENBERG DIAGNOSTICS FOR AN (M.R.I) TO DETERMINE POSITION AND INVOLVEMENT OF CANCER.

7) ON OR ABOUT 17 MARCH 2016 PLAINTIFF WAS DELIVERED TO DEFENDANTS PLACE OF BUSINESS TO CONSULT REGARDING (M.R.I.) RESULT. DR. GRIGORVICH STATED THAT THE BEST COURSE OF ACTION WOULD BE TO REMOVE THE PROSTATE AS THE CANCER WAS SMALL AND PROGNOSIS WAS GOOD.

8) ON 26 MAY 2016 PLAINTIFF ADMITTED TO MOUNTAIN VIEW HOSPITAL FOR SURGERY.

9) PLAINTIFF REMAINED IN HOSPITAL FOR RECOVERY UNTIL ON OR ABOUT 1 JUNE 2016, DR. GRIGORVICH MADE ONE (1) CURSORY VISIT DURING THAT TIME.

10) ON OR ABOUT 16 AUGUST 2016 PLAINTIFF WAS CALLED FOR LABWORK BLOOD DRAW TO DETERMINE PROSTATE SPECIFIC ANTIGEN (HEREAFTER PSA) LEVEL.

11) ON OR ABOUT 24 AUGUST 2016 PLAINTIFF WAS DELIVERED TO DEFENDANTS PLACE OF BUSINESS, LAS VEGAS UROLOGY CLINIC, AND MET WITH DR. GRIGOROVICH AND (JANE DOE).

12) DURING THE COURSE OF SAID MEETING, PLAINTIFF WAS EXAMINED BY DR.

GRIGORIVICH AND PROCLAIMED IN SATISFACTORY CONDITION.

13) PLAINTIFF WAS THEN INFORMED BY (JANE DOE) THAT HE WOULD BE SCHEDULED FOR ANOTHER EIGHTEEN (18) MONTHS WORTH OF FOLLOW-UPS AT NINETY (90) DAY INTERVALS. PLAINTIFF WAS FURTHER APPRISED HIS P.S.A. LEVEL WAS 0.01.

II. POINTS AND AUTHORITIES

1) PLAINTIFF HEREBY ATTESTS THAT 24 AUGUST 2016 WAS THE LAST TIME HE WAS SEEN BY DEFENDANTS FOR ANY REASON.

2) PLAINTIFF CONTENDS THAT THE STATEMENT MADE IN RE FOLLOW-UP SCHEDULING ACCOUNTS AS AN ORAL CONTRACT, BREACH OF WHICH CONSTITUTES FAILURE TO PROVIDE PROPER STANDARD OF CARE.

3) OVER THE NINE (9) MONTHS FOLLOWING, PLAINTIFF'S PSA LEVEL HAS RISEN TO OVER 0.6, THREE TIMES THE STANDARD SET BY THE AMERICAN UROLOGISTS ASSOCIATION (0.2 FOR PEOPLE HAVING UNDERGONE PROSTATECTOMY SURGERY).

4) PLAINTIFF HEREBY CONTENDS THAT FOLLOW-UP TESTING AND APPOINTMENTS WOULD HAVE DETECTED THIS INCREASE SOONER, AND THAT SAID DETECTION WOULD HAVE RESULTED IN A COURSE OF TREATMENT.

5) IT IS PLAINTIFF'S BELIEF THAT HIS STATUS AS A 'CONVICTED PERSON' PLAYED A MAJOR ROLE IN THE NEGLECT OF HIS CONDITIONS, AND FURTHER ASCRIBED HIM A DIFFERENT STANDARD OF CARE THAN THAT AFFORDED SOCIETY.

6) PLAINTIFF FURTHER CONTENDS THAT THE VERITABLE ABANDONMENT OF HIS COURSE OF TREATMENT HAS CAUSED HIM CONSIDERABLE ANXIETY, AND THE INCREASING PSA VALUE IS CAUSING ON-GOING MENTAL ANGUISH DUE TO THE FACT THAT NOW CANCER IS YET PRESENT, BUT INVISIBLE.

III - CONCLUSION

PLAINTIFF HEREIN CONCLUDES THAT THE ACTIONS PERPETRATED UPON HIM ARE FAR BEYOND WHAT ANYONE, PRISONER OR FREE, SHOULD BE SUBJECTED TO AT THE HANDS OF ONE SWORN TO SAVE LIVES. THE VERY LACK OF COMPASSION AND EMPATHY SPEAK VOLUMES, AND DIRECTED AT ONE DISADVANTAGED TO BEGIN WITH IS TOTALLY WITHOUT HUMANENESS OF ANY KIND.

IV - RELIEF SOUGHT

PLAINTIFF PRAYS THIS COURT GRANT RELIEF IN THE FOLLOWING DAMAGES FROM ALL DEFENDANTS, BOTH SEPERATELY AND IN JOINDER:

1) COMPENSATORY DAMAGES IN THE AMOUNT OF FIFTY THOUSAND DOLLARS ($50,000.) EACH---

2) PUNITIVE DAMAGES IN THE AMOUNT OF ONE HUNDRED THOUSAND DOLLARS ($100,000.) EACH ---

3) SATISFACTION OF ANY AND ALL OUTSTANDING ACCOUNTS---

4) ALL COURT FEES---

5) ANY FURTHER AWARDS THIS HONORABLE COURT MAY DEEM APPROPRIATE.

WHEREFORE PLAINTIFF, TIMOTHY ~~HERLEY~~ WILLIAMS, PRAYS THIS HONORABLE COURT GRANT ALL RELIEF TO WHICH IT DEEMS HE MAY BE ENTITLED.

RESPECTFULLY SUBMITTED THIS 11 DAY OF DECEMBER 2017

[redacted]

PLAINTIFF/ IN PROPRIA PERSONA

VERIFICATION

UNDER PENALTY OF PERJURY, PURSUANT TO NRS 208.165 ET. SEQ AND 28 USC § 1746, THE UNDERSIGNED DECLARES THAT HE IS THE PLAINTIFF NAMED IN THE FOREGOING CIVIL TORT CLAIM AND KNOWS THE CONTENTS THEREOF, THAT THE PLEADING IS TRUE AND CORRECT OF HIS OWN PERSONAL KNOWLEDGE AND BELIEF.

[redacted]

CERTIFICATE OF SERVICE BY MAIL

I, TIMOTHY LEROY WILLIAMS, HEREBY CERTIFY PURSUANT TO NRCP 5(b), THAT ON THIS DAY OF , , I MAILED A TRUE AND CORRECT COPY OF THE FOREGOING 'CIVIL TORT CLAIM AND SUPPORTING DOCUMENTS', FIRST CLASS POSTAGE PREPAID, ADDRESSED AS FOLLOWS:

CLERK: EIGHTH JUDICIAL
DISTRICT COURT
REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101

LAS VEGAS UROLOGY CLINIC
ATTN: LEGAL DEPARTMENT
7150 SUNSET
LAS VEGAS, NEVADA 89114

TIMOTHY LEROY WILLIAMS #89906

AFFIRMATION (PURSUANT TO NRS 239B.030)

I, TIMOTHY LEROY WILLIAMS, CERTIFY THAT I AM THE UNDERSIGNED INDIVIDUAL AND THAT THE FOREGOING CIVIL TORT CLAIM WITH SUPPORTING DOCUMENTS DOES NOT CONTAIN THE SOCIAL SECURITY NUMBER OF ANY PERSON UNDER THE PAINS AND PENALTIES OF PERJURY.

TIMOTHY LEROY WILLIAMS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/10/2011	In litigation	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case # A-12-66032-C		Clark County Court		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- Failure to diagnose				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Case # A-12-66032-C			Malpractice claim filed with the courts	
Name of Business/Industry/Entity				

Provide explanation below:

Patient claiming failure to timely diagnose complications- see attached explanation
Case still in litigation with courts.

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner

Name Victor Grigoriev, M.D.

Patient Nam [redacted]

Diagnosis

Your involvement in the case (attending, consulting, etc.)

Allegation(s)

Clinical Case Summary (Include additional pages or inserts if necessary)

SEE ATTACHED

Patient Outcome

Other Pertinent Details

Date of Incident 6/10/2011 Date Filed Date Closed

Resolution of Case (dismissed, settled out of court, litigated, other)
NOTE: All cases litigated must include legal documentation.

Pending

Settlement amount paid on your behalf, if any

Professional liability insurer involved:

A. Name of Insurer Premier Physicians Ins Co B. Policy No. RRG-0618806

C. Address of Insurer C/O Leeds & York

7674 W. Lake Mead Blvd., #110, Las Vegas, NV 89128

By submission of a blank form, I attest I have no pending or final claims.

Name: Victor E. Grigoriev, MD

Signature **Date** 10/17/2013

Regardless of whether you have had any claims, this form must be signed and dated.

Malpractice Case Explanations for Dr. Victor Grigorlev

[redacted]

Date of Incident: June 2012

Date Filed: May 2012

Status: In Litigation

Patient is a 60 year old woman who underwent Robotically Assisted Laparoscopic Sacrocolpopexy and Transobturator Sling by Drs. Grigorlev and Candela.

On the first postoperative day patient developed abdominal pain and was found to have occult colon injury. Patient underwent exploratory surgery and temporary colostomy. Patient recovered and underwent colostomy reversal three months later.

Patient subsequently initiated law suite claiming failure to timely diagnose complication.

Both doctors are represented by Robert McBride of Mendelson McBride and Ellerton.

The Clark County case number is A-12-660362-C

Malpractice Case Explanations for Dr. Victor Grigoriev

R[redacted]

Date of Incident: June 2011

Date Filed: May 2012

Status: In Litigation

Patient is a 60 year old woman who underwent Robotically Assisted Laparoscopic Sacrocolpopexy and Transaobturator Sling by Drs. Grigoriev and Candela.

On the first postoperative day patient developed abdominal pain and was found to have occult colon injury. Patient underwent exploratory surgery and temporary colostomy. Patient recovered and underwent colostomy reversal three months later.

Patient subsequently initiated law suite claiming failure to timely diagnose complication.

Both doctors are represented by Robert McBride of Mendelson McBride and Ellerton.

The Clark County case number is A-12-660362-C

This 60 year old female was operated on 6/10/2011 at Summerlin Hospital. Her admitting diagnosis was vaginal prolapsed. Dr. Grigoriev was the surgeon and Dr. Candela assisted.

Dr Grigoriev performed a robotically assisted laparoscopic sacrocolpopexy. They also performed with Dr. Candela as the head surgeon a cystourethroscopy and transdobturator sling.

On the first postoperative day patient developed abdominal pain and was found to have occult colon injury. Patient underwent exploratory surgery and temporary colostomy. Patient eventually recovered and underwent colostomy reversal three months later.

Her present status is unknown.

Both doctors are represented by Robert McBride of Mendelson McBride and Ellerton.

The Clark County case number is A-12-660362-C



Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
09/13/2017	In litigation	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
BME Case# 17-17424		The Nevada State Board of Medical Examiners Clark County Court		
Reason/Charge				
The claimant alleges the physician provided substandard medical care				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
BME Case# 17-17424		Malpractice claim filed with the courts		
Name of Business/Industry/Entity				

Provide explanation below:

Case still in litigation with courts. Documentation attached

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Rachakonda D. Prabhu, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director

March 11, 2019

Victor Grigoryev Grigg, M.D.
7500 Smoke Ranch Rd., Suite 200
Las Vegas, NV 89128

RE: BME CASE #: 17-17424
PATIENT: [redacted]

Dear Dr. Grigoryev Grigg:

We have received information and a complaint regarding your inability to provide the Board with your treatment plan for the above named patient in a timely manner.

It is alleged:

1. You did not provide a written statement of your treatment plan for the above named patient in a timely manner.
2. On September 13, 2017, you were sent a letter requesting a "Thorough, written explanation of your treatment plan for the patient" and to provide healthcare records.
3. The Board received the records on October 18, 2017; however, you did not provide a thoroughly written statement of your treatment plan.
4. You were sent a second request letter on January 24, 2018.
5. You only provided the Board with a minimal two sentence statement and it did not arrive until February 13, 2018, five months after the first request was originally sent.

It is further alleged:

1. Your lack of response to a request for information from the Board has delayed this investigation.
2. Therefore, you may be in violation of NRS 629.061 and/or NRS 630.3062 (1)(d).

According to these allegations, you may have violated the Nevada Medical Practice Act, Nevada Revised Statutes, Chapters 629 and 630, and Nevada Administrative Code, Chapters 629 and 630 (NMPA).

In order to determine whether or not there has been a violation of the NMPA, **please provide a written response to the allegations noted above.** Please include any further information you believe would be useful for the Board to make a determination in this matter. **Please reply to this request within 21 calendar days.**

The Nevada State Board of Medical Examiners investigates all information received concerning possible violations of the NMPA. We make no determination as to whether or not there has been a violation of the NMPA until a thorough investigation is completed. As a physician under investigation by the Board, you are required by the NMPA to provide the requested information, and your cooperation is not subject to the whistle-blower protections provided to physicians in NRS 630.364(3).

Please be advised that if the particular allegations referenced above did occur, and depending on the facts and circumstances, then you may have violated the NMPA, specifically including but not limited to: **NRS 629.061 and NRS 630.3062 (1)(d).**

Respectfully,

Monica C. Gustafson, CMBI
Senior Investigator

Scott L. Baranoff, MD, FACS
Joseph V. Candela, MD, MPH
Vijay Goli, MD, FACS
Victor E. Grigorlev, MD, FACS
Steven B. Kurtz, MD
R. David Larsen, MD, FACS
O. Alex Lesani, MD
Lawrence H. Newman, MD, FACS
William B. Steinkohl, MD, FACS
William R. Wise, MD, FACS
Jeffrey M. Zapinsky, MD, FACS

LAS VEGAS UROLOGY

Diplomates of the
American Board of Urology

May 14, 2019

Nevada State Board of Medical Examiners
c/o Monica C. Gustafson, CMBI
Senior Investigator
9600 Gateway Dr.
Reno, Nevada 89521

Re: BME Case No. 17-17424
Patient [redacted]
Response Letter of Victor Grigoryev Grigg, M.D.

Ms. Gustafson:

Thank you for the opportunity to respond to the Board's March 11th letter and the additional time in which to do so. I am enclosing an additional copy of my office chartfor the patient. The letter alleges that I failed to timely provide a written statement of my treatment plan for patient, Evelyn Washington when one was previously requested by the Board. As stated in the letter, the Board received medical records from my office for Ms. Washington on October 18, 2017, but no written statement from me was received. First, I apologize for my delayed response. I sent the requested records but did not include a thorough written explanation of the treatment plan for the patient. As I was not a respondent in the original matter, I did not understand the importance of a written statement from me. Further, because I had not seen the patient in more than 4 years, I had no recollection outside the medical records. However, I should have timely communicated that information to the Board and made my best effort to thoroughly summarize the medical records documenting my treatment of the patient, regardless of

Scott L. Baranoff, MD, FACS
Joseph V. Candela, MD, MPH
Vijay Goli, MD, FACS
Victor E. Grigoriev, MD, FACS
Steven B. Kurtz, MD
R. David Larsen, MD, FACS
O. Alex Lesani, MD
Lawrence H. Newman, MD, FACS
William B. Steinkohl, MD, FACS
William R. Wise, MD, FACS
Jeffrey M. Zapinsky, MD, FACS

LAS VEGAS UROLOGY

Diplomates of the
American Board of Urology

my having no independent recollection. It was certainly not my intent to delay the Board's investigation, as I take my obligations to the Board very seriously. I hope my unintentional failings do not lead the Board to conclude otherwise.

Per Ms. Washington's medical records, I saw her in consultation on January 13, 2012. She was referred to me by Dr. James Zeluff. Her history was significant for a hysterectomy on July 6, 2009 performed by Lawson Richter, M.D., as well as recurrent urinary tract infections and a vaginal prolapse. During her hysterectomy, the Sunrise Hospital records I have reflect she also had a cystoscopy, anterior colporrhaphy, paravaginal repair and iliococcygeal vault suspension with mesh performed by Gregory Hsieh, M.D. to address her vaginal prolapse.

At her first visit with me on January 13, 2012, she was complaining of stomach bleeding and mesh erosion. In addition to her hysterectomy and bladder repair, she reported a history of bypass surgery and smoking. In her answers to the Voiding Questionnaire my patients are provided, Ms. Washington indicated she had urinary leakage for 15 months and was taking medication for the issue. She also indicated that her incontinence issues were greatly affecting her life. During my examination, she explained that the mesh was placed in 2009 and she experienced bleeding and some discomfort. As documented in my note, I thought the bleeding was likely the bigger issue, as opposed to stress incontinence but I wanted to further evaluate her. I planned to schedule her for cystoscopy and also wanted an MRI with contrast to better evaluate the mesh and whether she might have a mass affect. Following completion of these studies, I wanted to see Ms. Washington back in follow-up.

After this visit, my office sent a STAT request for medical records from Sunrise Hospital and those records were subsequently received by my office. Per my office chart, Ms.

Scott L. Baranoff, MD, FACS
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Washington was scheduled for an MRI at Desert Radiologists on January 24, 2012 at 8:00 a.m. She ultimately had the MRI on January 27, 2012. The study was read by radiologist, Rajashree Vyas, M.D. Dr. Vyas's findings were of a moderately distended bladder with no definitive abnormality. With the exception of multiple inguinal lymph nodes, all of his findings were normal.

On March 28, 2012, I performed a cystoscopy for Ms. Washington. During the procedure, I found no evidence of carcinoma in situ, tumors, stones or other abnormalities. I also scoped the vagina, which showed possibly erosion deep in the cuff with noticeable bleeding. The cystoscopy was completed without incident. A urine culture was also sent out to Quest Diagnostics. As documented in my note, I discussed with the patient that her bleeding was likely caused by her Prolift mesh and I wanted to perform a robotic revision of the mesh. As is my normal practice, I discussed the mesh revisionl and associated risks and potential benefits. I also wanted to do a pressure flow to better evaluate her voiding issues before revising or removing the mesh. She was to return to me for the recommended pressure flow but did not do so.

Per my chart, Ms. Washington did not return to my office until March 10, 2014. At that time, she was complaining of bleeding in her stomach and blood in her urine. I noted that I had treated her 2 years earlier for Prolift exposure and she returned with worsening pain and blood. By this visit, she reported she had stopped smoking. On physical examination, she had deep tightness, discharge and mesh exposure. She was also complaining of pain. We took a urine culture and sent it to the lab for analysis. Given the length of time since her last treatment, I recommended a cystoscopy for further evaluation of her hematuria. Her urinalysis was negative and her cystoscopy was scheduled for April 3, 2014.

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Ms. Washington ultimately did not proceed with the cystoscopy and did not return to see me after her March 10th visit. As I mentioned above, I have no independent recollection of this patient and my summary is based upon review of my medical records as well as my custom and practice.

I regret not better explaining that I had no recollection of the patient earlier, when the Board initially requested. I apologize for any misunderstanding and hope this summary provides the information necessary for the Board to complete its investigation. It was never my intent to disregard the Board or to impede its ability to timely investigate Ms. Washington's care and treatment. Please contact me if the Board has any further questions and I will make every effort to provide any additional information that is needed.

Thank You,

Victor Grigoriev, M.D.

Enclosure

NORTHWEST

7500 Smoke Ranch Road
#200, Las Vegas, NV 89128
(702) 233-0727

7200 Cathedral Rock Drive
#180, Las Vegas, NV 89128
(702) 341-9000

SOUTHWEST

7150 W. Sunset Road
#201a, Las Vegas, NV 89113
(702) 233-0727

5320 S Rainbow Blvd
#272, Las Vegas, NV 89118
(702) 948-1199

GREEN VALLEY

1701 N. Green Valley Pkwy
#10-c, Henderson, NV 89074
(702) 896-9600

9053 S. Pecos Road
#2900, Henderson, NV 89074
(702) 735-8000

8915 S. Pecos Road
#19a, Henderson, NV 89074
(702) 341-9000

Las Vegas Urology

Victor E Grigoriev, M.D. F.A.C.S. *Diplomate, American Board of Urology*
Steven Kurtz, M.D. *Diplomate, American Board of Urology*
Joseph V. Candela, M.D., M.P.H. *Diplomate, American Board of Urology*
Vijay Goli, M.D., F.A.C.S. *Diplomate, American Board of Urology*
O. Alex Lesani, M.D. *Fellowship Trained in Laproscopy & Robotic Surgery*

Patient Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

I, [redacted], understand that as part of my health care, Las Vegas Urology originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among the many health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill
- A means by which a third-party payer can verify that services billed were actually provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals

I understand and have been provided with a Notice of Information Practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent,
- The right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations

I understand that Las Vegas Urology is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I further understand that Las Vegas Urology reserves the right to change their notice and practices and prior to implementation, in accordance with Section 164.520 of the Code of Federal Regulations.

I understand that as part of this organization's treatment, payment or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax.

*Our practice may use and disclose your individually identifiable health information (IIHI) for research purposes in limited circumstances. *Accept ☑ Decline ☐

I fully understand and accept ☐ decline ☑ the terms of this consent.

Patient's Signature _____ Date 1-13-12

7500 Smoke Ranch, #200, Las Vegas, NV 89128 7150 W. Sunset Rd., #201, Las Vegas, NV 89113
(702) 233-0727 • Fax (702) 233-4799

Date: 1-13-12 Dr. Candela ____ Goli ____ Kurtz ____ Grigoriev ____ Lesani ____ Med. Record #: ____

Name/Last: [redacted] First: [redacted] Middle Initial: J

Social Security #: [redacted] Sex: F Date of Birth: [redacted] Age: 53

Address: [redacted] Patriot Summit Cir Marital Status: S

City, State, Zip: NLV, NV 89031 Telephone #: [redacted]

Referring Physician: Dr. Zuluff Referred by Other: ____

Responsible Party (person responsible for bill)

Insured Name: [redacted] Telephone #: [redacted]

Relationship to Patient: Self Social Security #: [redacted]

Address: [redacted] Patriot Summit Cir

City, State, Zip: NLV, NV 89031

Patient Employer Information

Occupation: Legal Secretary

Employer: Kermitt Waters Law Offc.

Address: 704 S. 9th St.

City, State, Zip: N Las Vegas, NV 89101

Telephone #: 733-8877

Insured Employer Information

Employer: ____

Address: ____

City, State, Zip: ____

Telephone #: ____

Social Security #: ____

Date of Birth: ____

Emergency Contact Information

Name of Contact Not Living With Yo [redacted] Relationship: Brother

Address: ____ Telephone #: [redacted]

City, State, Zip: ____

Insurance Information

Primary Insurance: ____ Insureds Name: ____

Social Security #: ____ Date of Birth: ____

ID #: ____ Group #: ____

Additional Insurance: ____ Insureds name: ____

Social Security #: ____ Date of Birth: ____

ID #: ____ Group #: ____

The above information is complete and correct. I authorize release of information necessary to file a claim with my insurance company and I assign benefits to Las Vegas Urology. We will gladly file your insurance claim, however payment for co-pays and deductibles are required at the time services are rendered. We cannot guarantee payment to Las Vegas Urology. We have an agreement with you, not your insurance company for payment. In the event your insurance company denies a claim you will become responsible for all amounts not covered, payable to Las Vegas Urology. Parents/guardians are responsible for services rendered to a minor.

I authorize release of all medical records to referring and primary care physicians and the insurance company, as applicable. I authorize fax transmission of medical records if necessary.

Preferred Pharmacy Walgreens Pharmacy Phone # ____

Address ____

I hereby authorize the above pharmacy to transmit information through electronic prescribing. This Authorization shall continue and be in full force and in effect until revoked in writing by me.

[redacted] 1-13-12

Signature of Patient or Responsible Party Date

JAN. 16. 2012 3:55PM NO. 5734 P. 1/1

D1385128 99810427

Las Vegas UROLOGY

Scott L. Baranoff, MD, FACS.
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Elliot Horowitz, MD, FACS
Michael S. Kaplan, MD

Steven B. Kurtz, MD
R. David Larsen, MD, FACS
O. Alex Legani, MD
William S. Steinkohl, MD, FACS
William R. Wise, MD
Jeffrey M. Zaplinsky, MD, FACS

[ ] STAT Request

Date: 1-16-12

To: Sunrise
ph# 731-8663 Fax 892-3686

Patient Name: [redacted]

SS#: [redacted]

D.O.B.: [redacted]

Please release [X] all medical records [ ] Labs [ ] Radiology Reports [ ] Doctor consultation notes you have on file to, Las Vegas Urology. Please send the records to:

7500 Smoke Ranch Rd.
Suite 200
Las Vegas, NV 89128
Phone: (702) 233-0727
Fax: (702) 233-4799

7150 W. Sunset Rd.
Suite 201-A
Las Vegas, NV 89113
Phone: (702) 233-0727
Fax: (702) 385-4346

If you have any questions please contact our office at the number listed.

Emily Wattster
Patient Signature

1-13-12
Date

Christine Wood
Witness

DATE OF ADMISSION: 07/06/2009

DATE OF DISCHARGE: 07/09/2009

This patient is a 58-year-old African-American female gravida 2, para 2 with symptomatic vaginal prolapse who on the day of admission underwent an exam under anesthesia, cystoscopy, anterior colporrhaphy, paravaginal repair and iliococcygeal vault suspension with mesh augmentation (anterior Prolift with ureterolysis and abdominal hysterectomy that was performed by her OB/GYN Dr. Richter. Postoperatively, she recovered without event. On the first postoperative day, she was not passing any flatus and tolerating liquids. Vitals remained stable with no fever, O2 saturation on room air was 95%-100%, urinary output my shift 550 mL. The abdominal examination was benign. The incision was covered with a dry dressing. Postoperative labs: Creatinine 0.72, white count 8100, hemoglobin 9.3, platelets 207,000. Her diet was advanced as tolerated, was passing flatus. She having adequate pain control with an epidural and she was advised to increase her activity. These were all achieved in the following day and apparently was discharged home by Dr. Richter on 7/8/09 for routine followup.

Geoffrey Hsieh , MD

CC:

/lh:422465
DD: 360; iChart 09/01/2009 17:50:52 (EST)
DT: 09/02/2009 07:14:08 (EST)
Voice Job ID: 27178045, Document ID: 24995898, Physician Job ID: 511292
Editor: 422465, Last Edit: 09/02/2009 07:14:08 (EST)
Manually Signed by GEOFFREY HSIEH

SUNRISE HOSPITAL AND MEDICAL CENTER
SUNRISE CHILDREN'S HOSPITAL
3186 S. Maryland Parkway
Las Vegas, NV 89109
DISCHARGE SUMMARY

WASHINGTON,EVELYN L
D00099810427 /D001385928
HSIEH,GEOFFREY
ADMITTED: 07/06/09
DISCHARGED: 07/09/09

DATE OF PROCEDURE: 07/06/2009

PREOPERATIVE DIAGNOSES:
Fibroid uterus, pelvic pain, metrorrhagia.

POSTOPERATIVE DIAGNOSES:
Fibroid uterus, pelvic pain, metrorrhagia.

OPERATING SURGEONS:
Lawson Richter, MD, and Geoffrey Hsieh, MD

OPERATIVE PROCEDURE:
Total abdominal hysterectomy and bilateral salpingo-oophorectomies with paravaginal repair (please see Dr. Hsieh's dictation).

ANESTHESIA:
Dr. Monk, with general endotracheal tube anesthesia.

DRAINS:
Foley to gravity.

ESTIMATED BLOOD LOSS:
As per anesthesia.

OPERATIVE PROCEDURE:
With informed consent signed, time-out for identification of the patient and the operative site, testing for the adequacy of anesthesia, the patient was prepped and draped in the dorsal supine position with the Allen stirrups on. Sharp and blunt dissection was used to gain entrance into the skin with a midline incision down through the skin and subcutaneous fat and down to the fascial layer. The fascia was nicked superior and inferior and then entrance into the parietal peritoneum was affected without incident.
Because of the patient's past history of abdominoplasty, great care was taken to get inside the uterus and this was accomplished. Massive adhesions were encountered and these were slowly lysed and taken down. Eventually the uterus was found. Pans were used at the angles so as to allow traction, as well as Lahey clamp. The round ligaments were transected bilaterally. Please see Dr. Hsieh's dictation for ureterolysis, which was seen to be necessary in order to go forward with the hysterectomy because of the massive adhesions and distortion of the pelvic contents. Eventually, 0 Vicryl with clamp and tie technique was used to go down through the uterus to eventually include the uterosacral ligaments. These were held long. The maximum portion of the vagina was saved, so as to allow for normal relations and not to shorten the vagina. The vaginal cuff was closed in 5 locations with 0 Vicryl and the good hemostasis.
Needle and sponge counts were deemed correct x1. Seprafilm was used to cover the cul-de-sac after the placement of _____ and the parietal peritoneum, as well as the abdominal rectus muscles were located in 3 locations. Then the second needle and sponge counts were deemed correct. The fascia was closed using double-looped PDS to _____ this, the inferior angle meeting in the midline. This stitch was subsequently buried by using 2-0 Rapide. With the third needle and sponge counts deemed correct, the skin was subsequently closed using staples.

During the course of the operation, it was seen that the patient drained

approximately 125 mL of clear amber urine. She was stable and doing fine. At this point, the incision was covered with a sterile drape and the surgeon went to the perineum. _____ were repositioned. Please refers to Dr. Hsieh's dictation for the subsequent surgeries.

The patient did well and was eventually taken to the recovery room in stable condition.

Lawson C. Richter, MD

CC:
Geoffrey Hsieh , MD

LCR/cl:422558
DD: 360; iChart 07/07/2009 10:07:49 (EST)
DT: 07/07/2009 11:28:55 (EST)
Voice Job ID: 25819759, Document ID: 23726029, Physician Job ID: 489341
Editor: 422593xc, Last Edit: 07/07/2009 12:21:02 (EST)
Manually Signed by LAWSON C RICHTER

DATE OF ADMISSION: 07/06/2009

The patient is a 58-year-old African-American female , gravida 2, para 2, who is planning to undergo hysterectomy with her obstetrician/gynecologist, Dr. Richter. She was referred for evaluation and for concomitant prolapse. She complains of vaginal pressure and significant urinary urgency. She has a history of urinary tract infections, status post recent treatment with antibiotics. Her hysterectomy was previously scheduled; however, canceled due to recurrent urinary tract infections. She did undergo multichannel urodynamic testing with prolapse reduction that showed no evidence of potential stress incontinence.

ALLERGIES:
No known drug allergies.

MEDICATIONS:
Lortab, aspirin and finished a course of some type of penicillin derivative.

PAST MEDICAL HISTORY:
As above.

PAST SURGICAL HISTORY:
Gastric bypass, myomectomy.

OBSTETRIC HISTORY:
Two vaginal deliveries, largest infant 6 pounds 7 ounces.

GYNECOLOGY HISTORY:
The patient is sexually active. Last Pap 07/2008. Mammograms 05/2009.

SOCIAL HISTORY:
Denies alcohol or drug use. Smokes cigarettes.

PHYSICAL EXAMINATION:
HEENT exam is grossly normal. Neck is supple without mass or goiter. Lungs are clear to auscultation bilaterally. Cardiac exam: Regular rate and rhythm. Abdomen is soft, nontender, no masses. Back: No CVA tenderness. Pelvic exam: A hypermobile urethra is confirmed by Q-Tip test. External genitalia without lesions. Cervix and uterus were normal. Uterus is enlarged at 10 to 12 weeks size. Adnexa: No masses, nontender. Prolapse examination shows grade 2 to 3 cystocele, grade 1 rectocele, grade 1 uterine descensus.

ASSESSMENT:
Symptomatic vaginal prolapse with urinary urgency and recurrent urinary tract infection.

PLAN:
In addition to Dr. Richter's hysterectomy, she will also undergo cystoscopy, anterior colporrhaphy, paravaginal repair and iliococcygeal vault suspension with mesh augmentation to address her vaginal prolapse. She was instructed to discontinue use of aspirin 1 week prior to surgery.

Geoffrey Hsieh , MD

SUNRISE HOSPITAL AND MEDICAL CENTER
SUNRISE CHILDREN'S HOSPITAL
3186 S. Maryland Parkway
Las Vegas, NV 89109
HISTORY & PHYSICAL

WASHINGTON,EVELYN L
D00099810427 /D001385928
HSIEH,GEOFFREY
ADMITTED:
ROOM: D.RRH

CC:

/jb:422822
DD: 360; iChart 07/06/2009 02:17:21 (EST)
DT: 07/06/2009 02:46:48 (EST)
Voice Job ID: 25785069, Document ID: 23693279, Physician Job ID: 488868
Editor: 422822, Last Edit: 07/06/2009 02:46:48 (EST)
Manually Signed by GEOFFREY HSIEH

SUNRISE HOSPITAL AND MEDICAL CENTER
SUNRISE CHILDREN'S HOSPITAL
3186 S. Maryland Parkway
Las Vegas, NV 89109
HISTORY & PHYSICAL

WASHINGTON, EVELYN L
D00099810427 /D001385928
HSIEH, GEOFFREY
ADMITTED:
ROOM: D.RRH

Patient Name: WASHINGTON,EVELYN L
Unit No: D001385928

Exams:	REASON FOR EXAM:	CPT CODE:
003159562 CHEST AP/PA PORTABLE	XX NOL XX - NOT ON LIST	71010

PROCEDURE: Chest X-Ray, Single View

DATE: Jul 3, 2009 10:12:00 AM

HISTORY: SOB

COMPARISON: none

FINDINGS: The cardiac and mediastinal silhouettes are within normal limits. There is no acute consolidation, effusion, or pneumothorax. The trachea is midline. The bony structures demonstrate no acute pathology.

IMPRESSION: Negative one view chest.

** Electronically Signed by Jonathan W. Bold M.D. **
** on 07/03/2009 at 1018 **
Reported and Signed by: Jonathan W. Bold M.D.

CC: GEOFFREY HSIEH; LAWSON C RICHTER

Dictated Date/Time: 07/03/2009 (1018)
Technologist: CHAD M DUNKERLEY; GEORGE R. SPECHT
Transcribed Date/Time: 07/03/2009 (1018)
Transcriptionist: PWS
Electronic Signature Date/Time: 07/03/2009 (1018)
Orig Print D/T: S: 07/03/2009 (1021)
Reprint D/T: 01/16/2012 (1641) Batch No: N/A

Name: WASHINGTON,EVELYN L
Phys: HSIGE - HSIEH,GEOFFREY
DOB: 10/30/1958 Age: 50 Sex: F
Acct No: D00099810427 Loc: UNK
Exam Date: 07/03/2009 Status: Unk

SUNRISE HOSPITAL/MED CTR - OR
SUNRISE CHILDRENS HOSPITAL
3186 S MARYLAND PKWY
LAS VEGAS NV 89109
Ph: 731-8060 Fax: 731-8308

01/16/12 Sunrise Hospital & Medical Center Page 1
1641 3186 Maryland Pkwy, Las Vegas, NV 89109
Clinical Lab Medical Director - R.J. Knoblock, M.D.
Pulmonary Lab Medical Director - Ralph M. Nietrzeba, M.D.

PATIENT: WASHINGTON,EVELYN G ACCT #: 0010998104227 LOC: D.WS U.# 00019[illegible]
AGE/SX: 50/F ROOM: D.3115 REG: 07/06/09
REQ DR: HSIEH,GEOFFREY DOB: 10/30/[illegible] BED: 0 DIS: 07/09/09
STATUS: ORS-IN FLOC:

SPEC #: SZ:S09-6378 RECD: 07/06/09-1336 STATUS: SOUT REQ #: 11328073
COLL: 07/06/09- SUBM DR: HSIEH,GEOFFREY

ENTERED: 07/06/09-1337 SP TYPE: SURGICAL OTHR DR: NO PRIMARY OR FAMILY PHYSICIAN
RICHTER,LAWSON C

ORDERED: *BLOCK1/8, 88307

CLINICAL HISTORY

CLINICAL HISTORY: SUBSEROUS LEIOMYOMA, POST MENOPAUSAL BLEEDING, ACTIVE BLADDER, PROLAPSE
PROCEDURE/FINDINGS: TAH, BSO, ANTERIOR REPAIR, PARAVAGINAL REPAIR, ILEOSUSPENSION W/MESH
SPECIMEN(S):
A. UTERUS, BOTH TUBES AND OVARIES

FINAL DIAGNOSIS
A. UTERUS, CERVIX, HYSTERECTOMY:
NO DIAGNOSTIC ABNORMALITY.

UTERUS, ENDOMETRIUM, HYSTERECTOMY:
ATROPHIC ENDOMETRIUM. SEE COMMENT.
NO HYPERPLASIA OR MALIGNANCY IDENTIFIED.

UTERUS, MYOMETRIUM, HYSTERECTOMY:
LEIOMYOMAS.
ADENOMYOSIS.
FIBROVASCULAR SEROSAL ADHESIONS.
NO MALIGNANCY IDENTIFIED.

OVARIES, RIGHT AND LEFT, BILATERAL SALPINGO OOPHORECTOMY:
NO DIAGNOSTIC ABNORMALITY.

FALLOPIAN TUBES, RIGHT AND LEFT, BILATERAL SALPINGO OOPHORECTOMY:
NO DIAGNOSTIC ABNORMALITY.

Dictated by: Hughes,Jonathan MD

** CONTINUED ON NEXT PAGE **

SPEC #1 82-909-63761 PATIENT: WASHINGTON, EVELYN L. #D0099810427 (Continued)

GROSS DESCRIPTION

A. The specimen is received fresh labeled "Washington, Evelyn L., uterus, both tubes and ovaries." Excluding bilateral adnexa, the uterus and attached cervix weigh 131 gm and are 11.0 cm long by 5.5 cm between the cornua by 6.0 cm in AP thickness. The serosa is tan-pink and roughened by congested adhesions. The ectocervix is tan-pink to hyperemic. The cervical os, endocervical canal and uterine cavity are patent. The endometrium is tan-pink and 0.2 cm thick. The trabeculated myometrium ranges up to 3.5 cm thick and demonstrates multiple intramural submucosal and subserosal nodules that range from 0.7 to 3.0 cm in maximum dimension. Also identified is a subtle whorled cystic area devoid of contents. No other abnormality is identified. The right ovary is 3.5 x 2.0 x 1.0 cm. The capsule is tan-pink and intact. Sectioning demonstrates grossly unremarkable ovarian parenchyma. The adjacent focally adherent fimbriated fallopian tube is 4.5 cm long by 0.7 cm in diameter and is grossly unremarkable. The left ovary is 3.5 x 2.5 x 1.3 cm. The capsule is tan-pink and intact. Sectioning demonstrates grossly unremarkable ovarian parenchyma throughout. The adjacent focally adherent fimbriated fallopian tube is 4.5 cm long by 0.5 cm in diameter and is grossly unremarkable. Representative sections are submitted as A1 serosa; A2 cervix; A3 endomyometrium; A4-A5 discrete gray-white whorled nodules; A6 subtle whorled cystic area; A7 right tube and ovary; A8 left tube and ovary. (MT/MAE/vxt)

MICROSCOPIC/COMMENT

A. Sections of the cervix show that it is lined by mature ectocervical squamous mucosa and mature endocervical glandular mucosa. No squamous dysplasia or endocervical glandular atypia is identified.

Sections of the endometrium show an atrophic pattern. No endometrial hyperplasia or malignancy is identified. Features of chronic endometritis are not present.

Sections of the grossly identified myometrial nodules show that they are composed of mature smooth muscle, consistent with leiomyomas. Focal adenomyosis is also present (slide A6). No myometrial malignancy is identified. The overlying uterine serosa contains fibrovascular adhesions, but is otherwise unremarkable.

Sections of both ovaries show preservation of the normal architecture with the usual spindled stroma. No malignancy is identified.

Sections of both fallopian tubes are unremarkable. (JHH/mdm)

** CONTINUED ON NEXT PAGE **

SPEC #: SZ 509-5278 PATIENT: WASHINGTON,EVELYN L #D0009981027 (Continued)

*

INTERPRETATION PERFORMED AT:
SUNRISE HOSPITAL 3186 MARYLAND PARKWAY LAS VEGAS, NV 89109

Final: Hughes,Jonathan MD * 07/07/09 by HUGJO

** END OF REPORT **

NAME: [redacted] AGE: 53 DATE: 1-13-12

WHAT ARE YOUR YOUR MAIN SYMPTOMS? Stomach Bleeding / Mesh Erosion

	YES	NO
Slow flow or stream		✓
Incomplete emptying		✓
Frequent urination		✓
Urinating at night		✓
If yes, how many times		
Urinary dribbling		
Blood in your urine	✓	
Kidney stones		✓
Urinary infections		✓
Venereal diseases		✓
Incontinence (urine loss)		✓
Painful or burning urination		✓

MEN ONLY	YES	NO
Erectile dysfunction		
Partial or total?		
Blood in your semen		
Have you had a vasectomy?		

WOMEN ONLY	YES	NO
Are you pregnant?		✓
Last period		
Painful sexual activity	✓	
Pelvic pain		✓
Endometriosis		✓
Have you had a hysterectomy	✓	

PAST MEDICAL, FAMILY, SOCIAL HX (check and circle which apply)	YOU	FAMILY
Blood pressure, vascular or (bypass surgery)	✓	
Strokes, seizures, head injury, back or spinal injury, Parkinsonism		
Heart attacks, heart failure, irregular heart rhythm		
Breathing problems (asthma, emphysema, chronic bronchitis)		
Stomach disorders (constipation, bloody stool, diverticulitis)		
Prosthetic or implant surgery (heart valves, orthopedic, penile)		
Diabetes, thyroid or other endocrine conditions		
History of tuberculosis or hepatitis		
Blood thinners (Coumadin, aspirin, Motrin, Plavix)		
History of prostate, bladder, kidney, or _____ cancer		
Risk for HIV (homosexual, blood transfusions, hemophilia)		
Do you or have you ever smoked? If you quit, when? _____	✓	
Alcohol or drug _____ use (social, moderate, heavy)		

REVIEW OF SYSTEMS (*Circle all those which apply*)

GENERAL SYMPTOMS: Fever/chills; weight loss/gain; other _____
EYES: Blurred vision; glaucoma; other _____
NEUROLOGIC: Headache; tremors; dizziness; numbness/tingling; other _____
ENDOCRINE: Excessive thirst; too hot/cold; tired/sluggish; other _____
GASTROINTESTINAL: Abdominal pain; indigestion; nausea/vomiting; other _____
CARDOVASCULAR: Chest pain; palpitations; swollen or painful legs; other _____
SKIN: Rash; itching; other _____
MUSCULOSKELETAL: (Arthritis); joint, neck or back pain; other _____
RESPIRATORY: Frequent cough; coughing blood; shortness of breath; other _____
HEMATOLOGIC: Anemia; swollen glands; bleed easily; other _____
PSYCHOLOGIC: Depressed; anxious; other _____

Patient Name [redacted] Date: 1/13/2012

Allergies: NKDA

Current Medications	Start/Stop	Current Medications	Start/Stop
Vicodin			

Surgical History/Operations Performed	Date	Medical History
Hand surg / carpal tunnel		
Hysterectomy / bladder repair	09	
Dr Ritchie Lawson		
2009		

History of Present Illness	Physical Examination
Chief Complaint: Poss Prob p Mesh in 09.?	
DX:	
Plan:	

Ht - 5'3

Wt - 120

[redacted]

1/13/2012

VOIDING QUESTIONAIRE

1. How long have you had the problem of urinary leakage? 15 mos.
2. Have you ever been treated for urinary leakage before? (YES) NO
   If yes, what treatment was done (surgery, exercises, medications, etc.)
   Medication
3. How many deliveries have you had?
   2
4. Have you ever had a c-section? YES (NO)
5. Have you ever had a hysterectomy? (YES) NO
   When? 7-09
6. Any other gynecological surgeries? None

7. Have you had a back injury or surgery on your spinal cord? YES (NO)
8. Do you have diabetes (sugar)? YES (NO)
9. Do you have muscle weakness, paralysis, tremors, numbness, or tingling in your hands or feet? (YES) NO
10. Do you have a chronic cough? YES (NO)
11. Do you have a history of bladder infections (cystitis)? YES (NO)
12. Are you sexually active? (YES) NO
13. Do you lose urine with any of the following?
    - Laughing (YES) NO
    - Lifting YES (NO)
    - Active exercise YES (NO)
    - Minimal exercise YES (NO)
14. Do you lose urine before you can get to a bathroom or toilet? YES (NO)
15. How many protective pads do you wear a day? 2
    Are they (DAMP) WET SATURATED
16. I urinate every ☐ **1/2 hour** ☐ **1hr** ☐ **2hr** ☐ **3 hr** ☐ **5hr or** ☒ **greater** during the day.
17. I get up ☒ **0** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5 or** ☐ **greater** times at night.
18. Do you have to strain to have a bowel movement? (YES) NO
19. How has the problem or urinary leakage affected the quality of your life?

No Sexual Activity

☐ Initial Questionnaire
☐ Follow up Questionnaire

CHARACTERIZATION OF URINARY LEAKAGE

1. How many protective pads do you change per day? 3

   Are they: damp ☒ wet ☐ saturated ☐ at each change?

		always	frequently	occasionally	never
2.	Do you lose urine in sudden, large amounts as if your whole bladder has emptied uncontrollably?	☐	☐	☐	☒
3.	Have you had a sensation of not emptying your bladder after you just finished urinating?	☐	☐	☒	☐
4.	Do you need to strain to urinate?	☐	☐	☐	☒
5.	Have you had to urinate less than two hours after you last urinated?	☐	☐	☐	☒
6.	Do you find it difficult to postpone urination?	☐	☐	☐	☒
7.	How many times do you get up at night?	☐	☐	☐	☒
8.	Is your stream weak?	☐	☐	☒	☐
9.	Do you have difficulty initiating urinary stream?	☐	☐	☐	☒
10.	Does your urine stream stop and start several times?	☐	☐	☒	☐
11.	Do you lose urine when lifting heavy objects?	☐	☐	☐	☒
12.	Do you lose urine when getting up from the char?	☐	☐	☐	☒
13.	Do you lose urine when laughing or sneezing?	☐	☐	☐	☒
14.	Do you lose urine when opening your front door?	☐	☐	☐	☒
15.	Do you lose urine on your way to the bathroom?	☐	☐	☐	☒

ON A SCALE OF 0 (NOT AT ALL) TO 10 (SIGNIFICANTLY)
HOW DOES INCONTINENCE INTERFERE WITH YOUR LIFE?

0 1 2 3 4 5 6 7 8 9 10

Evelyn Washington **1/13/2012**

Account [redacted]
Patient James Zeluff MD
Ref. Phys.

Victor E. Grigoriev MD 1:00
01/13/2012
West

United Healthcare - PPO/POS

Balance $0.00

Total Due Today

Total Paid 50.00 Cash

Consultation
___ 9934 Consultation
OV New Pt.
___ 9920 OV Initial
OV Estab. Pt
___ 9921 OV F/U
___ 9902 Post-op Visit
___ G0102 Pros. Screen Digital
Cystoscopy
___ 52000P Cysto
___ 52332P Cysto Stent Insertion
___ 52204P Cysto w/bx
___ 52214P Cysto bladder/fulguration
___ 5281P Cysto cal
___ 52310P Cysto rem FB/CA
___ 53600 Dil/M/Initial
___ 53601 Dil/M/subseque
___ 53620 Dil/M/F&F/Initial
___ 53621 Dil/M/F&F/subs
___ 53660 Dil/F/Initial
___ 53661 Dil/F/subseque
___ 52276P DVIU
Miscellaneous
___ 64555 Urgent PC
___ A4648 Marker placement

Impotence
___ 93980P Penile Doppler
___ 95904 Penile Biosthesi
___ 54250 Rigiscan
___ 0001 Vac Demo
___ 54235 Corpora cavernо
___ J3130P Testosterone/Ptmed
Vasectomy
___ 55250P Vasectomy
Penile Treatment
___ 54060P Condylo excis
___ 54050 Penile les/chem
___ 54056 Penile. cryo
___ 54100 Bx of penis
Collagen/Macroplastique
___ 95028P Skin Test
___ 51715 Coll implant/cysto
___ 51720 Mitomicine
___ L8603 Coll mod/2.55cc syr
___ L8606 Macroplastique
Procedures
___ 52647 Indigo/laser
___ 53850 Tumt
___ 53852 Tuna

Ultrasound
___ 76775 Bladder/Ab
___ 51798 US PVR
___ 55700P Bx/Prostate
___ 76942P Pros US Guid Bx
___ 76872 US Prostate
___ 76856 PVR Pelvic
___ 76870 US Scrotal
___ 76775A US Renal
Urodynamics
___ 91122P Biofeedback/init
___ 90911 Biofeedback-20min
___ 51726P CMG
___ 51784 EMG
___ 51728 Pressure flow
___ 51741P Uroflow-Complex
Catheterization
___ A4351P Intermit/Str. Tip
___ A4352P Intermit/Coude
___ A4338P Indwelling/Str. Tip
___ A4340P Indwelling/Coude
___ 51705P SP Tube chg

Irrig/Instill
___ J1212P Instill/DMSO
___ 50391 Instl thru nephrostomy
___ 51700P Irrig/saline/KCL
___ J1644P Irrig/heparin
___ J9031P Instill/BCG
___ J9291P Instill/Mitomycin
___ J9214P Instil/Inter fer/50qty
LH - RH
___ J9217P Lupron/eligard/___mo
___ J3315 Trelstar ___mo
___ J9155 Degarelix
___ J9202P Zoladex 3.6mg x 3
___ J9225 Vantas
___ J1080 Testosterone
Laboratory
___ 99000 Specimen handling
___ 81002 Urinalysis
___ 36415 Venipuncture
___ 84153 PSA prostate speci
___ G0103 Prostate Screen PSA
___ 86924 NMPZ/Cystola
___ 88112 Cytology

DIAGNOSIS CODES

___ 88305 Surgical Pathology
___ 788.21 Incomplete empyti
___ 559.4 Bld/weak/non-NGB
___ 600.00 BPH
___ 600.01 BPH w/obstruc
___ 600.90 Prost hyperplasia
___ 600.91 Prost hyper w/obstr
___ 592.0 Calc, kidney
___ 592.1 Calc, ureter
___ 188.9 CA, Unspecified
___ 189.0 CA, kidney
___ 185 CA, prostate
___ 078.10 Condyloma
___ 595.0 Cystitis/acute/hem
___ 595.2 Cystitis, chronic
___ 595.1 Cystitis, interstitial
___ 618.02 Cystocele Lateral
___ 618.01 Cystocele Midline
___ 618.04 Rectocele
___ 250.60 Diabetes, non-insulin
___ 250.61 Diabetes/insul dep
___ 788.1 Dysuria/painful un
___ 604.90 Epididymitis/orchiti
___ 939.0 Foreign body/bladder
___ 788.91 Functional Urin Incon
___ 608.83 Hematospermia/fourni
___ 559.70 Hematuria uns.
___ 599.71 Hematuria gross
___ 599.72 Hematura micro
___ 259.92 Hot flashes, male
___ V10.51 Hx, personal BCA
___ V13.01 Hx, personal urinary
___ V10.46 Hx, personal PCA
___ 591 Hydronephrosis
___ 302.72 Impotence, decreased
___ 607.84 Impotence
___ 788.30 Incont, general
___ 599.82 Incont/SD (Sphinc)
___ 788.33 Incont/mixed/UI/SUI
___ 625.6 Incont/SUI/Female
___ 788.30 Incont/urge
___ 236.7 Neoplasm/bld/uncert
___ 236.99 Neoplasm/GU/unce
___ 236.5 Neoplasm/prosta/un
___ 236.91 Neoplasm/renal/unc
___ 596.54 MGB/NOS
___ 788.43 Nocturia
___ 596.0 Obstruc/bld neck
___ 789.00 Pln,ab/pelvic,unsp
___ 789.09 Pain/flank/other spec
___ 788.99 Other Urinary symp
___ 625.9 Pain, pelvic/female
___ 608.89 Pain/mass/testes/sc
___ 607.85 Peyronie's disease
___ 605 Phimosis/paraphimo
___ 788.35 Post-Void dribbling
___ V67.00 Post-Op visit
___ V76.44 Prostate screening
___ 618.02 Rectocele/cystocele
___ 233.4 PIN/prostate
___ 601.1 Prostatitis, chronic
___ 790.93 PSA elevated
___ 593.2 Renal cyst/simple
___ 585 Renal failure/chronic
___ 788.0 Renal colic/ureter
___ 608.4 Scrotal/abscess/inf
___ V72.7 Skin test/collagen
___ 788.62 Stream/slow/weak
___ 236.4 Testicular neoplasm
___ 598.9 Urethra stric/steno
___ 597.81 Urethral syndrome
___ 788.41 Urinary frequency
___ 788.63 Urinary urgency
___ 788.21 Urinary retention
___ 599.0 UTI/urosepsis/pyuria
___ V25.2 Vasectomy
___ 793.5 X-Ray filling defect
___ _____

DX Tests
___ CBC (c, s diff)
___ Chem, Basic
___ Chem, Met
___ Cytology
___ FSH, LH
___ Prolactin

DX Tests
___ PSA (free/total)
___ Testosterone/free
___ Testosterone/total
___ U/A
___ Urine Cx/Sens
___

Tests Biofeedback
___ Biothesiometry
___ CMG/Valsalva
___ Flow/Bld Scan
___ Penile Doppler
___ Press/Flow

Tests
___ Press/Flow/EMG
___ Press/Flow Valsalva
___ Rigiscan
___ Vac Demo
___ Videourodynamics
___ Urgent PC

X-Rays/Nuc Scan
___ Abdomen U/S
___ Bone Scan
___ Chest X-ray
___ CT (AB/Pelv)C/S
___ CT (AB/PELV)Stone

X-Rays/Nuc Scan
___ CTU w/without
___ Cystogram
___ DTPA c Lasix
___ DTPA s Lasix
___ IVP
___ IVP (non-ionic)
___ KUB

X-Rays/Nuc Scan
___ MRI
___ Mag-3 final Sc
___ Nephrostogram
___ Pelvic U/S
___ Renal Tomos
___ R/S Cystogram

X-Rays/Nuc Scan
___ Renal U/S
___ Scrotal U/S
___ Trus/BX
___ Trus/only
___ VCUG
___

625.9
599.7

DR
Pelvis c contrast
Other: _____ Referral: _____

Post. _____ F/U _____ PF/U: _____

CI: _____ CO: _____

Encounter Note by Victor E. Grigoriev MD (DOS: 01/13/2012)

[redacted]

Chief Complaint: problems with mesh
Onset Date: not entered

Patient comes in because Dr. James Zeluff asked for urologic consultation.

(Letter detailing recommendations and copy of consultations faxed to the referring physician).

Chief Complaint: Problems after mesh done in 2009

History of Present Illness: The patient had mesh placed in 2009 during a hysterectomy which was done by Dr. Rector or maybe Dr. Lawson and Dr. Hsieh I believe did a repair. It is not clear what exactly she had placed. The patient was noted to have some bleeding. She was referred to me by Dr. Zeluff. The patient is mostly bothered by bleeding, although there is some discomfort as well. She does wear a couple of pads a day, but I believe it is mostly from bleeding, but not necessarily from stress urinary incontinence. She does not have any nocturia and she does not have significant frequency.

See scanned

Review of Systems
Family and Social History
Medications and Allergies

PHYSICAL EXAMINATION: See intake form for vital signs.

General:	·Well developed, well nourished female, normal in appearance.
Neuropsychiatric:	·Alert and oriented, mood normal.
Skin:	·Normal without rash or jaundice.
Neck:	·Normal without JVD.
Thyroid:	·Normal to palpatation.
Respiratory:	·Normal effort, clear to auscultation.
Cardiovascular:	·Regular in rate and rhythm, no murmurs or rubs.
Peripheral:	·Normal pulses, no edema or cyanosis.
Lymphatic:	·No neck, groin or axillary adenopathy felt.
Gastrointestinal:	·Abdomen soft without mass, guarding or rebound tenderness. No bladder distension felt. Kidneys not palpable. ·No hepatosplenomegaly felt. ·No hernias felt. ·Stool specimen not indicated.
Genitourinary:	·External genitalia normal. ·Urethral meatus normal. ·Urethra without mass or tenderness. ·Bladder normal without mass. ·Vagina, appears to have very deep erosion. ·Anus and perineum normal.

Assessment:

Discussion:
Plan: I will schedule the patient for cystoscopy. I would also like to get an MRI because I am still not clear if there might be a mass affect deep and I would like to evaluate the mesh better; therefore, we will get an MRI with contrast and with a full bladder.

Procedures Performed:

Description	Related Diagnosis	Units
LAB: UA by dipstick 81002		1

SG: 1.025
pH: 5
blood: 250
Leu:
Nit:

[redacted] Page 1 of 1

PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: **Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by Nevada law, and not by a lawsuit or resort to court process except as Nevada law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are voluntarily giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

Article 2: **All Claims Must Be Arbitrated:** It is the intention of the parties that this agreement shall cover all existing or subsequent claims or controversies whether in tort, contract or otherwise, and shall bind all parties whose claims may arise out of or in any way relate to treatment or services provided or not provided by the below identified physician, medical group or association, their partners, associates, associations, corporations, partnerships, employees, agents, clinics, and/or providers (hereinafter collectively referred to as "Physician") to a patient, including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

Filing by Physician of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any claim against Physician, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: **Procedures and Applicable Law:** A notice or demand for arbitration must be communicated in writing by U.S. mail, postage prepaid, to all parties, describing the claim against Physician, the amount of damages sought, and the names, addresses and telephone numbers of the patient, and (if applicable) his/her attorney. The parties shall thereafter select an arbitrator to preside over the matter who was previously a court judge. Both parties agree the arbitration shall be governed pursuant to Nevada Revised Statutes (NRS) 38.206 – 38.248, 41A.035, .045, .097, .100, .110, .120, 42.005 and .021 and the Federal Arbitration Act (9 U.S.C. §§ 1-4), and that they have the absolute right to arbitrate separately the issues of liability and damages upon written request to the arbitrator. The parties shall bear their own costs, fees and expenses, along with a pro rata share of the arbitrator's fees and expenses, and hereby waive the provisions of NRS 38.238.

Article 4: **Revocation:** This agreement may be revoked by written notice delivered to Physician within 30 days of signature and if not revoked will govern all medical services received by the patient.

Article 5: **Severability Provision:** In the event any provision(s) of this Agreement is declared void and/or unenforceable, such provision(s) shall be deemed severed therefrom and the remainder of the Agreement enforced in accordance with Nevada and federal law.

Article 6: **Condition of Treatment:** I understand that signing this arbitration agreement is not a condition of my receiving medical treatment.

I understand that I have the right to receive a copy of this agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

EW *INITIAL HERE TO INDICATE THAT YOU HAVE BEEN GIVEN THE DOCUMENT TITLED "A BRIEF LOOK AT ARBITRATION FOR THE PATIENT."*

By: Christine Cloud 1-13-12
Physician or Duly Authorized Representative Signature (Date)

By: Las Vegas Urology
Jeffery Zapiekly, MD Joseph Candela, MD, Steven Kartz, MD, Victor Grigoriev, MD, Vijay Goli, MD, William Steinkhol, MD, William Wise, MD, D Alex Lessal, MD
Print or Stamp Name of Physician, Medical Group or Association Name

By: _____
Signature of Translator (if applicable) (Date)

_____
Print Name of Translator

By: Lindy Washington 1-13-12
Patient's Signature (Date)

_____
Print Patient's Name

By: _____
Patient's Representative's Signature (if applicable) (Date)

_____
Print Name and Relationship to Patient

A signed copy of this document is to be given to the patient. The Original is to be filed in Patient's medical records.

To Reorder call SMR Printing (702) 896-2221 Form No. LVU-4409

x x x COMMUNICATION RESULT REPORT (JAN. 16. 2012 3:55PM) x x x

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED : JAN. 16. 2012 3:33PM FILE MODE	OPTION	ADDRESS	RESULT	PAGE
5734 MEMORY TX		G3 : 7028363855	OK	1/1

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-5) MAIL SIZE OVER
E-2) NO FACSIMILE CONNECTION

Las Vegas UROLOGY

Scott L. Baranoff, MD, FACS
Joseph V. Candela, MD, MPH
Vijay Goli, MD, FACS
Victor E. Grigoriev, MD, FACS
Eliot Horowitz, MD, FACS
Michael S. Kaplan, MD
Steven B. Kurtz, MD
R. David Larsen, MD, FACS
O. Alex Lesani, MD
William B. Steinkohl, MD, FACS
William R. Wise, MD
Jeffrey M. Zapinsky, MD, FACS

[ ] STAT Request

Date: 1-16-12

To: Sunrise
ph# 731-8663 Fax 792-3686

Patient Name: [redacted]

SS#:

D.O.B.:

Please release [X] all medical records [ ] Labs [ ] Radiology Reports [ ] Doctor consultation notes you have on file to, Las Vegas Urology. Please send the records to:

7500 Smoke Ranch Rd.
Suite 200
Las Vegas, NV 89128
Phone: (702) 233-0727
Fax: (702) 233-4799

7150 W. Sunset Rd.
Suite 201-A
Las Vegas, NV 89113
Phone: (702) 233-0727
Fax: (702) 385-4346

If you have any questions please contact our office at the number listed.

[redacted]
Patient Signature

1-13-12
Date

Christine Ward
Witness

NORTHWEST
7500 Smoke Ranch Rd.
#200 - Las Vegas, NV 89128
(702) 233-0727
(702) 233-4799 FAX

7200 Cathedral Rock Drive
#160 - Las Vegas, NV 89128
(702) 341-9000
(702) 341-6884 FAX

SOUTHWEST
7150 W. Sunset Road
#201A - Las Vegas, NV 89113
(702) 233-0727
(702) 233-4799 FAX

4 Sunset Way
#B-6 - Henderson, NV 89014
(702) 454-6226
(702) 454-7290 FAX

GREEN VALLEY
1701 N. Green Valley Pkwy
Bldg. #10-C - Henderson, NV 89074
(702) 896-8500
(702) 896-9800 FAX

9063 S. Pecos
#2000 - Henderson, NV 89074
(702) 735-9000
(702) 736-4796 FAX

8815 S. Pecos
#19A - Henderson, NV 89074
(702) 341-9000
(702) 341-6884 FAX

Las Vegas UROLOGY

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Jeffrey M. Zapinsky, MD, FACS

[ ] STAT Request

Date: 1-16-12

To: Sunrise
ph# 731-8663 fax 892-3686

Patient Name: [redacted]

SS#:

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[redacted]
Patient Signature

1-13-12
Date

Christine Lloyd
Witness

Las Vegas UROLOGY

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Jeffrey M. Zapinsky, MD, FACS

[ ] STAT Request

Date: 1-16-12

To: Sunrise
ph# 731-8663 fax 892-3686

Patient Name: [redacted]

SS#:

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Las Vegas, NV 89113
Phone: (702) 233-0727
Fax: (702) 385-4346

If you have any questions please contact our office at the number listed.

[redacted]
Patient Signature

1-13-12
Date

Christine Ward
Witness

P. 1

x x x COMMUNICATION RESULT REPORT (JAN. 16. 2012 11:32AM) x x x

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED : JAN. 16. 2012 11:10AM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
5710 MEMORY TX		03 :7318807	E-2) 2) 2) 2) 2)	0/1

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION
E-5) MAIL SIZE OVER

Las Vegas UROLOGY

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O. Alex Lesani, MD
William B. Steinkohl, MD, FACS
William R. Wise, MD
Jeffrey M. Zapinsky, MD, FACS

Date: 1/16/12

[ ] STAT Request

To: Sunrise + Dr. Hsu
fax# 731-8807

Patient Name: [redacted]

SS#:

D.O.B.:

Please release [X] all medical records [ ] Labs [ ] Radiology Reports [ ] Doctor consultation notes you have on file to, Las Vegas Urology . Please send the records to:

7500 Smoke Ranch Rd.
Suite 200
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Las Vegas, NV 89113
Phone: (702) 233-0727
Fax: (702) 385-4346

If you have any questions please contact our office at the number listed.

[redacted]
Patient Signature

1-13-12
Date

Christine Wood
Witness

NORTHWEST
7500 Smoke Ranch Rd.
#200 - Las Vegas, NV 89128
(702) 233-0727
(702) 233-4799 FAX

7200 Cathedral Rock Drive
#160 - Las Vegas, NV 89128
(702) 341-9000
(702) 341-6864 FAX

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(702) 233-4799 FAX

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(702) 896-9800
(702) 896-9606 FAX

9053 S. Pecos
#2900 - Henderson, NV 89074
(702) 736-9000
(702) 736-4708 FAX

9915 S. Pecos
#10A - Henderson, NV 89074
(702) 341-9000
(702) 341-6864 FAX

P. 1

* * * COMMUNICATION RESULT REPORT (JAN. 16. 2012 1:19PM) * * *

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED : JAN. 16. 2012 12:58PM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
5719 MEMORY TX		G3 :7318807	E-2) 2) 2) 2) 2)	0/1

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION
E-5) MAIL SIZE OVER

Las Vegas UROLOGY

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R. David Larsen, MD, FACS
O. Alex Lasani, MD
William B. Steinkohl, MD, FACS
William R. Wise, MD
Jeffrey M. Zapinsky, MD, FACS

Date: 1/16/12 **[ ] STAT Request**

To: Sunrise + Dr. Hsieh
fax# 731-8807

Patient Name: [redacted]

SS#:

D.O.B.:

Please release [X] all medical records [ ] Labs [ ] Radiology Reports [ ] Doctor consultation notes you have on file to, Las Vegas Urology. Please send the records to:

7500 Smoke Ranch Rd.
Suite 200
Las Vegas, NV 89128
Phone: (702) 233-0727
Fax: (702) 233-4799

7150 W. Sunset Rd.
Suite 201-A
Las Vegas, NV 89113
Phone: (702) 233-0727
Fax: (702) 385-4346

If you have any questions please contact our office at the number listed.

[redacted] 1-13-12 Christine Ward

Patient Signature **Date** **Witness**

NORTHWEST
7500 Smoke Ranch Rd.
#200 - Las Vegas, NV 89128
(702) 233-0727
(702) 233-4799 FAX

7200 Cathedral Rock Drive
#160 - Las Vegas, NV 89128
(702) 341-8000
(702) 341-8864 FAX

SOUTHWEST
7150 W. Sunset Road
#201A - Las Vegas, NV 89113
(702) 233-0727
(702) 233-4799 FAX

4 Sunset Way
#B-6 - Henderson, NV 89014
(702) 454-6226
(702) 454-7290 FAX

GREEN VALLEY
1701 N. Green Valley Pkwy
Bldg. #10-C - Henderson, NV 89074
(702) 896-8500
(702) 896-8606 FAX

9003 S. Pecos
#2900 - Henderson, NV 89074
(702) 735-8000
(702) 735-4795 FAX

8918 S. Pecos
#19A - Henderson, NV 89074
(702) 341-8000
(702) 341-8864 FAX

Las Vegas UROLOGY

Scott L. Baranoff, MD, FACS
Joseph V. Candela, MD, MPH
Vijay Goli, MD, FACS
Victor E. Grigoriev, MD, FACS
Eliot Horowitz, MD, FACS
Michael S. Kaplan, MD
Steven B. Kurtz, MD
R. David Larsen, MD, FACS
O. Alex Lesani, MD
William B. Steinkohl, MD, FACS
William R. Wise, MD
Jeffrey M. Zapinsky, MD, FACS

Date: 1/16/12

[ ] STAT Request

To: Sunrise + Dr. Hsu
fax# 731-8807

Patient Name: [redacted]

SS#:

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Las Vegas, NV 89113
Phone: (702) 233-0727
Fax: (702) 385-4346

If you have any questions please contact our office at the number listed.

[redacted]
Patient Signature

1-13-12
Date

Christine Wood
Witness

Evelyn [illegible] Page 1 of 1

DR DESERT RADIOLOGISTS

☐ STAT DATE OF ORDER: 01-13-12

SCHEDULING/CITAS
Ph: (702) 387-6900 Fx: (702) 598-3439

Your appointment is scheduled for
Su cita está previsto para
Date/Fecha: 01-24 Time/Hora: 9:00
Arrival Time/Hora de llegada: _____

PATIENT INFORMATION - Please complete ALL information

Patient Name: [redacted] DOB [redacted] Alt Ph: _____

Primary Ins: UHC Authorization/Claim #: _____

ICD-9 Code: 625.9, 599.71 Symptoms: _____

PHYSICIAN INFORMATION - ALL areas below MUST be completed

Referring Physician: Grigoriev

Phone: 233-0727 Fax: 233-4799

Office Contact: Kalena

CC Physician: _____

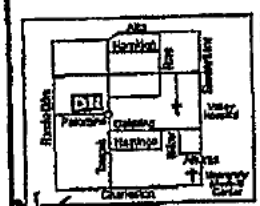
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☐ CD to Office ☐ CD w/ Patient

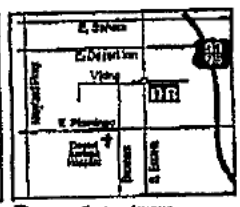
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☐ CALL REPORT (Ph): _____

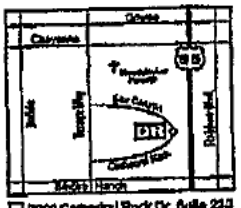
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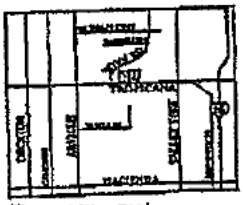
☐ 9020 Palomino Lane, Suite 100
Las Vegas, NV 89106
Directions/Direcciones: 759-5606



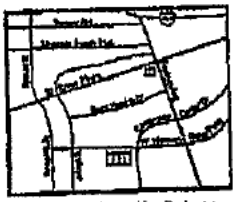
☐ 3920 S. Eastern Avenue
Las Vegas, NV 89119
Directions/Direcciones: 794-2100



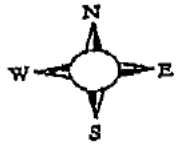
☐ 7200 Cathedral Rock Dr. Suite 210
MRI - Suite 150
Las Vegas, NV 89128
Directions/Direcciones: 759-4300



☐ 4840 S. Wynn Road
Las Vegas, NV 89103
Directions/Direcciones: 759-4800



☐ 2811 W. Horizon Ridge Parkway
Henderson, NV 89052
Directions/Direcciones: 759-4500



EXAM INFORMATION - Scheduling Fax Number: 598-3439

☐ X-ray _____

☐ Fluoroscopy _____

☐ DEXA ☐ Add Vertebral Height Assessment

☐ CTA _____

☐ CTA Chest (PE - Pulmonary Embolism)

☐ CT _____
Contrast: ☐ Without ☐ With ☐ Oral ☐ Per Rad

☐ CTU (Urogram) *abd/pelvis with & without I.V.*

☐ CTE (Enterography) *abd/pelvis with I.V.*

☐ CT Calcium Scoring

☐ MRI Pelvis w/ contrast
Contrast: ☐ Without ☐ With & Without ☐ Arthrogram

☐ MRA _____

☐ Nuclear Medicine _____

☐ Screening Mammography ☐ Diagnostic Mammography *(U/S as needed)*

☐ Screening Mammography / CALL BACK IF NEEDED *(extra views & U/S as needed)*

☐ Breast Biopsy: ☐ Stereotactic ☐ US Guided ☐ MRI

☐ Biopsy Other *(location)* _____

☐ U/S: ☐ Abdomen ☐ Retroperitoneal ☐ OB
☐ Pelvic *plus* T-Vag ☐ Pelvic ☐ T-Vag
☐ Gallbladder ☐ Other _____

☐ Angiography *(To schedule call 734-6741 or fax 734-9799)*

☐ CT Biopsy *(To schedule call 794-4384 or fax 733-1213)*

☐ PET/CT *(To schedule call 794-4384 or fax 733-1213)*
☐ Routine (Skull to Thigh) ☐ Brain
☐ Whole Body (Melanoma, Extremity Metastasis)

Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department before your appointment. See the reverse side of this form for important information regarding preparations for your examination and lab tests required. *Por favor, asegúrese de traer su tarjeta de seguranza, identificación con fotografía y co-pago con usted, así como cualquier placa de rayos x estudios relativos a su examen programado. Si usted pudiera estar embarazada, póngase en contacto con nuestro departamento de programación antes de su cita. Vea el reverso de este formulario para información importante acerca de los preparativos para su examen y análisis de laboratorio necesarios.*

REASON FOR ERROR
E-1] HANG UP OR LINE FAIL
E-2] BUSY
E-3] NO ANSWER
E-4] NO FACSIMILE CONNECTION
E-5] MAIL SIZE OVER

695 MEMORY TX 63 : Fax Server OK 2/2

TRANSMITTED/STORED : JAN. 13. 2012 3:48PM
FILE MODE OPTION ADDRESS RESULT PAGE

FAX HEADER 1:
FAX HEADER 2:

* * * COMMUNICATION RESULT REPORT (JAN. 13. 2012 3:50PM) * * *

Evelyn L. Washington - Page 1 of 1

DR
DESERT RADIOLOGISTS

☐ STAT DATE OF ORDER: 01.13.12

SCHEDULING/CITAS
Ph: (702) 387-6900 Fx: (702) 598-3439

Your appointment is scheduled for/ Su cita está prevista para:
Date/Fecha: 01.24 Time/Hora: 8:00
Arrival Time/Hora de llegada: _____

PATIENT INFORMATION - Please complete ALL information

Patient Name: [redacted] Alt Ph: _____

Primary Ins: UHC Authorization/Claim #: _____

ICD-9 Code: 625.9, 599.71 Symptoms: _____

PHYSICIAN INFORMATION - ALL areas below MUST be completed

Referring Physician: Grigorier

Phone: 233.0727 Fax: 233.4799

Office Contact: Kalena

CC Physician: _____

FILM & REPORT DELIVERY - Please select below

☐ CD to Office ☐ CD w/ Patient

☐ Other: _____

☐ CALL REPORT (Ph): _____

EXAM INFORMATION - Scheduling Fax Number: 598-3439

☐ X-ray _____

☐ Fluoroscopy _____

☐ DEXA ☐ Add Vertebral Height Assessment

☐ CTA _____

☐ CTA Chest (PE - Pulmonary Embolism)

☐ CT _____
Contrast: ☐ Without ☐ With ☐ Oral ☐ Per Rad

☐ CTU (Urogram) *abd/pelvis with & without I.V.*
☐ CTE (Enterography) *abd/pelvis with I.V.*

☐ CT Calcium Scoring

☒ MRI Pelvis w/ contrast
Contrast: ☐ Without ☐ With & Without ☐ Arthrogram

☐ MRA _____

☐ Nuclear Medicine _____

☐ Screening Mammography ☐ Diagnostic Mammography *(U/S as needed)*

☐ Screening Mammography / CALL BACK IF NEEDED *(extra views & U/S as needed)*

☐ Breast Biopsy: ☐ Stereotactic ☐ US Guided ☐ MRI

☐ Biopsy Other *(location)* _____

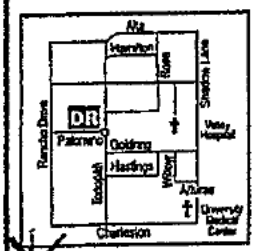
☐ U/S: ☐ Abdomen ☐ Retroperitoneal ☐ OB
☐ Pelvic *plus* T-Vag ☐ Pelvic ☐ T-Vag
☐ Gallbladder ☐ Other _____

☐ Angiography *(To schedule call 734-6741 or fax 734-9799)*

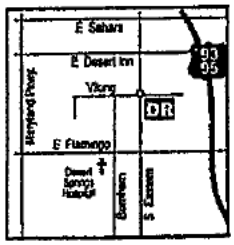
☐ CT Biopsy *(To schedule call 794-4384 or fax 733-1213)*

☐ PET/CT *(To schedule call 794-4384 or fax 733-1213)*
☐ Routine (Skull to Thigh) ☐ Brain
☐ Whole Body (Melanoma, Extremity Metastasis)

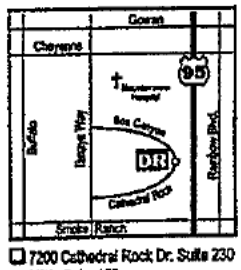
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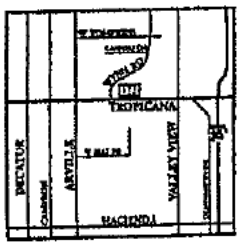
☐ 2020 Palomino Lane, Suite 100
Las Vegas, NV 89106
Directions/Direcciones: 759-6600



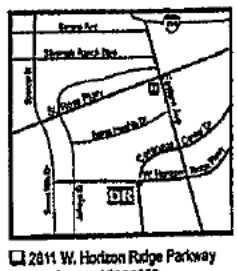
☐ 3920 S. Eastern Avenue
Las Vegas, NV 89119
Directions/Direcciones: 794-2190



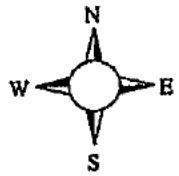
☐ 7200 Cathedral Rock Dr. Suite 230
MRI - Suite 150
Las Vegas, NV 89128
Directions/Direcciones: 759-4300



☐ 4880 S Wynn Road
Las Vegas, NV 89103
Directions/Direcciones: 759-4600



☐ 2811 W. Horizon Ridge Parkway
Henderson, NV 89052
Directions/Direcciones: 759-4500



Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department before your appointment. See the reverse side of this form for important information regarding preparations for your examination and lab tests required. *Por favor, asegúrese de llevar su tarjeta de aseguranza, identificación con fotografía y co-pago con usted, así como cualquier placa de rayos x estudios relativos a su examen programado. Si usted pudiera estar embarazada, póngase en contacto con nuestro departamento de programación antes de su cita. Vés el reverso de*

x x x COMMUNICATION RESULT REPORT (JAN. 23. 2012 10:47AM) x x x

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED : JAN. 23. 2012 10:46AM FILE MODE	OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
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E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION
E-5) MAIL SIZE OVER

598-3411

DESERT RADIOLOGISTS

☐ STAT

DATE OF ORDER: 01.13.12

SCHEDULING/CITAS
Ph: (702) 387-6900 Fx: (702) 598-3439

Your appointment is scheduled for.
Su cita está prevista para:
Date/Fecha: 01-24 Time/Hora: 9:00
Arrival Time/Hora de llegada: _____

PATIENT INFORMATION - Please complete ALL information

Patient Name: [redacted] Alt Ph: _____

Primary Ins: UHC Authorization/Claim #: _____

ICD-9 Code: 625.9, 599.71 Symptoms: _____

PHYSICIAN INFORMATION - ALL areas below MUST be completed

Referring Physician: Grigoriev

Phone: 233-0727 Fax: 233-4799

Office Contact: Kalena

CC Physician: _____

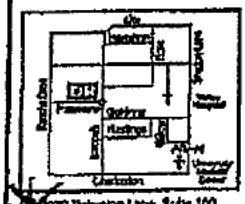
FILM & REPORT DELIVERY - Please select below

☐ CD to Office ☐ CD w/ Patient

☐ Other: _____

☐ CALL REPORT (Ph): _____

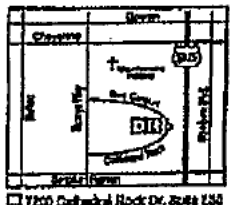
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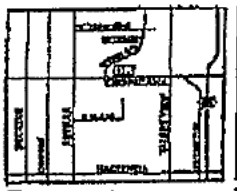
☐ 2020 Palomino Lane, Suite 100
Las Vegas, NV 89106
Directions/Direcciones: 759-6000



☐ 3629 S. Eastern Avenue
Las Vegas, NV 89119
Directions/Direcciones: 794-3100



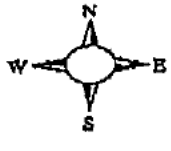
☐ 7200 Cathedral Rock Dr, suite 150
MRI - Suite 150
Las Vegas, NV 89128
Directions/Direcciones: 789-4300



☐ 4860 S. Wynn Road
Las Vegas, NV 89103
Directions/Direcciones: 769-6800



☐ 2311 W. Horizon Ridge Parkway
Henderson, NV 89052
Directions/Direcciones: 798-6500



EXAM INFORMATION - Scheduling Fax Number: 598-3439

☐ X-ray _____

☐ Fluoroscopy _____

☐ DEXA ☐ Add Vertebral Height Assessment

☐ CTA _____

☐ CTA Chest (PE - Pulmonary Embolism)

☐ CT _____
Contrast: ☐ Without ☐ With ☐ Oral ☐ Per Rad

☐ CTU (Urogram) *abd/pelvis with & without I.V.* ☐ CTE (Enterography) *abd/pelvis with I.V.*

☐ CT Calcium Scoring

☒ MRI Pelvis w/ full bladder
Contrast: ☐ Without ☒ With & Without ☐ Arthrogram

☐ MRA _____

☐ Nuclear Medicine _____

☐ Screening Mammography ☐ Diagnostic Mammography *(U/S as needed)*

☐ Screening Mammography / CALL BACK IF NEEDED *(extra views & U/S as needed)*

☐ Breast Biopsy: ☐ Stereotactic ☐ US Guided ☐ MRI

☐ Biopsy Other *(location)* _____

☐ U/S: ☐ Abdomen ☐ Retroperitoneal ☐ OB
☐ Pelvis *plus* T-Vag ☐ Pelvic ☐ T-Vag
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☐ Angiography *(To schedule call 734-6741 or fax 734-9799)*

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☐ PET/CT *(To schedule call 794-4384 or fax 733-1213)*
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P. 1

* * * COMMUNICATION RESULT REPORT (JAN. 23. 2012 10:47AM) * * *

FAX HEADER 1:
FAX HEADER 2:

TRANSMITTED/STORED : JAN. 23. 2012 10:46AM

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
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REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION
E-5) MAIL SIZE OVER

598-3411

DESERT RADIOLOGISTS ☐ **STAT** DATE OF ORDER: 01.13.12

SCHEDULING/CITAS
Ph: (702) 387-8900 Fx: (702) 598-3439

Your appointment is scheduled for.
Su cita está puesta para:
Date/Fecha: 01-24 Time/Hora: 9:00
Arrival Time/Hora de llegada:

PATIENT INFORMATION - Please complete ALL information

Patient Name: [redacted] Alt Ph:

Primary Ins: UHC Authorization/Claim #:

ICD-9 Code: 625.9, 599.71 Symptoms:

PHYSICIAN INFORMATION - ALL areas below MUST be completed

Referring Physician: Grigoriev

Phone: 233-0727 Fax: 233-4799

Office Contact: Kalens

CC Physician:

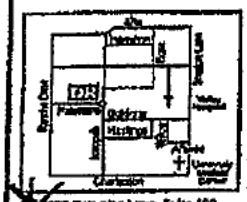
FILM & REPORT DELIVERY - Please select below

☐ CD to Office ☐ CD w/ Patient

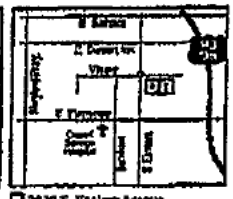
☐ Other:

☐ CALL REPORT (Ph):

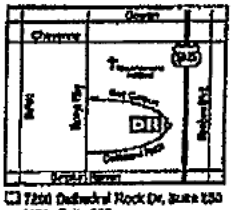
LOCATIONS



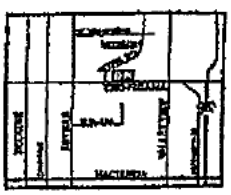
☐ 9200 Paloma Lane, Suite 100
Pahrump, NV 89048
Directions/Direcciones: 727-8008



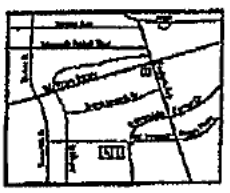
☐ 3520 S. Valley View Boulevard
Las Vegas, NV 89119
Directions/Direcciones: 794-2199



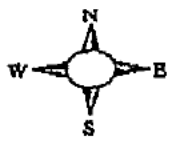
☐ 7250 Cathedral Rock Dr, Suite 150
MRI - Suite 150
Las Vegas, NV 89128
Directions/Direcciones: 794-4300



☐ 6900 S. Wynn Road
Las Vegas, NV 89118
Directions/Direcciones: 794-4900



☐ 2211 W. Horizon Ridge Parkway
Henderson, NV 89052
Directions/Direcciones: 736-1500



EXAM INFORMATION - Scheduling Fax Number: 598-3439

☐ X-ray

☐ Fluoroscopy

☐ DEXA ☐ Add Vertebral Height Assessment

☐ CTA

☐ CTA Chest (PE - Pulmonary Embolism)

☐ CT

Contrast: ; ☐ Without ☐ With ☐ Oral ☐ Per Rad

☐ CTU (Urogram) *abd/pelvis with & without I.V.* ☐ CTE (Enterography) *abd/pelvis with I.V.*

☐ CT Calcium Scoring

☒ MRI Pelvis w/ full bladd

Contrast: ☐ Without ☒ With & Without ☐ Arthrogram

☐ MRA

☐ Nuclear Medicine

☐ Screening Mammography ☐ Diagnostic Mammography *(U/S as needed)*

☐ Screening Mammography / CALL BACK IF NEEDED *(extra views & U/S as needed)*

☐ Breast Biopsy: ☐ Stereotactic ☐ US Guided ☐ MRI

☐ Biopsy Other *(location)*

☐ U/S: ☐ Abdomen ☐ Retroperitoneal ☐ OB
☐ Pelvis *plus* T-Vag ☐ Pelvis ☐ T-Vag
☐ Gallbladder ☐ Other

☐ Angiography *(To schedule call 734-6741 or fax 734-6799)*

☐ CT Biopsy *(To schedule call 794-4384 or fax 733-1213)*

☐ PET/CT *(To schedule call 794-4384 or fax 733-1213)*
☐ Routine (Skull to Thigh) ☐ Brain
☐ Whole Body (Melanoma, Extremity Metastasis)

Please be sure to bring your health insurance card, picture I.D. and co-payment with you, as well as any x-ray studies pertaining to your scheduled exam. If you might be pregnant, please contact our scheduling department before your appointment. See the reverse side of this form for important information regarding preparations for your examination and lab tests required. *Por favor, asegúrese de llevar su tarjeta de aseguranza, identificación con fotografía y co-pago con usted, así como cualquier placa de rayos x estudios relativos a su examen programado. Si usted pudiera estar embarazada, póngase en contacto con nuestro departamento de programación antes de su cita. Vea el reverso de este formulario para información importante acerca de los preparativos para su examen y análisis de laboratorio necesarios*

DR DESERT RADIOLOGISTS

598-3411

☐ STAT DATE OF ORDER: 01.13.12

SCHEDULING/CITAS
Ph: (702) 387-6900 Fx: (702) 598-3439

Your appointment is scheduled for:
Su cita está previsto para:
Date/Fecha: 01.24 Time/Hora: 8:00
Arrival Time/Hora de llegada: _____

PATIENT INFORMATION - Please complete ALL information

Patient Name [redacted] Alt Ph: _____

Primary Ins: UHC Authorization/Claim #: _____

ICD-9 Code: 625.9, 599.71 Symptoms: _____

PHYSICIAN INFORMATION - ALL areas below MUST be completed

Referring Physician: Grigoriev

Phone: 233.0727 Fax: 233.4799

Office Contact: Kalena

CC Physician: _____

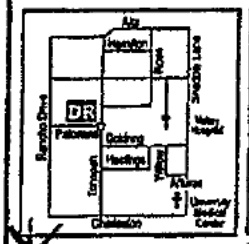
FILM & REPORT DELIVERY - Please select below

☐ CD to Office ☐ CD w/ Patient

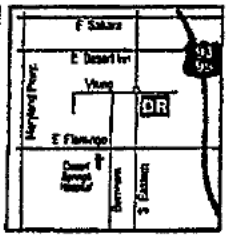
☐ Other: _____

☐ CALL REPORT (Ph): _____

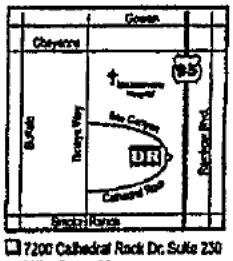
LOCATIONS



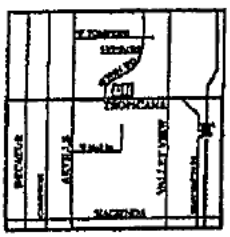
☐ 2020 Palomino Lane, Suite 100
Las Vegas, NV 89106
Directions/Direcciones: 759-6606



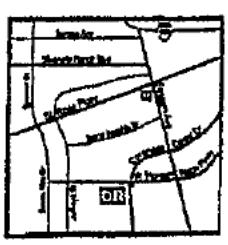
☐ 3920 S. Eastern Avenue
Las Vegas, NV 89119
Directions/Direcciones: 794-2190



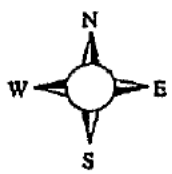
☐ 7200 Cathedral Rock Dr. Suite 250
MRI - Suite 150
Las Vegas, NV 89128
Directions/Direcciones: 759-4300



☐ 4880 S. Wynn Road
Las Vegas, NV 89103
Directions/Direcciones: 759-4600



☐ 2811 W. Horizon Ridge Parkway
Henderson, NV 89052
Directions/Direcciones: 759-4500



EXAM INFORMATION - Scheduling Fax Number: 598-3439

☐ X-ray _____

☐ Fluoroscopy _____

☐ DEXA ☐ Add Vertebral Height Assessment

☐ CTA _____

☐ CTA Chest (PE - Pulmonary Embolism)

☐ CT _____
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DESERT RADIOLOGISTS

2020 Palomino Lane #100, Las Vegas, NV 89106, (702) 759-8600
3920 S. Eastern Ave. #100, Las Vegas, NV 89119, (702) 794-2100
7200 Cathedral Rock Dr. #230, Las Vegas, NV 89128, (702) 759-4300
2811 W. Horizon Ridge Pkwy., Henderson, NV 89052, (702) 759-4500
4880 S. Wynn Road, Las Vegas, NV 89103, (702) 759-4600

MEDICAL IMAGING REPORT

Report Status: FINAL

Patient Name:	[redacted]	DOB: [redacted]	Age: 53Y Sex: F
MRN:	910201821	Service Location:	MR RM1 PALOMINO
		Account Number:	000306079
Ordering Physician:	VICTOR GRIGORIEV, MD 7500 SMOKE RANCH RD STE 200 LAS VEGAS, NV 89128	Accession Number:	1019739
		Service Date/Time:	1/27/2012 6:04AM
		Order Number:	001436604
		Study:	000228 MR PELVIS W WO CONTRAST

ORIGINAL
RAJASHREE VYAS, MD 1/27/12 8:29 am

MR PELVIS WO W CONTRAST

HISTORY: Status post hysterectomy. Microscopic hematuria. Please assess for mesh erosion.

COMPARISON: None.

TECHNIQUE: Before and after the uneventful administration of IV contrast, multiple different pulse sequences in multiple planes were used to image the pelvis

CONTRAST: 10 cc of OptiMARK IV.

FINDINGS:

Patient is status post hysterectomy. Susceptibility artifact is noted within the pelvis likely postsurgical in nature.

The bladder is moderately distended and demonstrates no definitive abnormality involving the bladder wall. Multiple bilateral inguinal lymph nodes are noted, the largest on the right measuring 10 mm in short axis.

There is no intrapelvic free fluid.

Bowel loops are unremarkable to the extent assessed by MRI.

Bone marrow demonstrates normal signal characteristics.

No abnormal postcontrast enhancement.

IMPRESSION:

CONFIDENTIALITY NOTICE

This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure or re-disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately by phone and return the original message to us by mail. Thank you.

Patient Name:	[redacted]	DOB: [redacted]	Age: 53Y Sex: F
MRN:	910201821	Service Location:	MR RMI PALOMINO
		Account Number:	000306079

Post hysterectomy status.

Bladder unremarkable.

Multiple bilateral inguinal lymph nodes as detailed above.

Thank you for referring your patient to Desert Radiologists.

CC Physicians:

Report produced by voice recognition. Electronically signed by:
Radiologist: RAJASHREE VYAS, MD
Date Signed: 1/27/12 8:29

CONFIDENTIALITY NOTICE

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Account 99057 Date 03/28/2012
Patient [redacted]
Ref. Phys. James Zeluff MD

Victor E. Grigoriev MD 340 United Healthcare - PPO/POS
West

OK to be billed Distance pc

Balance $0.00 AE

Total Due Today

Total Paid 102.00 Check # 1603

Consultation
9924_ ___ Consultation
DV New Pt.
9920_ ___ OV Initial
OV Estab. Pt
9921_ ___ OV F/U
99024 ___ Post-op Visit
G0102 ___ Pros. Screen Digital
Cystoscopy
52000P ___ Cysto
52332P ___ Cysto Stent Insertion
52204P ___ Cysto w/bx
52214P ___ Cysto fulguration
52281P ___ Cysto cal
52310P ___ Cysto rem FB/CA
53600 ___ Dil/M/Initial
53601 ___ Dil/M/subseque
53620 ___ Dil/M/F&F/Initial
53621 ___ Dil/M/F&F/subs
53660 ___ Dil/F/Initial
53661 ___ Dil/F/subsequ
52276P ___ DVIU
Miscellaneous
64555 ___ Urgent PC
A4648 ___ Marker placement

Impotence
93980P ___ Penile Doppler
95904 ___ Penile Biosthesi
54250 ___ Rigiscan
0001 ___ Vac Demo
54235 ___ Corpora cavern
J3130P ___ Testosterone Pimed
Vasectomy
55250P ___ Vasectomy
Penile Treatment
54060P ___ Condylo exc s
54050 ___ Penile les chem
54056 ___ Penile, cryo
54100 ___ Bx of penis
Collagen/Macroplastique
95028P ___ Skin Test
51715 ___ Coll implant cysto
51720 ___ Mitomycine
L8603 ___ Coll med 2 5cc sy
L8606 ___ Macrop astique
Procedures
52647 ___ Indigo/laser
53850 ___ Turnt
53852 ___ Tuna

Ultrasound
76775 ___ Bladder Ac
51798 ___ US PVR
55700P ___ Bx/Prostate
76942P ___ Pros US Guid Bx
76872 ___ US Prostate
76856 ___ PVR Pelvic
76870 ___ US Scrota.
76775A ___ US Renal
Urodynamics
91122P ___ Biofeedback mit
90911 ___ Biofeedback-20min
51726P ___ CMG
51784 ___ EMG
51725 ___ Pressure flow
51741P ___ Uroflow-Complex
Catheterization
A4351P ___ Intermit/Str Tip
A4352P ___ Intermit/Coude
A4338P ___ Indweling Str Tip
A4340P ___ Indwelling Coude
51705P ___ SP Tube chg

Irrig/Instill
J1212P ___ Instill/DMSO
5039[illegible] ___ Instill thru nephrostomy
51700P ___ Irrig/saline KCL
J1644P ___ Irrig/heparin
J9031P ___ Instill/BCG
J9291P ___ Instill/Mitomycin
J9214P ___ Instill/Interferon/Poly
LH - RH
J9217P ___ Leuprolide gard.__mo
J3315 ___ Treistar __mo
J9155 ___ Degarelix
J9202P ___ Zoladex 3 6mg x 3
J9225 ___ Vantas
Laboratory
99000 ___ Specimen handling
81002 ___ Urinalysis
36415 ___ Venipuncture
84153 ___ PSA prostate speci
G0103 ___ Prostate Screen PSA
86923 ___ NMPZ/Cystoba
88112 ___ Cytology
88305 ___ Surgical Pathology

DIAGNOSIS CODES

788 21 ___ Incomplete empty
569 4 ___ Bld/weakness-NGB
600 00 ___ BPH
600 01 ___ BPH w/obstruc
600 30 ___ Prost hyperplasia
600 31 ___ Prost hyper w/obstr
592 0 ___ Calc kidney
592 1 ___ Calc ureter
188 9 ___ CA Unspecified
189 0 ___ CA kidney
185 ___ CA prostate
078 10 ___ Condyloma
595 0 ___ Cystit s-acute-nem
595 2 ___ Cystitis chronic
595 1 ___ Cystos interstitial
618 02 ___ Cystocele Lateral
618 01 ___ Cystocele Midline
618 04 ___ Rectocele
250 60 ___ Diabetes neuropathy
250 61 ___ Diabetes ophthalmic
788 1 ___ Dysuria/pain urin
604 90 ___ Epididymitis orchit
939 0 ___ Foreign body bladder
782 61 ___ Functional urin incon
608 83 ___ Hematospermia/hem
599 70 ___ Hematuria uns
599 71 ___ Hematuria gross
599 72 ___ Hematuria micro
259 92 ___ Hot flashes male
V10 51 ___ Hx. personal BCA
V13 01 ___ Hx. personal urinary
V10 46 ___ Hx. personal PCA
591 ___ Hydronephrosis
302 72 ___ Impotence decreased
607 84 ___ Impotence
788 30 ___ Incont genera
599 82 ___ Incont-SD (Sphinct
788 33 ___ Incont/Mixed Ur SUI
625 6 ___ Incont-SUI female
788 30 ___ Incont urge
236 7 ___ Neoplasm of uncert
238 39 ___ Neoplasm of unce
236 5 ___ Neoplasm of uncert
256 4 ___ Neoplasm female
626 8 ___ MGB HRS
788 41 ___ Nocturia
596 0 ___ Obstruc of bladder
788 0 ___ Pin acute urinary
788 09 ___ Pain/dysuria spec
786 59 ___ Other urinary symp
625 9 ___ Pain pelvic female
608 89 ___ Pain/mass testes/sc
607 85 ___ Peyronies disease
60[illegible] ___ Phimosis paraphimo
788 35 ___ Post-Void dribbling
V67 00 ___ Post-Op visit
V76 44 ___ Prostate screening
616 02 ___ Rectocele cystocele
233 4 ___ PIN/prostate
601 1 ___ Prostatitis chronic
790 93 ___ PSA elevated
593 2 ___ Renal cyst simple
585 ___ Renal failure chronic
788 0 ___ Renal calc ureter
608 4 ___ Scrotal abscess/inf
V72 7 ___ Skin test no diagn
788 62 ___ Stream split weak
236 4 ___ Testicular neoplasm
598 0 ___ Urethra stric stenos
597 81 ___ Urethral syndrome
788 41 ___ Urinary frequency
788 63 ___ Urinary urgency
788 21 ___ Urinary retention
599 0 ___ UTI/urosepsis/dysuria
V25 2 ___ Vasectomy
793 5 ___ X-Ray finding defect

DX Tests	DX Tests	Tests	Tests
___ CBC (c. s diff)	___ PSA (free/total)	___ Biothesiometry	___ Press.Flow/EMG
___ Chem. Basic	___ Testosterone/free	___ CMG/Valsalva	___ Pressflow Valsalva
___ Chem. Met	___ Testosterone/total	___ Flow/Bld Scan	___ Rigiscan
___ Cytology	___ U/A	___ Penile Doppler	___ Vac Demo
___ FSH LH	___ Urine Cx/Sens	___ Press/Flow	___ Videourodynamics
___ Prolactin	___		___ Urgent PC
X-Rys/Nuc Scan	**X-Rys/Nuc Scan**	**X-Rays/Nuc Scan**	**X-Rays/Nuc Scan**
___ Abdomen U/S	___ CTU w/without	___ MRI_____	___ Renal U/S
___ Bone Scan	___ Cystogram	___ Mag-3 Renal Sc	___ Scrotal U/S
___ Chest X-ray	___ DTPA c Lasix	___ Nephrostogram	___ Trus.BX
___ CTAP w/out in office	___ DTPA s Lasix	___ Pelvic U-S	___ Trus only
___ CTAP w/in office	___ IVP	___ Renal Tomos	___ VCUG
___ CT (AB/Pelv)C/S	___ IVP (non-ionic)	___ R/S Cystogram	___
___ CT (AB/PELV)Stone	___ KUB		

4/25

596.39

Other _____ Referral _____

Post _____ F/U _____ PRN 5/2

CI RD CO

CONSENT FORM

I, [redacted] hereby authorize **Victor E. Grigoriev MD** and/or his medical assistant to perform the below listed procedure(s). The risks and benefits have been explained by the doctor and/or his medical assistant to my satisfaction. I also understand that the doctor makes no guarantee as to the success of this procedure in delineating and/or diagnosing the condition that I presented with. In some cases, these procedures will need to be repeated.

Cystoscopy
PROCEDURE

CYSTOSCOPY is performed to survey the urethra, prostate, and/or bladder to search for causes of urinary obstruction, incontinence, bleeding, and/or irritative urinary symptoms. This involves putting an endoscope through the urethra after some numbing jelly is instilled, under sterile technique. The risks of this procedure include worsening of my obstructive or irritative voiding symptoms, bleeding (potentially requiring more aggressive interventional procedures), painful urination, bladder or urethral perforation, and infection.

I understand that I will be given adequate and appropriate postprocedure instructions and will do my best to comply with them along with following up at the appropriate postprocedural interval. I know to call the doctor immediately for any side affects, especially those with high fever, bleeding, or pain.

Evelyn L Washington — 3/28/2012 (Date) — Witness

Encounter Note by Victor E. Grigorlev MD (DOS: 03/28/2012)

[redacted]

Chief Complaint: cystoscopy.
Onset Date: not entered

Cystoscopy

Informed Consent was obtained, and prophylactic antibiotic was given p.o.

PROCEDURE IN DETAIL:
The patient was brought into the clinical cystoscopy room. She was prepped and draped in the usual sterile fashion. The flexible cystoscope was advanced through the urethra.

FINDINGS FROM SURGERY:
The urethra itself demonstrated no stricture or diverticulum. The bladder was then surveyed. It demonstrated no evidence of carcinoma in situ, bladder tumors, bladder stones or other bladder abnormalities. There were no trabeculations, and the ureteral orifices were of normal position and configuration bilaterally. I also scoped the vagina which showed possibly erosion deep in the cuff with bleeding coming from the cuff and a significant amount of induration.

Urethra was **easily** calibrated to 26 French.

Assessment:

Diagnosis Type	Description
Definitive	625.9 - UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS

Discussion:
Discussion: The patient has some urgency and frequency, but her main complaint is bleeding. I believe this is from the Prolift. Because of the location, probably the best way to access is going to be from a robotic revision of it. She understands the risks of bowel injury, bladder injury, fistula formation, worsening pain and that I might not be able to remove the whole mesh. I would like to do a pressure flow to better evaluate her voiding situation prior to arranging for a robotic/vaginal revision of the vaginal vault suspension of the mesh due to erosion.

Procedures Performed:

Description	Related Diagnosis	Units
LAB: UA by dipstick 81002		1

SG: 1.010
pH: 5
blood: 250
Leu: 500
Nit:
Pro:
Bil:
Ket:
Glu:
Uro:
By: Lisa

LAB: Specimen handling 99000		1

Specimen to: urine sent to quest for culture

Quest	XX
LabCorp	
In-house	
Other:	

LAB: UA sent for C&S
Urine C&S collected.

Specimen sent to

Initials: Lisa

C: Cysto 52000P 625.9 2

Followup:

Followup visit requested: pressure flow

TO: ATTN:Las Vegas Urology

LabCorp
Laboratory Corporation of America

LabCorp Phoenix
3930 E Watkins Suite 300
Phoenix, AZ 85034-7251
Phone: 602-454-8000

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
088-195-0250-0		XR327311260	27311260	702-233-0727	99

Patient Last Name	Patient Middle Name	Total Volume	Sex	Fasting
[redacted]	[redacted]	[redacted]	F	

Account Address
Las Vegas Urology
@ Tenaya
7500 Smoke Ranch Rd #200
Las Vegas NV 89128

Patient Address
223 PATRIOT SWORD AVE
NORTH LAS VEGAS NV 89031

Additional Information
UPIN: E80704

Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID
03/28/12 17:20	03/29/12	03/30/12 10:21ET	GRIGORIEV, V	1720173602	GRIGOR,V

Tests Ordered
Urine Culture, Routine

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urine Culture, Routine					
Urine Culture, Routine	Final Report				01
Result 1					01

Culture shows less than 10,000 colony forming units of bacteria per milliliter of urine. This colony count is not generally considered to be clinically significant.

01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251
For inquiries, the physician may contact **Branch: 888-522-2677** **Lab: 602-454-8000**

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Scott L. Baranoff, MD, FACS
Joseph V. Candela, MD, MPH
Vijay Goli, MD, FACS
Victor E. Grigorlev, MD, FACS
Eliot Horowitz, MD, FACS
Michael S. Kaplan, MD

Steven B. Kurtz, MD
R. David Larsen, MD, FACS
O. Alex Lesani, MD
William B. Steinkohl, MD, FACS
William R. Wise, MD
Jeffrey M. Zapinsky, MD, FACS

Las Vegas Urology
Diplomates of the
American Board of Urology

4/17/2012

[redacted] Patriot Sword Ave
North Las Vegas, NV 89031

Dear [redacted]

We have contacted your insurance company (s) and they have informed us that you are responsible for the following procedure and or office visit co-pays and/or deductible. It is our office policy to collect this amount at the time of service. This is only an estimate of what your responsibilities are. When the claim is processed and paid, you might be responsible for an additional amount.

If for any reason you must cancel your procedure and/or office visit without a medical recommendation from a physician, you must notify our office no later that 24 hours prior to your appointment date.

PROCEDURE/OFFICE DATE : 4-25-12

Victor E. Grigorlev MD

DEDUCTIBLE:$500---$102(pd on 3-28)

CO-PAYMENT:

TOTAL AMOUNT DUE AT APPOINTMENT: $365.68
Amt. due is the bal. on your ded. + 20% of the allowed amt minus($110.04---bal. due from cysto). Please call & speak w/billing dept. if you need to set up pymts.

Sincerely,

Authorization Department

LAS VEGAS UROLOGY

Name: [redacted]

Occupation: Legal Secretary

Pharmacy: Walgreens

DOB: [redacted]

Pharmacy Tel #: _____

Date: 3-10-2014

ALLERGIES: Please list all medication allergies - If None, check here: ✓

Please list all medications you currently take, including dosage and frequency:
If none, check here: _____

Aleve - 2 per day

SURGICAL HISTORY: Please list all surgeries, including dates:
If none, check here: _____

Histerectomy - 2009
Vaginal Mesh 2009
Stomach Bypass - 1992

MEDICAL HISTORY: Check all conditions for which apply:

_____Diabetes mellitus
_____Emphysema/COPD
_____Glaucoma
_____Heart troubles
_____Diverticulosis
_____Stroke
_____Anemia/bleeding disorders
_____Cancer; please list site of origin _____
_____Other

_____Hypertension
_____Asthma
_____Thyroid disease
_____Ulcer disease
_____Colitis
_____Liver disease/cirrhosis/hepatitis
_____Gout

FAMILY HISTORY: Please list medical conditions present in your family.

Mother:	Father:	Siblings:

SOCIAL HISTORY: Check all that apply:

Marital status: ____Married ____Single _X_Divorced ___Widowed ___Separated
Smoking: ____Current Smoker _X_Former Smoker ____Never Smoked ____Unknown
Alcohol: _____Never _____Quit ___X___Yes ___1___Drinks per ~~day~~ wk
Caffeinated drinks: ___1___per day
Blood transfusion: _____Yes ___X___No
Language spoken: English
Race: Black
Ethnic origin: _____

REASON FOR VISIT: Please write the reason you are seeing the Urologist, and your current symptoms:

Bleeding in stomach

UROLOGY HISTORY: Check all that apply:

_____Burning with urination
_____Incontinence
_____Chronic urinary tract infections
_____Elevated PSA
_____Awakening at night to urinate
_____History of urologic cancer:
_____History of kidney stones
_____Other: _____

_____Blood in urine
_____Change in urinary frequency
_____Problems with erections
If yes, please list date: _____
If yes, how many times: _____
If yes, list site: _____

If you have had any diagnostic tests related to this visit, please list facility and test:

Height: 5 "1" Weight: 125

REVIEW OF SYSTEMS: Check all that apply

____Recent weight loss	____Night Sweats	____Chills
____New onset seizures	____Headache	_X_Change in sensation
____Blurred vision	____Double vision	____Change in acuity
____Excessive thirst	____Fatigue	_X_Hot flashes
____Blood in stools	____Black stools	____New onset diarrhea
____New onset chest pain	____Palpitations	____Shortness of breath while lying flat
____New onset swelling	____Cyanosis	____Leg discomfort
____New onset of rash	____Itching	____Jaundice
_X_New onset joint pain	____Swelling	____Decreased range of motion
____New onset cough	____Coughing of blood	____Shortness of breath
____New onset paleness	____Weakness	____Easy bruising
____New onset depression	____Anxiety	____Suicidal ideation

[redacted]

3-10-2014
Date

BILLING STATEMENT

Location of Service: Las Vegas Urology SR
7500 Smoke Ranch Road
Suite 200
Las Vegas, NV 89128

Date of Service: March 10, 2014

Provider: Victor Grigoriev, M.D.
NPI # 1720173602

Referring Provider: None

Patient Information: [redacted]
[redacted]Patriot Sword Ave
North Las Vegas, NV 89031

MRN: 182457
DOB: [redacted]
SSN: [redacted]
Phone:

Primary Insurance: Aetna
PO Box 14079
Lexington, KY 405124089
Phone: (888) 632-3862
Policy Holder:
Policy #: W202579684
Group #: 637500
Effective Date: 8/1/2013

Secondary: None

Reason for Visit: $50--fu/west/veg//mcl

Diagnosis:
1. 599.71 Hematuria, Gross
2. 996.30 Malfunct Gu Dev/graft Unspec

Procedures:

	Code	Description	Units
1.	99214	E&M Code Diagnosis: 599.71, 996.30	1
2.	99000	Specimen Handling Diagnosis: 599.71, 996.30	1
3.	81002	Urinalysis Nonauto W/o Scope Diagnosis: 599.71, 996.30	1

Schedule: **Return Visit:** Next Available
Appointment: Cystoscopy

Today's Charges: _____

Today's Payments: _____

☐ Check ☐ Cash ☐ Charge

Check #: _____ Card Type: _____

****** Signed by Victor Grigoriev, M.D. on 03/11/14 at 6:40 AM (PDT)******

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[redacted] Page 1 of 1

Date: Monday, March 10, 2014 Provider: Victor E Grigoriev, MD

Patient Name: [redacted]
Address: [redacted] Patriot Sword Ave City: North Las Vegas State: NV Zip: 89031
Social Security: [redacted]
Sex: F Marital Status: Unknown
Date of Birth: [redacted] Telephone: [redacted]
Age: 55 years Work Phone #:
Referring Physician: Cellular:
Race: Unreported / Refused to report Ethnicity: Unreported / Refused to report Language: English

Patient Employer Information

Employer: Occupation:
Address: City: State: Zip:

Financial Responsibility Party

Guarantor Name: [redacted] Guarantor Telephone: [redacted]
Relationship to Patient:
Date of Birth: [redacted]
Guarantor SSN: [redacted]
Guarantor Address: [redacted] Patriot Sword Ave City: North Las Vegas State: NV Zip: 89031
Employer:
Employer Address: City: State: Zip:

Emergency Contact Information

Name of Contact Not Living with You: Relationship:
Address: Telephone:
City: State: Zip:

Insurance Information

Primary Insurance: Aetna Secondary Insurance:
Insured Name: [redacted] Insured Name:
Policy Number: W202579684 Policy Number:
Group Number: 637500 Group Number:
Date of Birth: [redacted] Date of Birth:

The above information is complete and correct. I authorize release of information necessary to file claim with my insurance company and I assign benefits to Las Vegas Urology. We will gladly file your insurance claim, however payment for co-pays and deductibles are required at the time services are rendered. We cannot guarantee payment to Las Vegas Urology. We have an agreement with the patient, not the patient's insurance company for payment. In the event your insurance company denies a claim you will become responsible for all amounts not covered, or payable to Las Vegas Urology. Parents/guardians are responsible for services rendered to a minor.

I authorize release of all medical records to referring and primary care physicians and the insurance company, as applicable. I authorize fax transmission of medical records if necessary.

[redacted]

3-10-2014
Date Updated

URINALYSIS NON-AUTO W/O SCOPE (81002)

[redacted]

MRN: 182457
DOB [redacted] 55 yo Female
SSN [redacted]

Ordering Provider: **Victor Grigoriev, M.D.**
Date Collected: **03/10/2014**

Lab	Result	Reference Range	Normality
Urine Appearance	Cloudy		A
Urine Specimen	Voided		
Urine Color	Yellow		
Urine Glucose	Neg		
Urine Bilirubin	Neg		
Urine Ketones	Neg		
Urine Specific Gravity	1.020		
Urine Blood	Large		A
Urine pH	5.0		
Urine Protein	Neg		
Urine Urobilinogen	Neg		
Urine Nitrites	Neg		
Urine Leukocyte Esterase	4+		A

****** Signed by Lisa Hughes on 03/10/14 at 3:41 PM (PDT)******

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URINALYSIS NON-AUTO W/O SCOPE (81002)

[redacted]

MRN: **182457**
DOB: [redacted] **55 yo Female**
SSN: [redacted]

Ordering Provider: **Victor Grigoriev, M.D.**
Date Collected: **03/10/2014**

Lab	Result	Reference Range	Normality
Urine Appearance	Cloudy		A
Urine Specimen	Voided		
Urine Color	Yellow		
Urine Glucose	Neg		
Urine Bilirubin	Neg		
Urine Ketones	Neg		
Urine Specific Gravity	1.020		
Urine Blood	Large		A
Urine pH	5.0		
Urine Protein	Neg		
Urine Urobilinogen	Neg		
Urine Nitrites	Neg		
Urine Leukocyte Esterase	4+		A

****** Signed by Lisa Hughes on 03/10/14 at 3:41 PM (PDT)******

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URINALYSIS AUTO W/O SCOPE (81003)

[redacted]

MRN: **182457**
DOB [redacted] **yo Female**
SS[redacted]

Ordering Provider: **Victor Grigoriev, M.D.**
Date Collected: **03/10/2014**

Lab	Result	Reference Range	Normality
Urine Appearance	Clear		
Urine Specimen	Voided		
Urine Color	Yellow		
Urine Glucose	Neg		
Urine Bilirubin	Neg		
Urine Ketones	Neg		
Urine Blood	Neg		
Urine Protein	Neg		
Urine Urobilinogen	Neg		
Urine Nitrites	Neg		
Urine Leukocyte Esterase	Neg		

****** Signed by Victor Grigoriev, M.D. on 03/10/14 at 2:36 PM (PDT)******

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OFFICE VISIT REPORT 03/10/2014

[redacted]

MRN: **182457**
DOB [redacted] **year old Female**
SSN [redacted]

PRIMARY CARE:
REFERRING:
PROVIDER: **Victor Grigoriev, M.D.**
LOCATION: **Las Vegas Urology SR**
7500 Smoke Ranch Road
Suite 200
Las Vegas, NV 89128
(702) 233-0727
(702) 233-4799

ALLERGIES: None

MEDICATIONS: Aleve

GU PMH: None

NON-GU PMH: None

PROCEDURES:

Specimen Handling 99000 - 99000
Specimen sent to: urine sent to quest for culture

Urine Sent for Culture
Urine sent for culture to quest

Urinalysis Non-auto W/O Scope (81002) - 81002

Dipstick
Specimen: Voided
Appearance: Cloudy
Color: Yellow
Glucose: Neg
Bilirubin: Neg
Ketones: Neg
Specific Gravity: 1.020

Dipstick Cont'd
Blood: Large
pH: 5.0
Protein: Neg
Urobilinogen: Neg
Nitrites: Neg
Leukocyte Esterase: 4+

PLAN:

Patient Handouts
Provided Patient Education Sheets
Description of condition

Document
Letter(s): Created for Patient: Clinical Summary
Billing Summary: Created

V Grigoriev

****** Signed by Victor Grigoriev, M.D. on 03/11/14 at 6:40 AM (PDT)******

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OFFICE VISIT REPORT 03/10/2014

[redacted]

MRN: 182457
DOB: [redacted] year old Female
S[redacted]

PRIMARY CARE:
REFERRING:
PROVIDER: **Victor Grigoriev, M.D.**
LOCATION: **Las Vegas Urology SR**

CC: **I have blood in my urine.**

HPI: Evelyn Washington is a 55 year-old female established patient who is here **for blood in the urine.**

She did **see the blood in her urine.**

CC/HPI: **was seen 2 years ago, had some prolift exposure.**
PAin and bleeding are getting worse.

on exam deep tightness and discharge and exposure

ALLERGIES: None

MEDICATIONS: Aleve

GU PSH: None

NON-GU PSH: Hysterectomy.

GU PMH: None

NON-GU PMH: None

FAMILY HISTORY: None

SOCIAL HISTORY: Marital Status: Divorced
Patient does not smoke anymore.
Does drink.
Drinks 1 caffeinated drink per day.
Has not had a blood transfusion.

REVIEW OF SYSTEMS:

General:	Patient denies recent weight loss, night sweats, and chills.
Neurologic:	**Patient reports change in sensation.** Patient denies new onset seizures, headache, blurred vision, double vision, and change in acuity.
Endocrine:	**Patient reports hot flashes.** Patient denies excessive thirst and fatigue.
GI:	Patient denies hematochezia, melena, and new onset diarrhea.
Cardiac:	Patient denies new onset chest pain, palpitations, and orthopnea.
Vascular:	Patient denies new onset edema, cyanosis, and claudication.
Skin:	Patient denies new onset rash, puritis, and jaundice.
Musculoskeletal:	**Patient reports new onset joint pain.** Patient denies swelling, decreased range of motion, and leg discomfort.
Respiratory:	Patient denies new onset cough, hemoptysis, and dyspnea.
Hematologic:	Patient denies new onset paleness, weakness, and easy bruising.
Psychiatric:	Patient denies new onset depression, anxiety, and suicidal ideation.

VITAL SIGNS:

Weight:	125 lbs / 56.7 kgs
BP:	109/75 mmHg
Pulse:	74 bpm
Height:	5' 1" / 155 cm
BMI:	23.6

GU PHYSICAL EXAMINATION:

Breast:	Symmetrical. No tenderness, no nipple discharge, no skin changes. No mass.
Digital Rectal Exam:	Normal sphincter tone. No rectal mass.
External Genitalia:	No hirsutism, no rash, no scarring, no cyst, no erythematous lesion, no papular lesion, no blanched lesion, no warty lesion. No edema.
Urethral Meatus:	Normal size. Normal position. No discharge.
Urethra:	No tenderness, no mass, no scarring. No hypermobility. No leakage.
Bladder:	Normal to palpation, no tenderness, no mass, normal size.
Vagina:	No atrophy, no stenosis. No rectocele. No cystocele. No enterocele. **deep prolift exposure and pain**
Cervix:	**S/P Hysterectomy**
Uterus:	**S/P Hysterectomy**
Adnexa / Parametria:	No tenderness. No adnexal mass. Normal left ovary. Normal right ovary.
Anus and Perineum:	No hemorrhoids. No anal stenosis. No rectal fissure, no anal fissure. No edema, no dimple, no perineal tenderness, no anal tenderness.

MULTI-SYSTEM PHYSICAL EXAMINATION:

Constitutional:	Well-nourished. No physical deformities. Normally developed. Good grooming.
Neck:	Neck symmetrical, not swollen. Normal tracheal position.
Respiratory:	No labored breathing, no use of accessory muscles.
Cardiovascular:	Normal temperature, normal extremity pulses, no swelling, no varicosities.
Lymphatic:	No enlargement of neck, axillae, groin.
Skin:	No paleness, no jaundice, no cyanosis. No lesion, no ulcer, no rash.
Neurologic / Psychiatric:	Oriented to time, oriented to place, oriented to person. No depression, no anxiety, no agitation.
Gastrointestinal:	No mass, no tenderness, no rigidity, non obese abdomen.
Eyes:	Normal conjunctivae. Normal eyelids.
Ears, Nose, Mouth, and Throat:	Left ear no scars, no lesions, no masses. Right ear no scars, no lesions, no masses. Nose no scars, no lesions, no masses. Normal hearing. Normal lips.
Musculoskeletal:	Normal gait and station of head and neck.

PAST DATA REVIEWED:

Source Of History: Patient

PROCEDURES:

Specimen Handling 99000 - 99000

Specimen sent to: urine sent to quest for culture

Urine Sent for Culture

Urine sent for culture to quest

Urinalysis Non-auto W/O Scope (81002) - 81002

Dipstick

Specimen: Voided

Appearance: Cloudy

Color: Yellow

Dipstick Cont'd

Blood: Large

pH: 5.0

Protein: Neg

PATIENT EDUCATION HANDOUT 03/10/2014

[redacted]

MRN: **182457**
DOB [redacted] **ear old Female**
[redacted]

PRIMARY CARE:
REFERRING:
PROVIDER: **Victor Grigorlev, M.D.**
LOCATION: **Las Vegas Urology SR**

DESCRIPTION OF CONDITION

Patient was provided information about his condition and educational handouts were given.
Some of the handouts were created by industry partners, and patient was informed of that.
Patient was encouraged to ask questions and to call back if information was not clear.
Patient (caregiver) verbalized understanding of the plan of treatment.

****** Signed by Victor Grigorlev, M.D. on 03/11/14 at 6:40 AM (PDT)******

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Glucose: Neg
Bilirubin: Neg
Ketones: Neg
Specific Gravity: 1.020

Urobilinogen: Neg
Nitrites: Neg
Leukocyte Esterase: 4+

ASSESSMENT:

GU: 1. Hematuria, Gross - 599.71
NON-GU: 2. Malfunct Gu Dev/graft Unspec - 996.30

PLAN:

Schedule

Return Visit: Next Available Appointment - Cystoscopy

Patient Handouts

Provided Patient Education Sheets
Description of condition

Document

Letter(s): Created for Patient: Clinical Summary
Billing Summary: Created

****** Signed by Victor Grigoriev, M.D. on 03/11/14 at 6:40 AM (PDT)******

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QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 702.733.3700

SPECIMEN INFORMATION
SPECIMEN: 01929622
REQUISITION: A49121606
LAB REF NO:

COLLECTED: 03/10/2014 00:00
RECEIVED: 03/11/2014 01:06
REPORTED: 03/11/2014 23:16

PATIENT INFORMATION
[redacted]
D[redacted] Age: [redacted]
SEX: F
PHONE: [redacted]

REPORT STATUS Final

ORDERING PHYSICIAN
GRIGORIEV,VICTOR
CLIENT INFORMATION
11209
LV UROLOGY SMOKE RANCH
7500 SMOKE RANCH ROAD STE 200
LAS VEGAS, NV 89128

Test Name	In Range	Out of Range	Reference Range	Lab
CULTURE, URINE, ROUTINE				01

SOURCE: URINE
Result for Organism 1:
NO GROWTH

****

PATIENT COMMENTS:
DR VICTOR GRIGORIEV
No Collection Time Indicated
Only one form of patient ID was present on one or more sample(s); two forms of patient ID are required by the College of American Pathologists (CAP).

Performing Laboratory Information:

01 QUEST DIAGNOSTICS,INC 4230 S BURNHAM AVE, STE 250 LAS VEGAS NV 89119

[redacted]

REPORT STATUS Final

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 702.733.3700

[redacted] Age [redacted]
SEX: F

ORDERING PHYSICIAN
GRIGORIEV,VICTOR
CLIENT INFORMATION
11209
LV UROLOGY SMOKE RANCH
7500 SMOKE RANCH ROAD STE 200
LAS VEGAS, NV 89128

SPECIMEN INFORMATION
SPECIMEN: 01929622
REQUISITION: A49121606
LAB REF NO:

PH [redacted]

COLLECTED: 03/10/2014 00:00
RECEIVED: 03/11/2014 01:06
REPORTED: 03/11/2014 23:16

Test Name	In Range	Out of Range	Reference Range	Lab
CULTURE, URINE, ROUTINE				01

SOURCE: URINE
Result for Organism 1:
NO GROWTH

****

PATIENT COMMENTS:
DR VICTOR GRIGORIEV
No Collection Time Indicated
Only one form of patient ID was present on one or more sample(s); two forms of patient ID are required by the College of American Pathologists (CAP).

Performing Laboratory Information:

01 QUEST DIAGNOSTICS,INC 4230 S BURNHAM AVE, STE 250 LAS VEGAS NV 89119

Joseph V. Candela, MD
Vijay Goli, MD, FACS
Victor Grigoriev, MD, FACS
Steven B. Kurtz, MD
Alex Lesani, MD

(702) 233-0727 - Tel
(702) 233-4799 - Fax

LAS VEGAS UROLOGY
Smoke Ranch Division

NORTHWEST
7500 Smoke Ranch Road
#200
Las Vegas, NV 89128

SOUTHWEST
7150 W. Sunset Road
#201A
Las Vegas, NV 89113

March 27, 2014

[redacted]atriot Sword Ave
North Las Vegas, NV 89031

Dea[redacted]

We have contacted your insurance company (s) and they have informed us that you are responsible for the following procedure and/or office visit co-pays and/or deductible. It is our office policy to collect this amount at the time of service. This is only an estimate of what your responsibilities are. When the claim is processed and paid, you might be responsible for an additional amount.

If for any reason you must cancel your procedure and/or office visit without a medical recommendation from a physician, you must notify our office no later that 24 hours prior to your appointment date.

Victor Grigoriev, M.D.

VISIT/PROCEDURE DATE: 4-3-14

PROCEDURE TYPE: Cystoscopy

DEDUCTIBLE: $500---0 met then 80/20 to $3000 oop 0 met

CO-PAYMENT:

TOTAL AMOUNT DUE AT APPOINTMENT: $217.47

**The amount due is the allowed amount from your insurance for the procedure you are scheduled for.

Sincerely,

Authorization Department

VGrigoriev

****** Signed by Victor Grigoriev, M.D. on 03/27/14 at 12:01 PM (PDT)******

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Evelyn E. Washington Page 2 of 2 — Estimate Details

aetna®

Provider View

Member Name:	[redacted]	Plan Name:	Open Choice
Member ID:	W202579684	Billing Provider:	Las Vegas Urology, LLC
Date of Birth:	[redacted]	Servicing Provider:	Grigoriev, Victor Emmanuel
Relationship:	Self	Service Facility:	
Gender:	Female	Place of Service:	11 - Office
Patient Account #:	unspecified	Type of Estimate:	Professional
Estimate ID:	SA35DNBS900	Date of Estimate:	03/27/2014

413 CYSTO

Estimate Summary:

					Estimated Patient Responsibility					
	Procedure Code(s)	Provider Charges	Service Adjustments	Plan Payments	Deductible	Copayment	Coinsurance	Other Patient Responsibility	Total Patient Responsibility	Estimated Payment
Procedure 1	52000	$442.00	$224.53	$0.00	$0.00	$217.47	$0.00	$0.00	$217.47	$0.00
Total:		$442.00	$224.53	$0.00	$0.00	$217.47	$0.00	$0.00	$217.47	$0.00

Procedure 1: 52000: CYSTOURETHROSCOPY (SEPARATE PROCEDURE)

This is not a guarantee of payment, but an estimate. Actual payment and member responsibility is determined when a claim is processed, and may be different due to a number of factors, including differences in the services rendered, changes in patient eligibility, other payments made, the provisions of the plan including any recent amendments, applicable law, and other relevant factors. Also, if the member is delinquent in payment of premium, the member must bring the full premium current within the required timeframe or claims may be denied.

This estimate was delivered via NaviNet. www.NaviNet.net

NaviNet

FAX

From: Simpson, Sophia
Fax:
To: [redacted]

Your message is ready to be sent with the following file or link attachments:

16-011562.WAS.REQUEST.SUBMIT FAX.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2011	12/08/2014	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
BME Case #: 12-10569-1		NV State Board of Medical Examiners		
Reason/Charge				
Fine/ monetary penalty				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Jeffrey Gilbert		Medical board fine		
Name of Business/Industry/Entity				

Provide explanation below:

NPDB summary report attached

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000111569201
Process Date: 08/27/2016
Page: 1 of 4
GRIGORYEV GRIGG, VICTOR EMMANUIL
For authorized use by:
LAS VEGAS UROLOGY LLP

GRIGORYEV GRIGG, VICTOR EMMANUIL

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 12/05/2014

Initial Action	Basis for Initial Action
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	- FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION

A. REPORTING ENTITY

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address: 1105 TERMINAL WAY STE 301
City, State, Zip: RENO, NV 89502-2144
Country:
Name or Office: ERNESTO DIAZ
Title or Department: CHIEF OF INVESTIGATIONS
Telephone: (775) 324-9370
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/04/2021:

Entity Name: NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address: 9600 GATEWAY DR
City, State, Zip: RENO, NV 89521-8953
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIGORYEV GRIGG, VICTOR EMMANUIL
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name:
Work Address: 7500 SMOKE RANCH RD STE 200
City, State, ZIP: LAS VEGAS, NV 89128-0373
Organization Type:
Home Address: [redacted] SMOKE RANCH RD STE 200
City, State, ZIP: LAS VEGAS, NV 89128-0373
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSITY OF MISSOURI / COLUMBIA, MO (1988)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: 7212, NV
Specialty: UROLOGICAL SURGERY
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):

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Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION (50)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	NEVADA STATE BOARD OF MEDICAL EXAMINERS
Adverse Action Classification Code(s):	PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173) OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
Other, as Specified:	10 HRS CME'S RECORDKEEPING/ETHICS
Date Action Was Taken:	12/05/2014
Date Action Became Effective:	12/05/2014
Length of Action:	PERMANENT
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 3,730.68
Is the subject automatically reinstated after the adverse action period is completed?:	NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

On September 20, 2012, the Nevada State Board of Medical Examiners' (Board) Investigative Committee (IC) filed a formal Complaint charging Practitioner with engaging in conduct that is grounds for discipline pursuant to the Nevada Medical Practice Act (MPA), i.e., Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code(NAC), to wit: Count I, one count of failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient, a violation of NRS 630.3062(1). On December 5, 2014, the Board issued an Order finding Practitioner engaged in conduct that is grounds for discipline pursuant to the MPA, to wit: one count of failing to maintain timely, legible, accurate and complete medical records related to his care and treatment of the patient, a violation of NRS 630.3062(1), as set forth in Count I of the Formal Complaint, and agreed that: Practitioner shall pay a fine of Two Thousand Dollars and 00/100 ($2,000.00) to the Board within sixty (60) days of the Board's approval of this Agreement; Practitioner shall reimburse the current amount of the costs incurred by the Board to investigate and prosecute this matter. The costs shall be paid to the Board within sixty (60) days of the Board's approval of this Agreement; Practitioner shall complete ten (10) hours of Continuing Medical Education (CME), in person, regarding the subject of record keeping and/or ethics within one year from the Board's approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Practitioner as a condition of licensure in the state of Nevada and shall be approved by the Board prior to their completion.

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DCN: 5500000111569201
Process Date: 08/27/2016

GRIGORYEV GRIGG, VICTOR EMMANUIL
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Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/27/2016
Date of Most Recent Change: 08/27/2016

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): GRIGORYEV, VICTOR
National Provider Identifiers (NPI): 1720173602
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 0101252574, VA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: G89127, CA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: MD60266378, WA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25098, AZ
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: D74598, MD
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 75335, MA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: ME115075, FL
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 267280, NY

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Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 00629869, MO
Drug Enforcement Administration (DEA) Numbers: BG2133914

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/2001	10/2005	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Case: 03A461630		Judicial District Court		
Reason/Charge				
The claimant alleges the physician provided substandard medical care- see attached				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Ben Nichols		Malpractice claim filed with the courts		
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in case: Treating physician

Clinical Case Summary: See attached

Patient Outcome: see attached

Case settle out of court: $275k

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

MALPRACTICE CLAIM INFORMATION WORKSHEET

Please duplicate this form and complete for EACH case. Also, for each case that has been settled or dismissed, supply court documentation.

Practitioner Name Victor Grigoriev

1. Patient Name [redacted]
2. Diagnosis
3. Your involvement in the case (attending, consulting, etc.)
4. Allegation(s) See Attached
5. Clinical Case Summary (Include additional pages or inserts if necessary)

See Attached

6. Patient Outcome
7. Other Pertinent Details
8. Date of Incident 1/2001 Date Filed 1/2003 Date Closed 10/2005
9. Resolution of Case (dismissed, settled out of court, litigated, other)
   NOTE: All cases litigated must include legal documentation.
10. Settlement amount paid on your behalf, if any
11. Professional liability insurer involved:
    A. Name of Insurer Premier Physicians Ins. Co B. Policy # PRG-0618810
    C. Address of Insurer C/O Leeds & York LLC
    7674 W. Lake Mead Blvd, #110 LAS VEGAS, NV 89128

Name: Victor E. Grigoriev

Signature [signature] **Date** 6/25/2012

☐ No claims to report

Regardless of whether you have had any claims, this form must be signed and dated.

To Whom It May Concern:

Please allow this correspondence to serve as a summary of Dr. Grigoriev's care and treatment regarding three former patients- [redacted] and [redacted]

As to Mr. [redacted], in January 2001, Dr. Grigoriev performed microwave thermotherapy of the prostate. It was alleged that the patient subsequently developed urethral stricture and required additional operations as a result of the alleged negligence. The patient filed suit in January 2003 and Dr. Grigoriev denied all allegations of negligence. This case ultimately settled in October 2005 to resolve this otherwise disputed claim.

Date on Incident: January, 2001

Date Settled: September, 2005

Involvement: Treating Physician.

Settled In Clark County, Nevada

Allegation: Patient ([redacted] underwent Microwave Thermotherapy for Prostatic Hypertrophy, patient subsequently developed urethral Stricture.

As to Mr. [redacted] in January 2001, Dr. Grigoriev performed microwave thermotherapy of the prostate. It was alleged that the patient subsequently developed urethral stricture and required additional operations as a result of the alleged negligence. The patient filed suit in January 2003 and Dr. Grigoriev denied all allegations of negligence. This case ultimately settled in October 2005 to resolve this otherwise disputed claim.

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GRIGORIEV GRIGG, VICTOR E.

ST PAUL MEDICAL LIABILITY

MEDICAL MALPRACTICE PAYMENT REPORT - Date of Action: 09/12/2005

Initial Action	Basis for Initial Action
- SETTLEMENT	- WRONG PROCEDURE OR TREATMENT

A. REPORTING ENTITY

Entity Name:	ST PAUL MEDICAL LIABILITY *
Address:	385 WASHINGTON STREET
City, State, Zip:	ST. PAUL, MN 55102-1396
Country:	
Name or Office:	JUNE BOUCAUD - BI CLAIM OPERATIONS
Title or Department:	OPERATIONS ANALYST
Telephone:	(860) 277-9838
Entity Internal Report Reference:	DM06623782-02A008
Type of Report:	INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/06/2021:

Entity Name:	ST PAUL MEDICAL LIABILITY
Address:	ONE TOWER SQUARE - 07MS
City, State, Zip:	HARTFORD, CT 06183-0001
Country:	

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	GRIGORIEV GRIGG, VICTOR E.
Other Name(s) Used:	
Gender:	MALE
Date of Birth:	[redacted]
Organization Name:	DESERT UROLOGY, LLC
Work Address:	2901 NORTH TENAYA WAY STE 100
City, State, ZIP:	LAS VEGAS, NV 89128
Home Address:	[redacted]DOUBLE ARROW STREET
City, State, ZIP:	LAS VEGAS, NV 89128
Deceased:	NO
Social Security Numbers (SSN):	[redacted]
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	UNIVERSITY OF MISSOURI - COLUMBIA (1988) BROWN UNIV. SCHOOL OF MEDICINE - SURGERY (1993)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	7212, NV
Drug Enforcement Administration (DEA) Numbers:	88-0366609
Hospital Affiliation(s):	SUNRISE MEDICAL CENTER LAS VEGAS,NV UNIVERSITY MEDICAL CENTER LAS VEGAS,NV SUMMERLIN HOSPITAL LAS VEGAS,NV MOUNTAIN VIEW HOSPITAL

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LAS VEGAS,NV
VALLEY HOSPITAL
LAS VEGAS,NV

C. INFORMATION REPORTED

Date of Report: 10/06/2005
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: $ 275,000.00
Date of This Payment: 09/12/2005
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: $ 275,000.00
Payment Result of: SETTLEMENT
Date of Settlement, if Any: 01/25/2005
Adjudicative Body Case Number: A-461630
Adjudicative Body Name: DISTRICT COURT, CLARK COUNTY, NEVADA
Court File Number:
Description of Settlement and Any Conditions, Including Terms of Payment: TOTAL AMOUNT OF $275,000 PAID IN SETTLEMENT OF ANY AND ALL CLAIMS IN EXCHANGE FOR DISMISSAL WITH PREJUDICE. SETTLEMENT AGREEMENT INCLUDES CONFIDENTIALITY OF AMOUNT AND TERMS OF SETTLEMENT.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: $ 275,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?: NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 76 YEARS
Patient's Gender: MALE
Patient's Type: INPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: THE PATIENT PRESENTED WITH LONG-STANDING COMPLAINTS OF URINARY FREQUENCY, URGENCY AND NOCTURIA.
Description of the Procedure Performed: A TRANSURETHERAL MICROWAVE THERMOTHERAPY WAS PERFORMED UNDER LOCAL SEDATION. A RECTAL MONITORING DEVICE AND URETHERAL CATHETER WAS PLACED. POSITION WAS CONFIRMED BY ULTRASOUND AND A 28-MINUTE MICROWAVE TREATMENT WAS ADMINISTERED WITH TEMPERATURES OBTAINED. THE PATIENT TOLERATED THE PROCEDURE WELL AND WAS TAKEN TO THE RECOVERY ROOM IN STABLE CONDITION.
Nature of Allegation: SURGERY RELATED (020)
Specific Allegation: WRONG PROCEDURE OR TREATMENT (334)
Date of Event Associated With Allegation or Incident: 01/16/2001
Outcome: MAJOR PERMANENT INJURY (07)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: THE PATIENT ALLEGED THAT DR. GRIGORIEV

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NEGLIGENTLY PERFORMED TRANSURETHERAL MICROWAVE THERMOTHERAPY FOR BENIGN PROSTATIC HYPERTROPHY RESULTING IN URETERAL STRICTURE. THE STRICTURE WAS LATER TREATED AND RESULTED IN AN INJURY TO THE PATIENT'S URINARY SPHINCTER REQUIRING AN ARTIFICIAL SPHINCTER.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/06/2005
Date of Most Recent Change: 10/06/2005

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): GRIGORYEV, VICTOR
National Provider Identifiers (NPI): 1720173602
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 0101252574, VA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: G89127, CA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: MD60266378, WA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25098, AZ
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: D74598, MD
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 75335, MA
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: ME115075, FL
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 267280, NY

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Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 00629869, MO
Drug Enforcement Administration (DEA) Numbers: BG2133914

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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Entity Subject ID: VGrigoriev
DCN: 5500000205881683
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GRIGORIEV, VICTOR E
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GRIGORIEV, VICTOR E - CONTINUOUS QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name:	GRIGORIEV, VICTOR E
Date of Birth:	03/13/1964 **Gender:** MALE
Entity Subject ID Number:	VGrigoriev
Other Name(s) Used:	GRIGORIEV-GRIGG, VICTOR E GRIGORYEV-GRIGG, VICTOR E
Organization Name:	LAS VEGAS UROLOGY
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	7500 SMOKE RANCH RD STE 200, LAS VEGAS, NV 89128-0373
Home Address:	[redacted] QUEEN CHARLOTTE DR, LAS VEGAS, NV 89145-8676
Social Security Number:	[redacted] **DEA:** BG2133914
NPI:	1720173602 **FEIN:** 880366609
UPIN:	E80704
License:	PHYSICIAN (MD), 7212, NV, UROLOGICAL SURGERY
Professional School(s):	UNIVERSITY OF MISSOURI, COLUMBIA SCHOOL OF MEDICINE (1988)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 03/21/2023 - 03/31/2024* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV; Section 1921; Section 1128E
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	**Yes, See Below**	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE OR CERTIFICATION

Basis for Action: - FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION

Initial Action: - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

Date of Action: 12/05/2014

DCN: 5500000111569201

MISSOURI BOARD FOR THE HEALING ARTS

STATE LICENSURE OR CERTIFICATION

Basis for Action: - FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION - DISCIPLINARY ACTION TAKEN BY ANOTHER FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

Initial Action: - REPRIMAND OR CENSURE

Date of Action: 02/14/2011

DCN: 5500000066841086

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Entity Subject ID: VGrigoriev
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PREMIER PHYSICIANS INSURANCE COMPANY RRG

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT
DCN: 5500000065832884
Date of Action: 11/21/2010

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE OR CERTIFICATION
Basis for Action: - FAILURE TO MAINTAIN OR PROVIDE ADEQUATE OR ACCURATE MEDICAL RECORDS, FINANCIAL RECORDS OR OTHER REQUIRED INFORMATION

Initial Action: - REPRIMAND OR CENSURE
DCN: 5500000062917977
Date of Action: 06/11/2010

ST PAUL MEDICAL LIABILITY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - WRONG PROCEDURE OR TREATMENT

Initial Action: - SETTLEMENT
DCN: 5500000039280397
Date of Action: 09/12/2005

THE DOCTORS' COMPANY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - SURGICAL OR OTHER FOREIGN BODY RETAINED

Initial Action: - SETTLEMENT
DCN: 5500000038677169
Date of Action: 08/12/2005

---------- **Unabridged Report(s) Follow** ----------

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
01/1996		NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Claim # 203218A		The Doctor's Company		
Reason/Charge				
The claimant alleges the physician provided substandard medical care				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Patient: Maurice Escobedo		Malpractice claim filed with insurance carrier		
Name of Business/Industry/Entity				

Provide explanation below:

Involvement in the case: Surgical Assistant
Clinical Case Summary: Patient has post-operative hernia and bowel obstruction, part of the surgical needle was not retrived during surgery
Patient outcome: Major temporary injury
Case settle outside of court- $25k

Original Signature (electronic, copies or stamps not accepted)

03/22/2023
Date

Re: Escobido

Date if Incident: 01/1996

Date Settled: July, 2005

Involvement: Surgical Assistant. Resolution: Settled for $25,000.

Allegations: Patient [redacted] had post-operative hernia and bowel obstruction, part of the surgical needle was not retrieved during surgery.

P7: MAURICE ESCOBEDO

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GRIGORIEV, VICTOR E

THE DOCTORS COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/12/2005

Initial Action	Basis for Initial Action
- SETTLEMENT	- SURGICAL OR OTHER FOREIGN BODY RETAINED

A. REPORTING ENTITY

Entity Name: THE DOCTORS' COMPANY *
Address: 185 GREENWOOD ROAD
PO BOX 2900
City, State, Zip: NAPA, CA 94558-0900
Country:
Name or Office: JULIE STRATTON
Title or Department: ASSISTANT VICE PRESIDENT, CLAIMS OPERATI
Telephone: (517) 324-6590
Entity Internal Report Reference: 203218A
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/24/2021:

Entity Name: THE DOCTORS COMPANY
Address: 185 GREENWOOD RD
PO BOX 2900
City, State, Zip: NAPA, CA 94558-6270
Country:

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: GRIGORIEV, VICTOR E
Other Name(s) Used:
Gender: MALE
Date of Birth: [redacted]
Organization Name: UNIVERSITY OF NEVADA SCHOOL OF MEDICINE
Work Address: SCHOOL OF MEDICINE
City, State, ZIP: RENO, NV 89557
Home Address:
City, State, ZIP:
Deceased: NO
Social Security Numbers (SSN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIV OF MISSOURI, COLUMBIA SCHOOL OF MED (1996)
Occupation/Field of Licensure: PHYSICIAN (MD)
State License Number, State of Licensure: NV7212, NV
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C. INFORMATION REPORTED

Date of Report: 08/16/2005
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: $ 25,000.00
Date of This Payment: 08/12/2005

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000038677169
Process Date: 08/16/2005
Page: 2 of 3
GRIGORIEV, VICTOR E
For authorized use by:
LAS VEGAS UROLOGY LLP

This Payment Represents:	A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner:	$ 25,000.00
Payment Result of:	SETTLEMENT
Date of Settlement, if Any:	08/12/2005
Adjudicative Body Case Number:	
Adjudicative Body Name:	
Court File Number:	
Description of Settlement and Any Conditions, Including Terms of Payment:	THIS CASE SETTLED FOR $25,000 ON BEHALF OF THE INSURED PHYSICIAN.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case:	$ 25,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case:	1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Did (or will) a State Guaranty or Excess Fund Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by the State Fund:	
Did (or will) a Self-Insured Organization and/or Other Insurance Company Make a Payment for This Practitioner in This Case?:	NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:	

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event:	27 YEARS
Patient's Gender:	MALE
Patient's Type:	INPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment:	PATIENT PRESENTED AS A KIDNEY DONOR.
Description of the Procedure Performed:	LEFT DONOR NEPHROURETERECTOMY.
Nature of Allegation:	SURGERY RELATED (020)
Specific Allegation:	SURGICAL OR OTHER FOREIGN BODY RETAINED (322)
Date of Event Associated With Allegation or Incident:	01/18/1998
Outcome:	MAJOR TEMPORARY INJURY (04)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based:	THE INSURED PERFORMED A LAPAROSCOPIC PROCEDURE WHICH WAS CONVERTED TO A LAPORATOMY. WHILE THE FASCIA WAS BEING SUTURED, A NEEDLE BROKE. THE BROKEN PORTION OF THE NEEDLE COULD NOT BE LOCATED, AND A DECISION WAS MADE TO CLOSE WITHOUT OBTAINING AN X-RAY.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000038677169
Process Date: 08/16/2005
Page: 3 of 3
GRIGORIEV, VICTOR E
For authorized use by:
LAS VEGAS UROLOGY LLP

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/16/2005
Date of Most Recent Change: 08/16/2005

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s):	GRIGORYEV, VICTOR
National Provider Identifiers (NPI):	1720173602
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	0101252574, VA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	G89127, CA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	MD60266378, WA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	25098, AZ
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	D74598, MD
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	75335, MA
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	ME115075, FL
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	267280, NY
Occupation/Field of Licensure:	Physician (MD)
State License Number, State of Licensure:	00629869, MO
Drug Enforcement Administration (DEA) Numbers:	BG2133914

The Data Bank attempted to notify the Subject Identified in Section B on 08/16/2005 at the address below, but the attempt was unsuccessful.

SCHOOL OF MEDICINE
RENO, NV 89557

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000205886846
Process Date: 03/21/2023
Page: 1 of 1
LAS VEGAS UROLOGY, LLP
For authorized use by:
LAS VEGAS UROLOGY LLP

LAS VEGAS UROLOGY, LLP - ONE-TIME QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Organization Name:	LAS VEGAS UROLOGY, LLP
Organization Type:	MEDICAL GROUP/PRACTICE (365)
Work Address:	7150 W SUNSET RD STE 201A, LAS VEGAS, NV 89113-1981
FEIN:	880366609 **NPI:** 1629054994
License:	NV19981000336, NV

B. QUERY INFORMATION

Statutes Queried:	Section 1921; Section 1128E
Query Type:	This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.
Entity Name:	LAS VEGAS UROLOGY LLP (DBID ending in ...78)
Authorized Submitter:	CRENECIA MARTINEZ, SR. CREDENTIALING SPECIALIST, (702) 508-3677

C. SUMMARY OF REPORTS ON FILE WITH THE NPDB AS OF 03/21/2023

The following report types have been searched:

State Licensure or Certification Action	No Reports	DEA/Federal Licensure Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Government Administrative Action(s):	No Reports	Accreditation Action(s):	No Reports
Health Plan Action(s):	No Reports		

---------- No Reports Found Based on the Subject Information Submitted ----------

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Victor Grigoriev

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/22/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Victor Grigoriev, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/22/2023

Date

Subscribed and Sworn to before me this 22 day of March 2023

Notary Public Signature

JILL S. BURT
Notary Public, State of Nevada
Appointment No. 11-5370-1
My Appt. Expires Jul 28, 2023

(Seal)

4JJJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application
Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

- ■ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		■ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Henderson Ambulatory Surgery Center for minimally invasive procedures

Physical Address: 9120 W. Russell Rd suite 100

City: Las Vegas State: NV Zip: 89148

Mailing Address (if different from physical address): 6930 S. Cimarron Rd Ste 260

City: Las Vegas State: NV Zip: 89113

Telephone: 7024769700 Fax: 7024769138

Contact Email: tcampbell@wellnessandpaincare.com Website

Nevada Business License # NV20222636468

Employed/Contracted Pharmacist Name: Mary Gear NV Pharmacist License #: 10687

Medical Director Name: Neville Campbell

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: Neville Campbell

Business Name: Henderson Ambulatory Surgery Center for minimally invasive procedures

Business Address: 6930 S. Cimarron Road ste 260

City: Las Vegas State: NV Zip: 89113

Telephone: 7024769700 Email: tcampbell@wellnessandpaincare.com

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Henderson Ambulatory Surgery Center for Minimally Invasive Procedures:

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
02-036-RPH-S	NV State Board of Pharmacy

Reason/Charge
Complaint concerning recors of PRN, Inc

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Mary Grear	

Name of Business/Industry/Entity
PRN, Inc.

Provide explanation below:

A complaint was made concerning grants made by the Board of Pharmacy to PRN, Inc. under the care of Mary Grear, Executive Director. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the corect address was on file at the Board Office. This resulted in my not being aware that I needed to appear until after the Board Meeting. I subsequently prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN and ethe expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc. grants.

Mary Grear, RPh

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

4/20/2023

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.** Pending	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Neville Campbell

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 4/24/2023.

Board Use Only	Date Received: 4-26-23	Amount: 500.00CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Henderson Ambulatory Surgery Center for Minimally Invasive Procedures

Physical Address: 9120 W. Russell Road Ste 100

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): 6930 S. Cimarron Rd ste 260

City: Las Vegas State: NV Zip: 89113

Telephone: 7024769700 Website:

Licensing Company Email: credential@wellnessandpaincare.com

Section 2: Personal Information

First: Neville Middle: Last: Campbell

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Anthem Pointe Ct

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: drcampbell@wellnessandpaincare.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: NC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mt. Sinai Hospital School of Medicine		6/13 to 6/24	
Address	**City**	**State**	**Zip**
1468 Madison Ave	New York	NY	10026
Diploma/Degree obtained, if any			
Pain Medicine Certificate			
School Name		**From - To (MM/YY – MM/YY)**	
Mt Sinai School of Medicine		7/2005 to 6/2099	
Address	**City**	**State**	**Zip**
1468 Madison Ave	New York	NY	10026
Diploma/Degree obtained, if any			
Doctor of Medicine			
School Name		**From - To (MM/YY – MM/YY)**	
Suny Oneonta		1/2003 to 6/2005	
Address	**City**	**State**	**Zip**
108 Ravine Parkway	Oneonta	NY	13820
Diploma/Degree obtained, if any			
Bachelor			
School Name		**From - To (MM/YY – MM/YY)**	
Binghamton University		9/2010 to 3/2013	
Address	**City**	**State**	**Zip**
4400 Vestal Pkway	Binghamton	NY	13902
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
6/13 to 6/14	Mt. Sinai Hospital	New York	NY	10026
6/10/ to 6/2013	Suny Downstate Medical Center	Brooklyn	NY	11203

Applicant's initials NC

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Center for Wellness and Pain Care of Las Vegas			2015 to p resent	
Business Address		**City**	**State**	**Zip**
6930 s. cimarron Rd ste 260		Las Vegas	NV	89113
Phone	**Title**			
7024769700	MD			
Description of Duties				
serve in the post of Medical director/ceo				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I was a defendant in a case entitled Scott Salkoff v. Neville Campbell, M.D., et. al. (Clark County Case No. A-19-801381-C) which was filed on September 5, 2019. Plaintiff Scott Salkoff was a patient at my clinic, Center for Wellness and Pain Care of Las Vegas, from June 2016 through December 2018. During this timeframe he saw Dr. Ruben Alexander and me for pain management. Mr. Salkoff had a long history of bilateral leg and low back pain since his L5-S1 fusion surgery in 2012. Mr. Salkoff expressed an interest in weaning off his pain medications. After conservative treatment, it was determined that Mr. Salkoff was an appropriate candidate for spinal stimulator implantation.
Mr. Salkoff underwent a spinal stimulator trial procedure on April 23, 2018 and reported complete pain relief in his back and legs. He then chose to proceed with permanent implant placement.
Mr. Salkoff was scheduled for permanent spinal stimulator implantation on November 2, 2018 at Parkway Surgery Center in Las Vegas. Dr. Alexander was the surgeon and I was the anesthesiologist. Although my office provided preoperative instructions to Mr. Salkoff, including an instruction not to eat or drink anything at least 6 hours prior to his check-in time, he advised the preoperative nurse that he had eaten earlier that day. The nurse then advised me that Mr. Salkoff had eaten that day but did not provide details. I then personally interviewed Mr. Salkoff before the procedure asking about what he had eaten and when. Mr. Salkoff told me that he had a light meal at noon that day. Since anesthesia for the procedure would begin no earlier than 6pm, we proceeded with surgery after advising Mr. Salkoff of the potential risk of aspiration and obtaining his consent.
Mr. Salkoff ultimately had a complication during the procedure which included aspiration of gastric contents and required intubation.
The lawsuit contends that Dr. Alexander and I should have cancelled the surgery because Mr. Salkoff had eaten earlier that day. I have maintained, and continue to maintain, that all my treatment of Mr. Salkoff was appropriate and complied with the standard of care.

Neville Campbell
Original Signature (electronic, copies or stamps not accepted)

9/29/2023
Date

Applicant's Initials NC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Neville Campbell
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/24/2023
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Neville Campbell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Neville Campbell
Original Signature

4/24/2023
Date

Subscribed and Sworn to before me this 24 day of April 2023

Tanya Myers
Notary Public Signature

TANYA MYERS
Notary Public, State of Nevada
Appointment No. 18-2272-1
My Appt. Expires Jul 19, 2026

(Seal)

Applicant's initials NC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HENDERSON AMBULATORY SURGERY CENTER FOR MINIMALLY INVASIVE PROCEDURES LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/29/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/23/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202304233594703
You may verify this certificate online at http://www.nvsos.gov

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ANNUAL DISCIPLINE CASES Reporting Period: January – April 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
YE failed to recognize the incorrect filling of the prescription upon data entry and final verification resulting in the sale of the prescription and failed to provide counseling to patient.	N/A	Fined $1,000.00; assessed $500.00 in attorney's fees and costs.	CVS fined $2,000.00; assessed $1,000.00 in attorney's fees and costs.
AV made false representation(s) to the Board in two of her PTT applications submitted to the Board.	N/A	Revoked two years; $358.36 in attorney's fees and costs.	N/A
JLW prescribed controlled substances to Nevada patients during the period where his controlled substance registration was expired.	N/A	Fined $5,000.00 and $500.00 in attorney's fees and costs.	N/A
JG: NSBME imposed discipline on JG's license to practice medicine for allowing unlicensed persons to act under his authority to unlawfully operate Image Med Spa and to access, possess, administer, dispense, and/or prescribe dangerous drugs and hypodermic devices to perform cosmetic injections and topical administration of dangerous drugs onsite to patients who had not been examined by a practitioner and without direct practitioner supervision. Some of the drug products and devices purchased are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S.	N/A	Fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs.	N/A
MR: NSBME placed MR's license to practice medicine on probation for engaging in conduct in violation of standards of practice related to writing prescriptions for controlled substances.	N/A	2 year suspension; suspension is stayed and MR is placed on probation; fined $5,000.00; $1,000.00 in attorney's fees and costs; establish policies	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – April 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		and procedures related to controlled substance prescriptions issued for the treatment of acute or chronic pain.	
DL disciplined by the NSBME on DL's license to practice medicine for failure to maintain medical records related to prescribing controlled substances.	N/A	1 year suspension; suspension is stayed; fined $2,000.00; $500.00 attorney's fees and costs; establish policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations.	N/A
JS surrendered her NSBME to practice medicine and no longer qualifies for a controlled substance registration.	N/A	Revoked 1 year.	N/A
ES stipulated to responsibility, and the CA Board disciplined ES for violations related to compounding pharmacy regulations.	N/A	5 hours CE in pharmacy operations and pharmacy law and 5 hours CE in USP 797 in addition to CEs required for renewal; not own, have any legal or beneficial interest nor serve as manager, administrator, trustee, associate, or partner of any pharmacy and/or business licensed by the Board for 3; not compound any drugs that are intended to/or result in the shipment into Nevada for 3 years; assessed $750.00 in attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – April 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
HM diverted controlled substances for personal use from his employer.	N/A	Revoked; fined $5,000; assessed $500 in recoverable attorney's fees and costs.	N/A
JLS failed to disclose that she was subject to a Board citation or administrative action on her pharmaceutical technician-in-training application.	N/A	Revoked; fined $5,000; assessed $446.23 in recoverable attorney's fees and costs.	N/A
Z, Inc. failed to disclose that they were subject to a Board citation or administrative action on their renewal pharmacy application.	N/A	Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
GT surrendered her DEA Registration for Cause; unlawfully diverted and self-administered controlled substances during work hours.	N/A	Revoked; fined $5,000; assessed $1,000 in recoverable attorney's fees and costs; must submit an evaluation for substance use disorder and comply with any and all recommendations set forth by evaluation/ practitioner.	N/A
CH failed to disclose charges pending in US district court on his 2020 renewal application.	N/A	Fined $5,000; assessed $500 in recoverable attorney's fees and costs.	N/A
KMC, LLC appealed the Board's Findings of Fact, Conclusions of Law and Order filed on March 2, 2022. The case was remanded, and the Board heard the appeal on April 12, 2023. The Board found violations that the Respondent engaged in the business of furnishing medical devices in Nevada without a license.	N/A	KMC's license status is currently non-renewed. They may not engage in the business of furnishing medical devices in Nevada unless and until they apply for a license and appears before the Board to answer questions and give	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – April 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		testimony regarding the application.	
CL's NSBVME license to practice veterinary medicine was suspended on December 12, 2022, for non-compliance with NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse.	N/A	Revoked 1 year; assessed $500.00 in recoverable attorney's fees and costs.	N/A
GW was convicted in June 2022, in *California vs. Gary Royce Wisner*, Sacramento County, California, Superior Court Case No. 18FE013037 on 10 felony counts of health care insurance fraud.	N/A	Revoked for 5 years; assessed $500.00 in recoverable attorney's fees and costs.	N/A
RF: NSBME imposed discipline on his license to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME related to prescribing controlled substances.	N/A	RF's CS registration is suspended for a period of 2 years. The suspension is stayed and RF is placed on probation;fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs.	N/A
RZ prescribed controlled substances to Nevada patients during the period where his controlled substance registration was non-renewed.	N/A	Fined $5,000.00.	N/A
SG prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired.	N/A	Fined $5,000.00; $500.00 in recoverable attorney's fees and costs.	N/A
CC prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired.	N/A	Fined $5,000.00; $500.00 in recoverable attorney's fees and costs.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January – April 2023			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
EN failed to recognize the incorrect filling of the prescription upon data entry, verified and dispensed the incorrect dosage. He also failed to create a physical or electronic record of patient counseling or the refusal of patient counseling for the dispensing of the prescription. CS failed to recognize the incorrect filling of the prescription upon data entry, verified and dispensed the incorrect dosage.	N/A	EN: fined $3,000.00; assessed $500.00 in recoverable attorney's fees and costs. CS: fined $1,500.00; assessed $500.00 in recoverable attorney's fees and costs.	Fined $4,500.00; assessed $500.00 in recoverable attorney's fees and costs.

5A

FILED
APR 25 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Michael Burkintas ("Burkintas"), Certificate of Registration No. 15419, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent Burkintas was a pharmacist employed by Desert View Hospital Alliance ("Desert"), located on 360 S. Lola Lane in Pahrump, Nevada.

3. On or about February 18, 2022, Respondent Burkintas and other staff were asked to submit to a random drug and alcohol screening by Desert in connection with an investigation of possible drug diversion by a Desert employee/staff.

4. The test result of Respondent Burkintas' urinalysis was positive for amphetamines, a controlled substance in schedule II.

5. A medical officer of the drug and alcohol testing company contacted Respondent Burkintas by telephone for a potential medical reason or explanation for the positive result.

Respondent Burkintas confirmed that he was not prescribed any legal medication which would explain the positive result.

6. A review of Respondent Burkintas' prescription monitoring program ("PMP") report from April 20, 2017 to April 20, 2022 showed no amphetamines prescribed.

7. Desert terminated Respondent Burkintas on March 3, 2022 as a result of Desert's zero tolerance drug policy.

8. On or about March 29, 2022, Board staff interviewed Respondent Burkintas, who believed that the amphetamine test result was a false positive. He explained that the false positive may have occurred because he was taking over-the-counter medication and supplements, which included Loratadine/Pseudoephedrine, Chlorpheniramine, Phenylephrine, GHR, T-Max, and TermoRip. However, he did not request additional testing from Desert to contradict the "false positive", did not voluntarily test again on his own, nor did he contest his termination from Desert.

9. Respondent Burkintas stated that he would be taking a few months off from pharmacy work because of some physical ailments.

APPLICABLE LAW

10. NRS 453.331(1)(d) states, in relevant part, that "[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration." Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

11. NRS 453.336(1) states, in relevant part, that "a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]". Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to

drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

12. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. *See* NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(11).

14. Respondent is subject to disciplinary action pursuant to NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unlawful Acquisition of Controlled Substances

15. By unlawfully acquiring or diverting amphetamines, a controlled substance in schedule II, without a prescription as alleged herein, Respondent Burkintas violated, or attempted to violate, NRS 453.331(1)(d) and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

COUNT TWO
Unlawful Possession of Controlled Substances

16. By unlawfully possessing amphetamines, a controlled substance in schedule II, without a prescription as alleged herein, Respondent Burkintas violated, or attempted to violate, NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

COUNT THREE
Unprofessional Conduct - Deceitful Practice

17. By acquiring or diverting amphetamines, a controlled substance in schedule II, as alleged herein, and untruthfully denying such use, Respondent Burkintas was a party to any fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct

contrary to the public interest pursuant to NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4), and/or NRS 639.255.

COUNT FOUR
Violations of Federal Law

18. By ingesting and testing positive for amphetamines, a controlled substance in schedule II as alleged herein, Respondent Burkintas violated, or attempted to violate, 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), and 21 U.S.C.§ 844, and is subject to discipline pursuant to NRS 639.210(11), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of APRIL 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Michael Burkintas, RPH
[redacted] Money Street
Pahrump, NV 89048

Darlene Nases
DARLENE NASES

RECEIVED
AUG - 5 2022

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OR PHARMACY Petitioner, v. MICHAEL BURKINTAS, RPH Certificate of Registration No. 15419 Respondent.	CASE NO.: 22-063-RPH-S ANSWER AND NOTICE OF DEFENSE

Mr. Michael Burkintas, RPH, ("Mr. Burkintas"), by and through his counsel of record MURPHY JONES APC, in answer to the Notice of Intended Action and Accusation ("Accusation") filed in the above-entitled matter before the Nevada State Board of Pharmacy ("Board"), declares as follows:

1. Objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

None.

2. That, in answer to the Notice of Intended Action and Accusation, Mr. Burkintas admits, denies and alleges as follows:

Mr. Burkintas has recently retained legal counsel who is conducting an independent investigation into the allegations espoused in the Accusation, including, but not limited to, efforts to determine the root cause of the false positive urinalysis screen. Mr. Burkintas requests a hearing in the matter, on the merits of the case, and will provide additional information and produce relevant documentation, after his legal counsel has been afforded the opportunity to adequately prepare a defense to the Accusation. With the afore-referenced reservation, Mr. Burkintas admits and denies the allegations espoused in the Notice of Intended Action and Accusation as follows:

////

I.

Mr. Burkintas admits that the Board has jurisdiction over this matter.

II - III.

Mr. Burkintas admits that he was employed by Desert View Hospital and voluntarily submitted a random urinalysis specimen on February 18, 2022.

IV - IX.

Mr. Burkintas is without knowledge or information sufficient to form a belief as to the truth or falsity of the allegations contained in paragraph IV-IX and therefore denies the same.

COUNT ONE
(Unlawful Acquisition of Controlled Substance)

Mr. Burkintas states that the allegations contained in paragraph XV contain legal conclusions and therefore denies the same.

COUNT TWO
(Unlawful Acquisition of Controlled Substances)

Mr. Burkintas states that the allegations contained in paragraph XVI contain legal conclusions and therefore denies the same.

COUNT THREE
(Unprofessional Conduct – Deceitful Practice)

Mr. Burkintas states that the allegations contained in paragraph XVII contain legal conclusions and therefore denies the same.

COUNT FOUR
(Violations of Federal Law)

Mr. Burkintas states that the allegations contained in paragraph XVIII contain legal conclusions and therefore denies the same.

AFFIRMATIVE DEFENSES

FIRST AFIRMATIVE DEFENSE

1. Complainant fails to state a claim upon which relief can be granted.

SECOND AFIRMATIVE DEFENSE

2. Complainant's causes of action are barred by applicable statute of limitations

////

THIRD AFIRMATIVE DEFENSE

3. Complainant's causes of action are barred by the doctrine of unclean hands.

FOURTH AFIRMATIVE DEFENSE

4. Complainant's causes of action are barred by the doctrine of laches.

FIFTH AFIRMATIVE DEFENSE

5. Complainant's causes of action are barred by the doctrines of estoppel and/or waiver.

SIXTH AFIRMATIVE DEFENSE

6. The facts not having been fully developed, Respondent further affirmatively pleads the following affirmative defenses as may be applicable in this action: accord and satisfaction, arbitration and award, assumption of risk, contributory negligence, discharge in bankruptcy, duress, estoppel, failure of consideration, fraud, illegality, injury by fellow servant, laches, license, payment, release, res judicata, statue of frauds, status of limitations, waiver, and any other matter constituting and avoidance or affirmative defense

SEVENTH AFIRMATIVE DEFENSE

7. Any affirmative defense(s) not explicitly made herein are hereby reserved and defense(s) asserted.

REQUEST FOR DISCOVERY

On behalf of Respondent I request the following discovery:

1. The names and addresses of any and all witnesses known by you as those intended to be called to testify at the hearing in the above- entitled proceeding;

2. Statement(s) of any and all persons named in the Accusation and/or any initial or additional pleading(s);

3. Statement(s) of any and all witnesses you propose to be called at the hearing;

4. Statement(s) of any and all person(s) having personal knowledge of the acts, omissions and/or events which are the are the basis for the above-entitled proceeding;

5. Any and all writings, including but not limited to, reports of mental, physical and blood examinations and things which you propose to offer in evidence;

6. Any and all writings and/or things which are relevant, and you believe would be admissible in evidence;

7. Any and all investigative reports made by or on behalf of the State of California and/or other party pertaining to the subject matter of the above-entitle proceeding.

REQUEST FOR PRIVILEGE LOG

For any document(s) you assert is/are privileged attorney-client communication within the meaning of Nevada Revised Statute section §49.065, et seq., attorney work product, or are otherwise privileged from disclosure by law or made confidential, please produce a privilege log stating the following:

a) A description of the document to which a claim of privilege is being asserted;

b) The basis of any claim of privilege;

c) If work-product immunity is being asserted, identify the specific proceeding for which the document was prepared;

d) The date of the document;

e) The name, business address, and current job title of the originator(s) or author(s) of the document;

f) The names, business address, and current job title of the recipient of the document;

g) The job title of each recipient of the document at the time the document was prepared and at time it was received; and

h) A general description of the subject of the communication contained in the document.

DEFINITION OF TERMS

The terms "you" and "your" refer to the Board and its officials, agents, representatives, employees, investigators, attorneys, consultants, and/or any person or entity acting on behalf of.

The term "document" as used hereinabove refers to a "writing" as defined in Nevada Revised Statute section §52.225, et seq., which means handwriting, typewriting, printing, photographing, photocopying, transmitting by electronic mail or facsimile, instant messaging, digital text messaging, and every other means of recording upon any tangible thing, any form of communication or representation, including letters, words, pictures, sounds or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored.

This request includes, but is not limited to, all stored electronically or digitally such as computers, computer hard drives, zip discs, CD-Rs, CD-RWs, DVDs, floppy diskettes, tape drives, flash memory drive, and any other digital and electronic storage media.

REQUEST TO MEET AND CONFER

Before transmitting any Statement to Respondent and Notice of Hearing scheduling a formal hearing appearance, kindly first contact the undersigned to meet and confer concerning, evidentiary issues, discovery, settlement possibilities, hearing length and attorney trial availability.

DATED: August 5, 2022

By: _____

Kevin C. Murphy, Esq.
Attorney for Respondent Michael Burkintas, RPH

5B

FILED
AUG 31 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #10861,** **Pharmacy License No. PH03798,** **YUNA EUN, RPH,** **Certificate of Registration No. 19627, and** **CYNTHIA TO, RPH,** **Certificate of Registration No. 19604,** **Respondents.**	**CASE NOS. 18-008-PH-S** **18-008-RPH-A-S** **18-008-RPH-B-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent CVS Pharmacy #10861 ("CVS") held a Nevada Pharmacy License No. PH03798, Respondent Yuna Eun, RPh, ("Eun") held a Nevada Pharmacist Certificate of Registration No. 19627, and Respondent Cynthia To, RPh, ("To") held a Nevada Pharmacist Certificate of Registration No. 19604, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent CVS is located at 8491 Farm Road in Las Vegas, Nevada.

3. Respondent Eun was employed as the pharmacy manager of CVS during the alleged and relevant timeframes.

4. Respondent To was employed as a staff pharmacist of CVS during the alleged and relevant timeframes.

5. On or about January 10, 2018, Dr. N.H. wrote a prescription for patient E.R. for a quantity of sixty (60) trazodone HCI 50 mg tablets with instructions to take 1-2 tablets at bedtime. Trazodone is generally prescribed as a sleep aid, to treat depression, and/or to treat anxiety.

6. Patient E.R. presented the written prescription to CVS, and CVS designated prescription number 109100.

7. During the data entry process, Respondent To mistakenly selected tramadol instead of trazodone from the drop-down menu in the computer. A label was printed, and PT A.M. filled the prescription with tramadol 50 mg. Tramadol is a schedule IV strong opioid pain killer.

8. Respondent Eun performed data entry verification, drug utilization review ("DUR") overrides, and final verification. DURs included three (3) hard-stop warnings and twelve (12) soft-stop warnings. The three hard-stop warnings consisted of (1) drug allergy to Norco, (2) drug allergy to tramadol, and (3) duplicate therapy oxycodone-acetaminophen filled on December 29, 2017.

9. Prescription number 109100 containing the wrong medication ***tramadol*** 50mg instead of the correct medication, **trazodone HCI 50 mg,** was sold/dispensed to patient E.R. at 6:26 p.m. on January 10, 2018.

10. At the time of dispensing, Respondent Eun did not verbally provide counseling to patient E.R. and did not document whether counseling was provided or refused.

11. Patient E.R. experienced symptoms of itchiness and urinary retention after taking 4 total pills, so she discontinued taking the misfilled tramadol medication as it did not help her to fall sleep.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or content of the label of the prescription. NAC 639.945(1)(d).

14. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

15. A pharmacist shall provide verbal counseling to a patient concerning the name and use of the drug, and shall document whether counseling was provided or refused. NAC 639.707(1), (2), and (6)(b).

16. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

17. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

18. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT
Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner (Respondents Eun and To)

19. Respondent To engaged in unprofessional conduct when she failed to enter the prescription data correctly, therefore failed to strictly follow the instructions of the prescribing practitioner N.H. to fill **trazodone** instead of the incorrect medication ***tramadol*** in violation of NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

20. Respondent Eun engaged in unprofessional conduct when she failed to recognize the incorrect filling of the prescription pursuant to the instructions of the prescribing practitioner upon data entry verification, DUR, and final verification resulting in the sale of tramadol instead of the correct prescribed medication trazodone in violation of NAC 639.945(1)(d), and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

SECOND COUNT
Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct (Respondents Eun and To)

21. Respondent To engaged in unprofessional conduct and conduct contrary to the public interest, and performed her duties in an incompetent, unskillful or negligent manner when she failed to enter the prescription of trazodone correctly, and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

22. Respondent Eun engaged in unprofessional conduct and conduct contrary to the public interest, and performed her duties in an incompetent, unskillful or negligent manner when she failed to correctly verify the prescription of trazodone at data entry verification, DUR, and final verification, and is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

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THIRD COUNT
Failure to Provide/Document Counseling
(Respondent Eun)

23. Respondent Eun failed to provide counseling to patient E.R. and did not document if counseling was provided or refused in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

FOURTH COUNT
Pharmacy/Pharmacy Owner Responsibility
(Respondent CVS)

24. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, CVS is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license(s)/registration(s) of these Respondents.

Signed this 31st day of August 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary
of the Nevada State Board of Pharmacy, for and on
behalf of J. David Wuest, R.Ph., Executive Secretary
of the Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYNTHIA TO, RPH,** **Certification of Registration No. 19604,** **Respondent.**	**CASE NO. 18-008-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, October 12, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 31st day of August, 2022.

Yenh Long, Pharm.D., Deputy Executive Secretary of the Nevada State Board of Pharmacy, for and on behalf of J. David Wuest, R.Ph., Executive Secretary of the Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CYNTHIA TO, RPH,** **Certification of Registration No. 19604,** **Respondent.**	**CASE NO. 18-008-RPH-B-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

CYNTHIA TO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

CVS Pharmacy #10861
8491 Farm Rd.
Las Vegas, NV 89131

Brian Convey, Esq.
Senior Legal Counsel – CVS Health
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Yuna Eun, RPH
[redacted] Surfs Up Dr.
Las Vegas, NV 89128

Cynthia To, RPH
[redacted] Wellington Peak Road
Las Vegas, NV 89148

Cynthia To, RPH
[redacted] E Sunset Road #16
Las Vegas, NV 89119

Darlene Nases
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CVS PHARMACY #10861,** **Pharmacy License No. PH03798,** **YUNA EUN, RPH,** **Certificate of Registration No. 19627, and** **CYNTHIA TO, RPH,** **Certificate of Registration No. 19604,** **Respondents.**	**CASE NOS. 18-008-PH-S** **18-008-RPH-A-S** **18-008-RPH-B-S** **STIPULATION AND ORDER AS TO RESPONDENT CYNTHIA TO, RPH ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Cynthia To, RPh ("To"), Certificate of Registration No. 19604, by and through counsel Kevin Murphy, Esq., of the law firm of Murphy Jones APC, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent To and these matters.

2. On or about August 31, 2022, Board Staff served Respondent To with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent, in lieu of filing an Answer, submits this Stipulation and Order for the Board's consideration.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, their right to reconsideration, their right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent To engaged in unprofessional conduct when she failed entered the prescription data correctly, therefore failed to strictly follow the instructions of the prescribing practitioner N.H. to fill **trazodone** instead of the incorrect medication ***tramadol*** for patient E.R., prescription number 109100, in violation of NAC 639.945(1)(d) and (i).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action against Respondent pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent To, Certificate of Registration No. 19604, stipulate to the following penalties and/or conditions:

A. Respondent To shall pay a fine of One-Thousand Dollars ($1,000.00) for the violations; and

B. Respondent To shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent(s) to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation

of this Order by any Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on January 11, 2023. Respondent will appear in person at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and investigative costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agrees to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 17 day of December, 2022

Cynthia To

CYNTHIA TO, RPH
Certificate of Registration No. 19604

APPROVED AS TO FORM AND CONTENT December
this 20 day of ~~October~~, 2022

KEVIN MURPHY, ESQ.
Counsel for Respondent
Cynthia To, RPH

Signed this 23rd day of May 2023.

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Cynthia To, RPH, Certificate of Registration No. 19604, in Case No. 18-008-RPH-B-S, and hereby orders that the terms of the foregoing Stipulation be made immediately effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June 2023.

_____
Helen Park, President
Nevada State Board of Pharmacy

eSignature Details

Signer ID:	**jX41ech8rf7CmQMA4sLZ4t9K**
Signed by:	Cynthia To
Sent to email:	cynthia.t.ucla@gmail.com
IP Address:	71.38.131.227
Signed at:	Dec 17 2022, 4:03 pm PST

5C

FILED
JUL 24 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ABDEL M. KHALEK, MD,** **Certificate of Registration Nos. CS19745 and PD00722,** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416, and** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondents.**	**Case Nos. 19-003-CS-A-S** **19-003-CS-B-S** **19-003-CS-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Abdel M. Khalek, MD (Khalek), held a controlled substance registration, Certificate of Registration No. CS19745, and dispensing practitioner registration, Certificate of Registration No. PD00722; Respondent Robert Chancellor, MD (Chancellor), held a controlled substance registration, Certificate of Registration No. CS22616, and dispensing practitioner registration, Certificate of Registration No. PD27416; and Lindsay Hoffman, PA-C (Hoffman), held a controlled substance registration, Certificate of Registration No. CS18262, and dispensing practitioner registration, Certificate of Registration No. PD00177, all issued by the Board.

FACTUAL ALLEGATIONS

2. Vinay Kumar Bararia, MD (Bararia) was not registered with the Board at the time of the events alleged herein.

3. Bararia voluntarily surrendered his license to practice medicine, License No. 11355, to the Nevada State Board of Medical Examiners (NSBME) on March 8, 2013, and was sentenced in federal court for distribution of controlled substances in September 2014.

4. Bararia has owned and operated Nevada Health Services, LLC aka Trimcare (Trimcare), located at 5375 South Fort Apache Road, Suites 102 and 103, in Las Vegas, since August 2018.

5. Khalek co-owned and/or was employed at Trimcare from October 2018 to April 2019.

6. Chancellor co-owned and/or was employed by Trimcare from November 2018 to the present.

7. Hoffman was employed by Trimcare from August 2018 to present.

8. Ageless Aesthetics (Ageless Aesthetics), an unnamed third party, is a medical spa that operates at 5375 South Fort Apache Road, Suite 101, Las Vegas, Nevada 89148, next door to Trimcare, for which Khalek was the medical director from approximately October 2018 to April 2019.

9. Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Trimcare and found evidence of misconduct and violations involving the unlawful possession, administration, prescribing and dispensing of controlled substances and/or dangerous drugs.

10. Khalek, Chancellor and Hoffman permitted Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another

practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state.

11. Khalek unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Testosterone, Phentermine, Phendimetrazine, Topamax, Botox, and Juvederm, for at least two-hundred ninety-eight (298) patients with whom he did not have a bona fide therapeutic relationship from September 2018 to April 2019 by pre-signing prescriptions, providing his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

12. Chancellor unlawfully prescribed controlled substances and/or dangerous drugs, including, without limitation, Adderall, Phentermine, and Topamax, for at least ten (10) patients with whom he did not have a bona fide therapeutic relationship from November 2018 to present by pre-signing prescriptions, his log-on information to e-scribing systems to Bararia, and/or failing to secure his secondary authenticator for e-scribing CII medications.

13. Hoffman unlawfully prescribed controlled substances/dangerous drugs, including, but not limited to, Phentermine, and Topamax for at least two (2) patients with whom she did not have a bona fide therapeutic relationship in April 2019 by pre-signing prescriptions.

14. Khalek, Chancellor and Hoffman permitted access of their inventory of controlled substances and dangerous drugs to unlicensed employees of Trimcare and/or Ageless Aesthetics.

15. Khalek, Chancellor and Hoffman failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, failed to maintain the

security of the inventory from unauthorized access, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs.

16. Chancellor and Hoffman had possession of pre-drawn, unlabeled syringes containing an unidentified dangerous drug.

17. On or about July 7, 2020, Board staff served Bararia with an order pursuant to NRS 639.2895(1) to immediately cease and desist possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from Trimcare.

APPLICABLE LAW

18. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

19. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

20. It is unlawful for a practitioner to prescribe or dispense a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301, NRS 639.100(1); NRS 639.23505; NAC 453.410; NAC 639.742; NAC 639.745.

21. It is unlawful for a person to purchase, possess, administer or furnish a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321 and/or NRS 454.356.

22. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

23. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.281(1); NRS 639.2813(1).

24. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

25. A dispensing practitioner must issue a written prescription for each medication dispensed, verify medications for accuracy prior to dispensing, maintain complete, accurate and readily retrievable records of all controlled substances and dangerous drugs purchased and dispensed, inventory controlled substances at least once every two (2) years, properly store and maintain the inventory, maintain the security of the inventory from unauthorized access, and segregate and/or dispose of adulterated and/or expired dangerous drugs. NRS 453.246; NRS 585.370; NRS 585.420; NRS 639.282; NAC 453.400; NAC 453.410; NAC 453.475; NAC 454.040; NAC 639.475; NAC 639.476; NAC 639.510; NAC 639.601; NAC 639.742, NAC 639.743; NAC 639.745; 21 U.S.C. § 842(a)(5); 21 CFR 1304.11; 21 CFR 1304.21.

26. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to

NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

29. Dispensing a drug as a dispensing practitioner or prescribing a drug as a prescribing practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

30. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

31. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

32. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

33. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-

signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

34. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman performed their duties as the holders of controlled substance registrations and dispensing practitioner registrations in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

35. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the

practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION
Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

36. By unlawfully prescribing and dispensing controlled substances to patients with whom they did not have a bonda fide therapeutic relationship, Khalek, Chancellor and Hoffman engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(n) and (o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION
Violations of Federal Controlled Substances Act

37. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and

Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03–1306.05, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

SIXTH CAUSE OF ACTION
Violations of State Law for Unlicensed Practice

38. By permitting Bararia, who was not a licensed practitioner, in the course of operating Trimcare to purchase, access, store, possess, administer, furnish, prescribe and/or dispense controlled substances and dangerous drugs under another practitioner's name, without that practitioner having a bona fide therapeutic relationship with any such patient or the practitioner being present at the time the prescription was dispensed, and/or otherwise falsely represent himself as a practitioner entitled to write prescriptions in this state, including pre-signing prescriptions, providing log-on information to e-scribing systems to Bararia, and failing to secure secondary authenticator for e-scribing CII medications, Khalek, Chancellor and Hoffman violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.213, NRS 454.215, NRS 454.221, NRS 454.311, NRS 454.316, NRS 454.321, NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813 and NRS 639.310, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION
Failure to Maintain Security of Controlled Substances or Dangerous Drugs

39. By failing to maintain proper locked security of their inventory of controlled substances and dangerous drugs and/or permitting unauthorized access to their inventory by Bararia and/or other unlicensed employees of Trimcare and/or Ageless Aesthetics, Khalek,

Chancellor and Hoffman violated NAC 453.400, NAC 453.410(1)(d), NAC 454.040, NAC 639.742(3)(c), NAC 639.742(3)(a)(b)(c)&(e), and NAC 639.745(1)(c), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

EIGHTH CAUSE OF ACTION
Failure to Maintain Records for Controlled Substances Dispensed

40. By failing to keep complete, accurate, and readily retrievable records of all controlled substances dispensed, including failing to issue a written prescription for each medication dispensed and failing to inform the patient that he or she may request a written prescription to have it filled at another location of their choice, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.410(1)(a)(B) and (2), NAC 639.745(2) and (3)(b)(2), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

NINTH CAUSE OF ACTION
Failure to Verify Dispensed Medications for Accuracy

41. By failing to verify medications for accuracy prior to dispensing, Khalek, Chancellor, and Hoffman violated NAC 639.743(2)(a) and (b), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TENTH CAUSE OF ACTION
Failure to Inventory Controlled Substances Every Two Years

42. By failing to inventory controlled substances at least once every two (2) years, Khalek, Chancellor, and Hoffman violated NRS 453.246, NAC 453.475(1)(b), 21 U.S.C. § 842(a)(5), 21 CFR 1304.11 and 21 CFR § 1304.21 and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11), (12) and (17).

ELEVENTH CAUSE OF ACTION

Failure to Properly Segregate/Dispose Adulterated/Expired Drugs

43. By failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs for administration, Khalek, Chancellor, and Hoffman violated NRS 585.370(1), NRS 639.282(1)(d), NAC 639.050(2), NAC 639.473(1) and (3), NAC 639.510(3) and NAC 639.601(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

TWELFTH CAUSE OF ACTION

Failure to Properly Label Pre-Filled Syringes Against

44. By pre-filling syringes without proper labels and/or temperature control, Chancellor and Hoffman violated NRS 585.420, NRS 639.282 (1)(e), NAC 639.476 and NAC 639.510, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

THIRTEENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

45. By their actions as set forth herein, Khalek, Chancellor and Hoffman have committed acts that render their registrations to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROBERT CHANCELLOR, MD,** **Certificate of Registration Nos. CS22616 and PD27416,** **Respondent.**	**CASE NO. 19-003-CS-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. ROBERT CHANCELLOR, MD, Certificate of Registration No. CS22616 and PD27416, Respondent.	Case No.: 19-003-CS-B-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-B-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

Robert Chancellor MD
ROBERT CHANCELLOR, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ABDEL M. KHALEK, MD, Certificate of Registration Nos. CS19745 and PD00722, ROBERT CHANCELLOR, MD, Certificate of Registration Nos. CS22616 and PD27416, and LINDSAY HOFFMAN, PA-C, Certificate of Registration Nos. CS18262 and PD00177, Respondents.	Case Nos. 19-003-CS-A-S 19-003-CS-B-S 19-003-CS-C-S STIPULATION AND ORDER AS TO RESPONDENTS ROBERT CHANCELLOR, MD AND LINDSAY HOFFMAN, PA-C ONLY

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616 and PD27416, and Respondent Lindsay Hoffman, PA-C ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents Chancellor and Hoffman and this matter.

2. On or about July 24, 2020, Board Staff served Respondents Chancellor and Hoffman with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent(s) and Notice of Hearing.

3. On or about August 17, 2020, Respondent Chancellor filed an Answer and Notice of Defense ("Answer") *in proper person*. Respondent Chancellor subsequently retained counsel E. Brent Bryson, Esq.

4. On or about August 17, 2020, Respondent Hoffman filed an Answer and Notice of Defense ("Answer") *in proper person.* Respondent Hoffman subsequently retained counsel E. Brent Bryson, Esq.

5. Respondents Chancellor and Hoffman are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

6. Respondents Chancellor and Hoffman are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents Chancellor and Hoffman failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

8. Respondent Chancellor admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Chancellor:

A. Permitted unlicensed staff to access and/or possess controlled substances and/or dangerous drugs, in violation of NRS 415.336(1) NRS 454.213(1); NRS 639.100(1); NRS 639.235(1); NAC 639.742(2)(e); NAC 639.743(1); and/or NRS 63.210(4) pursuant to NAC 639.945(1)(i) and (j).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1- 3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

9. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Chancellor not conceding or admitting to such allegations, the Board and Chancellor stipulate to the following penalties and conditions.

A. Respondent Chancellor's Certificate of Registration to Dispense Controlled Substances and Dispensing Practitioner Registration, Certificates of Registration Nos. CS22616 and PD27416, are hereby suspended, but the suspension is stayed, and Chancellor shall be placed on probation for a period of one year. During the one-year probationary period, Chancellor's dispensing practice located at 5052 S. Jones Blvd. #145, Las Vegas, Nevada 89118, shall undergo two (2) inspections by the Board of Pharmacy, at Chancellor's expense. Additionally, Chancellor shall provide proof to the

Board inspectors, within six months of the effective date of this Order, that he has updated the policies and procedures for the following:

i. Security of medications on site;
ii. Procedure for security of electronic prescribing of controlled substance two-factor authentication;
iii. Procedure for ordering medications;
iv. Procedure for the prescribing and dispensing medications;
v. Procedure for inventorying controlled substance medications;
vi. Procedure for identifying and quarantining expired medications;
vii. Procedure for prescription record keeping; and
viii. Procedure for administering medications (including information on drawing syringes from single-use and multi-use vials).

B. Chancellor shall pay a fine of FIVE THOUSAND DOLLARS ($5,000.00) for the alleged violations;

C. Chancellor shall pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred; and

D. Upon the successful completion of the one-year probationary period, successful inspections; provision of updated policies; and payment of the above-referenced finds, Respondent Chancellor's Certificates of Registration Nos. CS22616 and PD27416 shall be fully restored.

11. Respondent Hoffman admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Hoffman:

A. Unlawfully authorized dispensation of medications to patients when she was not present in violation of NAC 639.742(2)(e).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1-3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

12. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Hoffman not conceding or admitting to such allegations, the Board and Hoffman stipulate to the following penalties and conditions. Respondent Hoffman, PA-C, Certificate of Registration Nos. CS18262 shall:

A. Pay a fine of TWO THOUSAND FIVE HUNDRED DOLLARS ($2,500.00) for the alleged violations; and

B. Pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred.

14. Any failure by any Respondents to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondents to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondents consistent with the provisions of NRS Chapter 453, Chapter 454, and/or Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023. Respondents will appear in person and/or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

16. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

17. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of February 2023.

Robert Chancellor MD

ROBERT CHANCELLOR, M.D.

Signed this 10th day of February 2023.

Signed this 16th day of February 2023.

NEVADA STATE BOARD OF PHARAMCY

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

LINDSAY HOFFMAN, PA-C

APPROVED AS TO FORM AND CONTENT
This 16th day of February 2023.

E. BRETT BRYSON, ESQ.
Counsel for Respondents Chancellor and Hoffman

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Robert Chancellor, MD, Certificate of Registration Nos. CS22616 and PD27416, in Case No. 19-003-CS-B-S, and Respondent Lindsay Hoffman, PA-C, Certificate of Registration Nos. CS18262 and PD00177 in Case Nos. 19-003-CS-B-S and 19-003-CS-C-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____

Helen Park, President
Nevada State Board of Pharmacy

5D

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LINDSAY HOFFMAN, PA-C,** **Certificate of Registration Nos. CS18262 and PD00177,** **Respondent.**	**CASE NO. 19-003-CS-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 2, 2020, at 9:00 a.m. or soon thereafter. The hearing will occur at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada.

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 24th day of July, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Abdel Khalek, MD
5375 S Ft Apache Rd #102-103
Las Vegas, NV 89148

Robert Chancellor, MD
7975 W Sahara Ave #104
Las Vegas, NV 89117

Lindsay Hoffman, PA-C
5375 S FT Apache Rd #102-103
Las Vegas, NV 89148

Jill Chase, Esq.
Lewis Brisbois
6385 S. Rainbow Blvd., Ste. 600
Las Vegas, NV 89118

E. Brent Bryson, Esq.
7730 W. Sahara Ave., Ste. 109
Las Vegas, NV 89117

SHIRLEY HUNTING

FILED
AUG 17 2020
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, vs. LINDSAY HOFFMAN, P-AC, Certificate of Registration No. CS18262 and PD00177, Respondent.	Case No.: 19-003-CS-C-S **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds: None.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows:

Respondent Denies the allegations contained in the Notice of Intended Action and Accusation, Case No. 19-003-CS-C-S.

I hereby, declare under penalty or perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Date this 11th day of August, 2020.

LINDSAY HOFFMAN, PA-C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** ABDEL M. KHALEK, MD, Certificate of Registration Nos. CS19745 and PD00722, ROBERT CHANCELLOR, MD, Certificate of Registration Nos. CS22616 and PD27416, and LINDSAY HOFFMAN, PA-C, Certificate of Registration Nos. CS18262 and PD00177, Respondents.	Case Nos. 19-003-CS-A-S 19-003-CS-B-S 19-003-CS-C-S STIPULATION AND ORDER AS TO RESPONDENTS ROBERT CHANCELLOR, MD AND LINDSAY HOFFMAN, PA-C ONLY

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its General Counsel, Peter K. Keegan, Esq., and Respondent Robert Chancellor, MD ("Chancellor"), Certificate of Registration Nos. CS22616 and PD27416, and Respondent Lindsay Hoffman, PA-C ("Hoffman"), Certificate of Registration Nos. CS18262 and PD00177, by and through counsel, E. Brent Bryson, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents Chancellor and Hoffman and this matter.

2. On or about July 24, 2020, Board Staff served Respondents Chancellor and Hoffman with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent(s) and Notice of Hearing.

3. On or about August 17, 2020, Respondent Chancellor filed an Answer and Notice of Defense ("Answer") *in proper person*. Respondent Chancellor subsequently retained counsel E. Brent Bryson, Esq.

4. On or about August 17, 2020, Respondent Hoffman filed an Answer and Notice of Defense ("Answer") *in proper person.* Respondent Hoffman subsequently retained counsel E. Brent Bryson, Esq.

5. Respondents Chancellor and Hoffman are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

6. Respondents Chancellor and Hoffman are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents Chancellor and Hoffman failed to comply with the provisions of this Stipulation and Order, Respondents hereby freely and voluntarily waive their right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

8. Respondent Chancellor admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Chancellor:

A. Permitted unlicensed staff to access and/or possess controlled substances and/or dangerous drugs, in violation of NRS 415.336(1) NRS 454.213(1); NRS 639.100(1); NRS 639.235(1); NAC 639.742(2)(e); NAC 639.743(1); and/or NRS 63.210(4) pursuant to NAC 639.945(1)(i) and (j).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1- 3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

9. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Chancellor not conceding or admitting to such allegations, the Board and Chancellor stipulate to the following penalties and conditions.

A. Respondent Chancellor's Certificate of Registration to Dispense Controlled Substances and Dispensing Practitioner Registration, Certificates of Registration Nos. CS22616 and PD27416, are hereby suspended, but the suspension is stayed, and Chancellor shall be placed on probation for a period of one year. During the one-year probationary period, Chancellor's dispensing practice located at 5052 S. Jones Blvd. #145, Las Vegas, Nevada 89118, shall undergo two (2) inspections by the Board of Pharmacy, at Chancellor's expense. Additionally, Chancellor shall provide proof to the

Board inspectors, within six months of the effective date of this Order, that he has updated the policies and procedures for the following:

i. Security of medications on site;
ii. Procedure for security of electronic prescribing of controlled substance two-factor authentication;
iii. Procedure for ordering medications;
iv. Procedure for the prescribing and dispensing medications;
v. Procedure for inventorying controlled substance medications;
vi. Procedure for identifying and quarantining expired medications;
vii. Procedure for prescription record keeping; and
viii. Procedure for administering medications (including information on drawing syringes from single-use and multi-use vials).

B. Chancellor shall pay a fine of FIVE THOUSAND DOLLARS ($5,000.00) for the alleged violations;

C. Chancellor shall pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred; and

D. Upon the successful completion of the one-year probationary period, successful inspections; provision of updated policies; and payment of the above-referenced finds, Respondent Chancellor's Certificates of Registration Nos. CS22616 and PD27416 shall be fully restored.

11. Respondent Hoffman admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that Respondent Hoffman:

A. Unlawfully authorized dispensation of medications to patients when she was not present in violation of NAC 639.742(2)(e).

B. Failed to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs in violation of NAC 453.400; and NAC 454.040.

C. Failed to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failed to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failed to inventory controlled substances at least once every two (2) years, failed to properly store and maintain the inventory, and failed to segregate and/or dispose of adulterated and/or expired dangerous drugs in violation of NRS 453.246; NAC 453.410(1)(a-b) and (2); NRS 454.286; NRS 454.301; and NRS 639.745(1-3).

D. Possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs in violation of NRS 639.2801; and NRS 585.420.

12. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236; NRS 453.241; NRS 639.210(4), (12), and (17); and/or NRS 639.255(3).

13. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and with Hoffman not conceding or admitting to such allegations, the Board and Hoffman stipulate to the following penalties and conditions. Respondent Hoffman, PA-C, Certificate of Registration Nos. CS18262 shall:

A. Pay a fine of TWO THOUSAND FIVE HUNDRED DOLLARS ($2,500.00) for the alleged violations; and

B. Pay ONE THOUSAND DOLLARS ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and investigative costs incurred.

14. Any failure by any Respondents to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondents to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondents consistent with the provisions of NRS Chapter 453, Chapter 454, and/or Chapter 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 8, 2023. Respondents will appear in person and/or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondents or counsel are not present at the meeting.

16. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

17. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**State of Nevada, Office of the Treasurer**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to "**Nevada State Board of Pharmacy**," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release one another from any and all additional claims arising from the

facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of February 2023.

Robert Chancellor MD

ROBERT CHANCELLOR, M.D.

Signed this 10th day of February 2023.

LINDSAY HOFFMAN, PA-C

Signed this 16th day of February 2023.

NEVADA STATE BOARD OF PHARAMCY

Peter Keegan

PETER KEEGAN, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
This 16th day of February 2023.

E. BRETT BRYSON, ESQ.
Counsel for Respondents Chancellor and Hoffman

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Robert Chancellor, MD, Certificate of Registration Nos. CS22616 and PD27416, in Case No. 19-003-CS-B-S, and Respondent Lindsay Hoffman, PA-C, Certificate of Registration Nos. CS18262 and PD00177 in Case Nos. 19-003-CS-B-S and 19-003-CS-C-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of March 2023.

_____

Helen Park, President
Nevada State Board of Pharmacy

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FILED
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**Case No. 21-063-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Wesley Robertson, MD ("Robertson"), held a controlled substance registration, Certificate of Registration No. CS07810 issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Robertson owned and operated a medical practice called Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant timeframes.

3. On or about May 1, 2021, the Board received a complaint that Dr. Robertson was unlawfully prescribing controlled substances and/or dangerous drugs, by allowing his medical assistant ("MA") K.S. to possess and utilize his secondary authenticator for his e-prescribing system. Board staff investigated this complaint.

4. On June 17, 2021, Dr. Robertson submitted a written statement indicating that he gave his secondary authenticator or hard token to his MA K.S. to electronically "sign" the

controlled substance prescriptions on his behalf because he was uncertain of the technical requirements.

APPLICABLE LAW

5. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

6. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.381(1).

7. It is unlawful for a practitioner to prescribe a controlled substance or dangerous drug except as authorized by law. NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 639.100(1).

8. A practitioner must retain sole possession of the hard token, and must not share password or other knowledge factor, biometric information with another person or allow any other person to enter knowledge factor or other identification means to sign controlled substance prescriptions. 21 CFR § 1311.102.

9. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(1)(a).

10. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct

contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any state law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

15. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

16. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign for controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct

and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

17. By permitting MA K.S., who did not have prescribing authority to electronically sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to digitally sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

COUNT THREE
Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

18. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-prescribing controlled substance medications, Respondent Robertson aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

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COUNT FOUR
Violations of Federal Controlled Substances Act

19. By permitting MA K.S., who did not have prescribing authority to sign controlled substances prescriptions, to access Respondent's hard token or secondary authenticator to electronically sign controlled substance prescriptions in violation of 21 CFR § 1311.102, or provide log-on information to e-scribing systems to MA K.S., and/or failing to secure secondary authenticator for e-scribing controlled substance medications, Respondent Robertson violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 846 and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

20. By his actions as set forth herein, Robertson has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 2nd day of May, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**CASE NO. 21-063-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, September 7, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 2nd day of May 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25Th day of May, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Wesley Robertson
7455 W WASHINGTON AVE #300
LAS VEGAS, NV 89128

Darlene Nases
DARLENE NASES

FILED
OCT 03 2022
NEVADA STATE BOARD
OF PHARMACY

ANS
Patricia Egan Daehnke
Nevada Bar No. 4976
Patricia.Daehnke@cdiglaw.com
Brigette E. Foley
Nevada Bar No. 12965
Brigette.Foley@cdiglaw.com
COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
Las Vegas, Nevada 89119
(702) 979-2132 Telephone
(702) 979-2133 Facsimile
Attorneys for Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY Petitioner, vs. WESLEY ROBERTSON, MD, Respondent.	CASE NO.: 21-063-CS-S **DR. ROBERTSON'S ANSWER TO THE PHARMACY BOARD'S NOTICE OF INTENDED ACTION AND ACCUSATION**

COLLINSON, DAEHNKE, INLOW & GRECO
2110 E. Flamingo Road, Suite 212
LAS VEGAS, NEVADA 89119
TEL. (702) 979-2132 | FAX (702) 979-2133

COMES NOW, Respondent WESLEY ROBERTSON, M.D. ("Dr. Robertson"), as a licensed Medical Doctor and holder of a controlled substance registration, subject to the jurisdiction of the Nevada State Board of Pharmacy ("Board"), based upon information, belief, and personal knowledge, by and through his counsel of record, and responds the Board's Notice of Intended Action and Accusation ("Complaint"), as follows:

JURISDICTION

1. Dr. Robertson admits that at all times relative to the Complaint he was a medical doctor holding a controlled substance registration issued by the Board (Cert. of Registration No. CS07810);

FACTUAL ALLEGATIONS

2. Dr. Robertson admits that he owned and operated Sunshine Valley Pediatrics located at 9091 W. Post Road, Las Vegas, Nevada during the relevant time period.

3. Dr. Robertson does not have actual knowledge or possession of the May 1,

2021, complaint received by the Board against him, and on that basis denies the allegations contained in Paragraph 3 of the Board's Complaint.

4. Dr. Robertson admits that he submitted a written statement on June 17, 2021, to the Board indicating that he gave his secondary authenticator token to his MA K.S. However, Dr. Robertson denies that he delegated his signing authority to his MA K.S. Rather, he only provided her with the secondary authenticator token so MA K.S. could electronically enter the prescriptions that were prescribed and signed by Dr. Robertson only. Dr. Robertson denies any remaining allegations contained in Paragraph 4 of the Board's Complaint against Him.

APPLICABLE LAW

5. Dr. Robertson presently lacks sufficient information to determine the veracity of the allegations contained in Paragraphs 5-15 of the Board's Complaint, and on that basis denies the same.

COUNT ONE
(Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction)

6. Dr. Robertson denies the allegations contained in Paragraph 16 of the Board's Complaint.

COUNT TWO
(Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties)

7. Dr. Robertson denies the allegations contained in Paragraph 17 of the Board's Complaint.

COUNT THREE
(Unprofessional Conduct – Aiding and Abetting Unlicensed Practice)

8. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FOUR
(Violations of Federal Controlled Substances Act)

7. Dr. Robertson denies the allegations contained in Paragraph 18 of the Board's Complaint.

COUNT FIVE
(Commission of Acts that Render Registration Inconsistent with the Public Interest)

8. Dr. Robertson denies the allegations contained in Paragraph 20 of the Board's Complaint.

AFFIRMATIVE DEFENSES

1. Respondent denies he committed malpractice as defined in Nevada Administrative Code Section 630.040.

2. Respondent denies that he violated any other state or federal statute or regulation, including but not limited to NRS Chapters 453, 454, 639, 21 U.S.C. §§ 822, 823, 846, and 21 CFR §§ 1306, 1311.

3. Respondent contends that in all professional services rendered by Respondent, Respondent possessed and exercised that degree of skill ordinarily possessed and exercised by reasonably well-qualified pediatricians practicing in the same field and acting under the same or similar conditions. At no time was Respondent guilty of negligence or improper treatment.

4. The allegations in the Complaint with respect to Respondent and each and every purported cause for discipline fail to allege facts sufficient, or facts at all, to constitute a cause or causes for discipline against the Respondent.

5. By responding to this Complaint, Respondent does not stipulate to the authenticity or admissibility of any medical records as they are hearsay.

6. The Complaint, or portions thereof, should be dismissed on grounds of due process and equal protection, including the right to an unbiased investigation. *See Mishler v. Clift, M.D. et al*, 191 F.3d 998 (9th Cir. 1999).

7. Any scope of practice allegations should be dismissed, as the statutes and regulations are unconstitutionally vague and ambiguous as applied to the subject matter of this case, and do not clearly prohibit the conduct which the Board seeks to discipline.

8. Respondent objects to the Complaint on the ground that it does not state acts or omissions upon which the agency may proceed.

9. NRS 622.400 is unconstitutional on due process and/or equal protection grounds. Alternatively, if such provision is constitutional, the statute should be interpreted as mutual and reciprocal, and Respondent is entitled to and hereby prays for an award against the Complainant of the Respondent's costs and/or fees in his investigation, preparation and defense to the Board's charges herein, to the extent that he prevails. If not reciprocal, then Complainant should receive a cost recovery, if at all, proportionate to the extent it prevails.

10. The Nevada State Board of Pharmacy exceeded its regulatory function by proceeding to file a Complaint prior to meeting the statutory requirements.

11. This Complaint does not further the goal of public protection or protection of the public health, safety or morals as there is no allegation or evidence of injury to the patients.

12. The Complaint, or portions thereof, should be dismissed on grounds of equitable estoppel.

Based on the above, Respondent Dr. Robertson respectfully requests that he be assessed no administrative penalty or any sanctions.

Dated: October 3, 2022

COLLINSON. DAEHNKE. INLOW & GRECO

BY: /s/ Brigette E. Foley

PATRICIA EGAN DAEHNKE
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Attorneys forRespondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WESLEY ROBERTSON, MD,** **Certificate of Registration No. CS07810,** **Respondent.**	**Case No. 21-063-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Assistant General Counsel, Peter K. Keegan, Esq., and Respondent Wesley Robertson, MD ("Robertson"), Certificate of Registration No. CS07810, by and through counsel, Lora Schneider, Esq. of Collinson, Daehnke, Inlow & Greco, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about May 25, 2022, Board Staff served Respondent Robertson with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent Robertson is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

4. Respondent Robertson is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent Robertson failed to comply with the provisions of this Stipulation and Order, Respondent hereby freely and voluntarily waives

his right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. In order to resolve the Accusation in this matter; specifically, Counts Two, Four, and Five, alleging that Respondent unlawfully permitted an employee or staff member to access and utilize his secondary hard token authenticator, and/or provided log-on information to his employee or staff member with instructions to e-prescribe prescriptions in violation of 21 CFR § 1311.102 and NRS 453.236(1)(e), Respondent Robertson and the Board hereby stipulate to the following penalties and conditions.

A. The Board shall:

i. Dismiss Count One and Count Three of the Accusation in this matter.

B. Robertson shall:

i. Pay a fine of Four Thousand Dollars ($4,000.00) within thirty (30) days of this Stipulation and Order to resolve the remaining alleged violations;

ii. Pay Five Hundred Dollars ($500.00) within thirty (30) days of this Stipulation and Order, to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

iii. Complete an additional two (2) hours of continuing education, in addition to any medical continuing education hours required, regarding prescribing controlled substances, within thirty (30) days of this Stipulation and Order.

7. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 21-063-CS-S. However, any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for

a show cause hearing. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

8. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

9. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

10. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

11. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

13. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 10th day of April 2023.

WESLEY ROBERTSON, M.D.
Certificate of Registration No. CS07810

APPROVED AS TO FORM

This 11th day of April 2023.

Collinson, Daihnke, Inlow & Greco

Lora Schneider, ESQ.
Senior Associate Attorney
Attorneys for Respondent Robertson

Signed this 11th day of April 2023.

Nevada State Board of Pharmacy

Peter Keegan

Peter Keegan, ESQ.
General Counsel

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Wesley Robertson, MD, Certificate of Registration No. CS07810, in Case No. 21-063-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June 2023.

Helen Park, President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844, Pharmacy License No. PH01123,** **KERRY S. OTERO, RPH, Certificate of Registration No. 20516, and** **MORGAN A. TOWLER, PTT, Certificate of Registration No. PT23168,** **Respondents.**	**CASE NOS. 22-096-PH-S** **22-096-RPH-S** **22-096-PTT-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Walgreens Pharmacy #3844 ("Walgreens #3844"), Pharmacy License No. PH01123, Respondent Kerry S. Otero, RPH ("Otero"), Certificate of Registration No. 20516, and Respondent Morgan A. Towler ("Towler"), Certificate of Registration No. PT23168, were licensed/registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens #3844 is located at 5011 E. Sahara Avenue, in Las Vegas, Nevada.

3. Respondent Otero was the managing pharmacist at Walgreens #3844 during the alleged events and relevant timeframes.

4. Respondent Towler was employed by Walgreens #3844 as a pharmaceutical technician in training during the alleged events and relevant timeframes.

5. On or about March 24, 2022, Respondent Otero submitted a Licensee Record of ANY Controlled Substance Loss or Theft ("Loss or Theft report") on behalf of Walgreens #3844 to the Board which reported a suspected loss on March 23, 2022, of eighty-eight (88) Oxycodone 5mg tablets, forty-five (45) Methylphenidate 5 mg tablets, and seventy (70) Oxycodone 7.5mg/325mg.

6. On or about March 30, 2022, Respondent Otero submitted a second Loss or Theft report on behalf of Walgreens #3844 to the Board containing revisions which reported a suspected employee theft discovered on March 23, 2022, and increasing the shortage counts to one hundred ninety-three (193) Oxycodone HCL acetaminophen 10/325 mg tablets, ninety-six (96) Oxycodone HCL 5 mg tablets, and sixty (60) Methylphenidate 5 mg tablets.

7. On or about March 31, 2022, Respondent Otero submitted a third Loss or Theft report on behalf of Walgreens #3844 to the Board concerning the March 23, 2022, shortage discovery. The March 31, 2022, version reported a suspected employee theft of one hundred ninety-three (193) Oxycodone HCL acetaminophen 7.5mg/325 mg tablets and ninety-six (96) Oxycodone HCL 5 mg tablets.

8. On or about May 3, 2022, Respondent Otero submitted a fourth Loss or Theft report for Walgreens #3844 to the Board concerning the March 23, 2022, shortage discovery. The May 3, 2022, version reported a suspected employee theft of one hundred ninety-three (193) Oxycodone HCL acetaminophen 7.5mg/325 mg tablets.

9. On or about May 2, 2022, Respondent Otero submitted a DEA Form-106 Report of Theft of Loss of Controlled Substances ("DEA 106") on behalf of Walgreens #3844 for the March 23, 2022, shortage discovery. The May 2, 2022, DEA Form-106 reported a suspected employee theft of one hundred ninety-three (193) Oxycodone HCL acetaminophen 10/325 mg tablets.

10. Investigation records reflect on or about February 28, 2022, Respondent Otero submitted a Loss or Theft report on behalf of Walgreens #3844 to the Board which reported a suspected large employee theft dating back to December 17, 2021, of four thousand seven (4,007) Oxycodone-acetaminophen 10/325 mg tablets and six thousand seventy-two (6,072) hydrocodone acetaminophen 10/325 mg tablets.

11. On or about February 1, 2022, and again on August 9, 2022, Krystal Bernard submitted a DEA Form-106 on behalf of Walgreens #3844 for the December 17, 2021, shortage discovery. Both the February 1, 2022, and the August 9, 2022, DEA Form-106 reported a suspected employee theft of four thousand seven (4,007) Oxycodone-acetaminophen 10/325 mg tablets and six thousand seventy-two (6,072) hydrocodone acetaminophen 10/325 mg tablets.

12. On or about July 8, 2022, Respondent Otero submitted a Loss or Theft report on behalf of Walgreens #3844 to the Board which reported a suspected employee theft on June 24, 2022, of fifty-eight (58) Dextroamp-Amphetamine 20 mg tablets, eighty-nine (89) Mixed Salt amphetamine 20 mg tablets, forty-three (43) Carisoprodol 350 mg tablets, one thousand two hundred nineteen (1,219) Carisoprodol 350 mg tablets, and two hundred twenty-nine (229) Carisoprodol 350 mg tablets.

13. On or about August 16, 2022, Michael Virtuoso submitted a DEA Form-106 on behalf of Walgreens #3844 for the June 24 2022, shortage discovery. The August 16, 2022, DEA Form-106 reported a suspected employee theft of fifty-eight (58) Dextroamp-Amphetamine 20 mg tablets, eighty-nine (89) Dextroamp-Amphetamine 20 mg, forty-three (43) Carisoprodol 350 mg tablets, one thousand two hundred nineteen (1,219) Carisoprodol 350 mg tablets, and two hundred twenty-nine (229) Carisoprodol 350 mg tablets.

14. On or about August 19, 2022, Respondent Otero submitted a Loss or Theft report on behalf of Walgreens #3844 to the Board which reported a suspected employee theft on July 26, 2022, of one hundred forty-eight (148) Alprazolam 1 mg tablets, seven hundred fifty-three (753)

Alprazolam 2 mg tablets, two hundred twelve (212) oxycodone acetaminophen 7.5/325 mg tablets, and one hundred forty-two (142) Carisoprodol 350 mg tablets.

15. On or about August 19, 2022, Respondent Otero submitted a DEA Form-106 on behalf of Walgreens #3844 for the July 26 2022, shortage discovery. The August 19, 2022, DEA Form-106 reported a suspected employee theft of one hundred forty-eight (148) Alprazolam 1 mg tablets, seven hundred fifty-three (753) Alprazolam 2 mg tablets, two hundred twelve (212) oxycodone acetaminophen 7.5/325 mg tablets, and one hundred forty-two (142) Carisoprodol 350 mg tablets.

16. In order to uncover the source(s) of the losses, Walgreens' Asset Management Team interviewed employees, reviewed months of security camera footage, reviewed controlled substances in schedule II ("CII") invoices, compared invoices to DEA 222 forms, DEA Controlled Substance Ordering System ("CSOS"), and Walgreens' inventory system AS-400. However, no invoicing or posting errors were found; therefore, the losses were attributed to internal diversion.

17. On or about August 6, 2022, Respondent Towler was interviewed by Walgreens #3844's Asset Protection Manager. During the interview, Towler admitted to taking drugs from Walgreens #3844 beginning in December 2021. Towler admitted to diverting drugs from the pharmacy, including 500 "Norcos" (Norco or hydrocodone, CII) and 500 "Percs" (Percocet or oxycodone, CII) and 120 "Somas" (Soma or carisoprodol, CIV), for financial gain. Towler's admission constitutes fraudulent and/or deceitful conduct.

18. Respondent Towler possessed and/or distributed controlled substances without a valid certificate of registration to dispense controlled substances.

19. Based upon the varying Theft or Loss reports submitted by Respondent Otero to the Board on behalf of Walgreens #3844 on March 24, 2022; March 30, 2022; March 31, 2022; and May 3, 2022; each related to the March 23, 2022, suspected employee theft, it is apparent

Walgreens #3844 and Respondent Otero failed to maintain an accurate controlled substance inventory, including perpetual inventory records.

20. Respondent Otero and Walgreens #3844 failed to report the December 17, 2021, June 24, 2022, and July 26, 2022, suspected employee thefts of controlled substances to the Board within 10 days after the date of discovery of the theft or loss, as required by Nevada law.

21. Respondent Otero and Walgreens #3844 failed to report the December 17, 2021, March 23, 2022, June 24, 2022, and July 26, 2022, suspected employee thefts of controlled substances to the DEA within the 1 day after the date of discovery of the theft or loss, as required by federal law.

22. On or about August 8, 2022, a Las Vegas Metropolitan police report was filed, a copy of Respondent Towler's admission of theft statement was included.

23. Respondent Towler was terminated from Walgreens #3844.

24. On or about September 23, 2022, Respondent Towler's Certificate of Registration No. PT23168 was summarily suspended by the Board's Executive Secretary pursuant to NRS 233B.127(3), and a notice of hearing for October 12, 2022, was served upon Towler's last known address.

25. The Board heard the matter on October 12, 2022, and Respondent Towler failed to appear, whereupon the Board found that the continuation of Towler's hearing was warranted.

APPLICABLE LAW

26. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

27. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant

to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

28. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

29. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

30. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to NRS Chapter 639 if it finds a managing pharmacist has violated any provision or regulation concerning recordkeeping or inventory in a store over which he or she presides, or has knowingly allowed a violation of any provision of this chapter or other state of federal laws or regulations relating to the practice of pharmacy by personnel of the pharmacy under his or her supervision. NRS 639.210(15).

31. It is unlawful to possess and/or distribute controlled substances without a valid registration. 21 USC § 841(a), NRS 453.321, NRS 453.331(1), NRS 453.336.

32. A pharmacy shall maintain complete and accurate controlled substance records in a readily retrievable manner, including initial, biennial and perpetual inventories. 21 CFR §§ 1304.03-.21, NRS 453.246, NAC 453.475, NAC 453.485, NAC 639.485.

33. State law requires that all theft or loss of controlled substances must be reported within ten (10) days after discovery of theft or loss. NRS 453.568.

34. Federal law requires that theft or significant loss of controlled substances must be reported the next business day after discovery of theft or loss. 21 CFR § 1301.76(b).

35. "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing

pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." NRS 639.230(5).

36. "The owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission." NAC 639.702.

37. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NAC 639.945(2).

38. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

COUNT ONE
Unprofessional Conduct- Fraudulent or Deceitful Practice
(Respondent Towler)

39. Respondent Towler engaged in fraudulent or deceitful practice when she diverted controlled substances, including Norco, Percocet, and Soma, from Walgreens #3844 as defined in NAC 639.945(1)(h), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

COUNT TWO
Violations of Federal and State Controlled Substances Act
(Respondent Towler)

40. Respondent Towler violated federal and state law by possessing and distributing controlled substances, including Norco, Percocet, and Soma, without the requisite registration/license in violation of 21 USC 841(a), NRS 453.321, 453.331(1), NRS 453.336, and

is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.210(11) and/or NRS 639.210(12) and/or NRS 639.255(3).

COUNT THREE
Failure to Keep Complete and Accurate Records
(Respondents Otero and Walgreens #3844)

41. As the managing pharmacist, Respondent Otero failed to keep complete and accurate controlled substance records, including perpetual inventories, as demonstrated by the four (4) different versions of Loss or Theft reports submitted to the Board for the suspected employee theft on March 23, 2022, as well as the large and delinquent Theft or Loss reports submitted to the Board on February 28, 2022, July 8, 2022, and August 19, 2022, as required by NAC 453.475, and/or NAC 639.485(2), and/or 21 CFR §§ 1304.03-.21; and is therefore subject to discipline pursuant to and/or NRS 639.210(15) and/or NRS 639.255(3).

42. Respondent Walgreens #3844 failed to keep complete and accurate records, including perpetual inventories, as demonstrated by the four (4) different versions of Loss or Theft reports submitted to the Board for the suspected employee theft on March 23, 2022, as well as the large and delinquent Theft or Loss reports submitted to the Board on February 28, 2022, July 8, 2022, and August 19, 2022, in violation of 21 CFR §§ 1304.03-.21, and/or NAC 453.475, and/or NAC 639.485(2), and is therefore subject to discipline pursuant to NAC 639.702 and/or NAC 639.945(2) and/or NRS 639.210(11) and/or NRS 639.210(12) and/or NRS 639.210(15) and/or NRS 639.255(3).

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COUNT FOUR
Managing Pharmacist Responsibility
(Respondents Walgreens #3844 and Otero)

43. As the managing pharmacist of Walgreens #3844 at the time of the violations alleged herein, Respondent Otero is responsible for those violations, including those of the pharmacy's employees pursuant to NAC 639.702, and is subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.210(12) and/or NRS639.210(15) and/or NRS 639.230(5), and/or NRS 639.255(3).

COUNT FIVE
Failure to Timely Report Theft/Losses Pursuant to Federal and State Law
(Respondent Walgreens #3844)

44. Respondent Walgreens #3844 violated 21 CFR § 1301.76(b) and/or NRS 453.568, when it failed to timely report losses or thefts of controlled substances discovered on December 17, 2021, June 24, 2022, and July 26, 2022; therefore, Walgreens #3844 is subject to discipline pursuant to NRS 639.210(12) and/or NRS 639.255(3).

COUNT SIX
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #3844)

45. As the pharmacy where Respondents Otero, and Respondent Towler, violated the laws as alleged herein, Walgreens #3844 is responsible for those violations pursuant to NAC 639.702, and NAC 639.945(2). Respondent Walgreens #3844 is therefore subject to discipline pursuant to NRS 639.210(12), NRS 639.230(5), and/or NRS 639.255(3).

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WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license(s)/registration(s) of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **Respondent.**	**CASE NO. 22-096-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3844,** **Pharmacy License No. PH01123,** **Respondent.**	**CASE NO. 22-096-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #3844

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3844
5011 E Sahara Ave.
Las Vegas, NV 89142

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kerry S. Otero
[redacted] Arrowhead Bluff Ave.
Las Vegas, NV 89142

Kerry S. Otero
[redacted] E Sahara Ave.
Las Vegas, NV 89142

Morgan A. Towler
[redacted]. Nellis Blvd #2090
Las Vegas, NV 89121

Darlene Nases
DARLENE NASES

5G

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KERRY S. OTERO, RPH,** **Certification of Registration No. 20516,** **Respondent.**	**CASE NO. 22-096-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KERRY S. OTERO, RPH,** **Certification of Registration No. 20516,** **Respondent.**	**CASE NO. 22-096-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

KERRY S. OTERO, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3844
5011 E Sahara Ave.
Las Vegas, NV 89142

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kerry S. Otero
[redacted] Arrowhead Bluff Ave.
Las Vegas, NV 89142

Kerry S. Otero
[redacted] E Sahara Ave.
Las Vegas, NV 89142

Morgan A. Towler
[redacted] S. Nellis Blvd #[redacted]
Las Vegas, NV 89121

Darlene Nases

DARLENE NASES

5H

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORGAN A. TOWLER, PTT,** **Certification of Registration No. PT23168,** **Respondent.**	**CASE NO. 22-096-PTT-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MORGAN A. TOWLER, PTT,** **Certification of Registration No. PT23168,** **Respondent.**	**CASE NO. 22-096-PTT-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

MORGAN A. TOWLER, PTT

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3844
5011 E Sahara Ave.
Las Vegas, NV 89142

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kerry S. Otero
[redacted] Arrowhead Bluff Ave.
Las Vegas, NV 89142

Kerry S. Otero
[redacted] E Sahara Ave.
Las Vegas, NV 89142

Morgan A. Towler
[redacted] S. Nellis Blvd #[redacted]
Las Vegas, NV 89121

Darlene Nases

DARLENE NASES

FILED
SEP 23 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of the Investigation of: **MORGAN TOWLER, PTT,** **Certificate of Registration No. PT23168**	**CASE NO. 22-096-PTT-S** **ORDER OF SUMMARY SUSPENSION AND NOTICE OF HEARING**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), has determined that Morgan Towler's ("Towler") actions impact public health, safety or welfare which imperatively require emergency action pursuant to NRS 233B.127(3). Board staff has previously provided the Executive Secretary information, and other documentary evidence, which substantiates the preliminary findings that:

1. Towler was a pharmacy technician in training at the Walgreens Pharmacy #3844 ("Walgreens") located at 5011 W. Sahara Avenue, Las Vegas, NV 89142. Although Towler completed her hours of pharmacy technician training, she did not complete her application to be registered as a pharmacy technician.

2. On or about March 24, 2022, Walgreens reported controlled substances losses to the Board which involved 88 oxycodone HCL/acetaminophen 10/325 tablets, 70 oxycodone HCL mg tablets, and 45 methylphenidate 5 mg tablets. The Board initiated an investigation that uncovered other larger, previously unexplained losses, including a loss of 10,079 tablets of oxycodone-acetaminophen and hydrocodone-acetaminophen tablets on or about December 17, 2021.

3. On or about August 6, 2022, Towler was interviewed by Walgreens Asset Manager. Towler admitted to diverting drugs from the pharmacy, including 500 "Norcos" and 500 "Percs" and 120 "Somas". A police report was filed with the same admission of theft by Towler to sell for personal financial gain.

4. Shortly thereafter, Towler was terminated from Walgreens.

Accordingly, the Executive Secretary has reasonably determined that the summary suspension of Towler's pharmacy technician in training registration is emergently required pursuant to NRS 233B.127(3), and therefore:

ORDERS that Morgan Towler's Certificate of Registration No. PT23168 is **SUMMARILY SUSPENDED**;

IT IS FURTHER ORDERED that a hearing to determine whether the suspension may continue has been set for **Wednesday, October 12, 2022 at 9:00 am** or soon thereafter at Hilton Garden Inn, 7830 Las Vegas Boulevard South, Las Vegas, NV 89123.

IT IS SO ORDERED.

Dated this 23rd day of September, 2022.

J. David Wuest, RPH, Executive Secretary
Nevada State Board of Pharmacy

NOTICE OF HEARING

HEARING DATE, TIME, AND PLACE:

Wednesday, October 12, 2022
9:00 am or soon thereafter
Hilton Garden Inn
7830 Las Vegas Boulevard South
Las Vegas, NV 89123

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to present evidence and argument on all issues involved in your summary suspension, either personally or through counsel. NRS 233B.121; NRS 233B.127(3). Please be advised that the hearing before the Board will be open to the public pursuant to NRS 241.033 and NRS 241.034.

In addition, the Board may at its discretion, conduct a closed session to consider your character, alleged misconduct, professional competence, and/or physical or mental health. NRS 241.030. You may attend your closed session, and have counsel or other representative of your choice present during your closed session. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the suspension hearing, the Board may accept the Executive Secretary's preliminary findings as true and may proceed to consider the continuation of your summary suspension.

If warranted, the Board through Board's staff may take additional administrative action by serving an accusation against you after considering your character, alleged misconduct, professional competence, and/or physical or mental health at the suspension hearing. NRS 622A.300; NRS 639.241.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of September, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Morgan Towler
[redacted]S. Nellis Blvd #[redacted]
Las Vegas, NV 89121

KRISTOPHER MANGOSING

5I

FILED
FEB 06 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,** **KRISTI NGUYEN, RPH, Certificate of Registration No. 18861,** **CHERYL METTUS, RPH, Certificate of Registration No. 17225, and** **THUY TRANDAC, RPH, Certificate of Registration No. 17658,** **Respondents.**	**Case No.** **17-105-PH-S** **17-105-RPH-A-S** **17-105-RPH-B-S** **17-105-RPH-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kristi Nguyen, RPH (Nguyen), Certificate of Registration No. 18861, Respondent Cheryl Mettus, RPH (Mettus), Certificate of Registration No. 17225, and Respondent Thuy TranDac, RPH (TranDac), Certificate of Registration No. 17658, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #3842, Pharmacy License No. PH01249, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondents Nguyen, Mettus and TranDac were employed by Walgreens Pharmacy #3842 at the time of the events alleged herein.

3. Patient T.M. was being treated by several different providers for memory issues, pain, and other health conditions. B.H. was assisting T.M. with his medications because of T.M.'s memory issues.

4. On or about August 13, 2017, an electronic prescription from practitioner M.S. was transmitted to Walgreens Pharmacy #3842 for gabapentin 600 mg tablets for T.M., designated prescription no. 2933151, and dispensed to the patient.

5. On or about August 16, 2017, T.M. tendered a written prescription from practitioner E.S. for gabapentin 300 mg capsules for T.M to Walgreens Pharmacy #3842; this was designated prescription no. 2933209. On or about August 18, 2017, Respondent Mettus overrode a drug utilization review (DUR) alert for prescription no. 2933209 and dispensed to the patient. Respondent Mettus failed to contact the prescriber(s) to clarify the potential duplication error prior to overriding the DUR alerts. Therefore, both gabapentin prescriptions nos. 2933151 and 2933209 were dispensed, duplicating the same medication in different dosages within days.

6. On or about August 29, 2017, T.M. tendered two (2) written prescriptions from practitioner Z.G. for T.M to Walgreens Pharmacy #3842: 1) Aricept (generic donepezil) 5 mg, designated prescription no. 2939936; and 2) Seroquel (generic quetiapine) 100 mg, designated prescription no. 2939938. Prescription no. 2939936 included an order to discontinue Zaleplon 5 mg capsules previously prescribed by practitioner W.T. and designated prescription no. 2933781. However, Respondent Nguyen failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as directed.

7. On or about September 13, 2017, T.M. tendered a written prescription from practitioner Z.G. for Zyprexa (generic olanzapine) 10 mg tablets for T.M. to Walgreens Pharmacy #3842; this was designated prescription no. 2948045. The prescription also had an order to discontinue Seroquel (generic quetiapine). However, Respondent Nguyen failed to discontinue the Seroquel (generic quetiapine) 100mg prescription no. 2939938 as directed,

overrode a DUR alert that olanzapine and quetiapine are similar therapies, and refilled prescription no. 2939938 for quetiapine 100 mg tablets.

8. On or about September 24, 2017, Respondent TranDac refilled prescription no. 2939936. However, Respondent TranDac failed to discontinue the Zaleplon 5 mg prescription no. 2933781 as previously directed and overrode a DUR alert.

9. On or about September 27, 2017, Respondent Mettus performed final product review and dispensed Seroquel (generic quetiapine) 200 mg tablets for prescription no. 2942008, in violation of the prior order from practitioner Z.G. on prescription no. 2948045 to discontinue Seroquel (generic quetiapine). Respondent Mettus also refilled prescription no. 2939938 for quetiapine 100 mg tablets on the same day and failed to contact the prescribing practitioner(s) to confer about the potential error/duplication. DUR alerts were overridden by an out-of-state pharmacist.[1]

10. On or about September 27, 2017, Respondent Mettus overrode a DUR alert and refilled prescription no. 2933781 for Zaleplone 5 mg, in violation of the prior order from practitioner Z.G. on prescription no. 2939936 to discontinue the Zaleplon 5 mg prescription no. 2933781.

COUNT ONE
Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondents Nguyen, Mettus, TranDac)

11. Unprofessional conduct includes the failure by a registrant to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). Unprofessional conduct also includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC

[1] The DUR alerts for prescription no. 2939938 were overridden by a Walgreens' pharmacist located in an out-of-state central fill facility, who was not licensed by the Board.

639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

13. As alleged in paragraphs 4 through 10 herein, Nguyen, Mettus and TranDac each violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when they verified the final product as accurate, failed to contact the prescriber(s) to clarify potential duplication errors, overrode DUR alerts and/or erroneously dispensed medication, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

COUNT TWO
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #3842)

14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." *See also* NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, including the acts and omissions of Respondents Nguyen, Mettus and TranDac, Walgreens Pharmacy #3842 is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842,** **Pharmacy License No. PH01249,** **Respondent.**	**CASE NO. 17-105-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #3842, Pharmacy License No. PH01249,** **Respondent.**	**CASE NO. 17-105-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #3842

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted]Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted]Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted]Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted]Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

5J

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTI NGUYEN, RPH,** **Certification of Registration No. 18861,** **Respondent.**	**CASE NO. 17-105-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KRISTI NGUYEN, RPH,** **Certification of Registration No. 18861,** **Respondent.**	**CASE NO. 17-105-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

KRISTI NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted] Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted] Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted] Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted] Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

5K

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **CHERYL METTUS, RPH,** **Certification of Registration No. 17225,** **Respondent.**	**CASE NO. 17-105-RPH-B-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted] Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted] Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted] Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted] Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

FILED
FEB 22 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. CHERYL METTUS, RPC, Certification of Registration No. 17725, Respondent.	CASE N0. 17-105-RPH-B-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. **That her objection before the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, is hereby interposed on the following grounds:** Your Intended Action is frivolous. I am no longer a practicing pharmacist. I have not been a practicing pharmacist for over four years. I last worked as a pharmacist with Walgreens. My last workday as a pharmacist was January 16, 2019. I have not renewed my license (Certificate of Registration No. 17725), I have no intention of renewing my license, I am retired. I have been notified that I am past the point that I could renew my license. Based on the above, I am no longer subject to any disciplinary actions by the Nevada State Board of Pharmacy.

2. That, in answer to the Notice of Intended Action and Accusation, she admits, denies and alleges as follows: I deny I committed any unprofessional conduct as alleged in your Notice of Intended Action and Accusation. Additionally, this Notice of Intended Action is frivolous in that I am no longer a practicing pharmacist and as such I am not subject to any disciplinary actions by your Nevada State Board of Pharmacy.

If you still believe your Intended Action is not frivolous, that I am still subject to your disciplinary powers, I will attend the meeting on March 8, 2023. I trust you will not require me to attend unless you have a good faith belief that I am subject to your disciplinary powers. I know you are aware that if you abuse your authority under the NRS, you could be subject to appropriate disciplinary penalties and fees.

I have attached a copy of a letter I sent to a Walgreens supervisor, Holly Prievo, back on December 11, 2018. I wrote this letter after meeting with your investigator, Mr. Kenneth Scheuber. This letter would be my best recollection of this incident from over four years ago. I have reviewed that letter and it accurately reflects what occurred and properly summarizes my denial of your allegations.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 16 TH day of February 2023.

Cheryl Mettus

CHERYL METTUS

December 11, 2018

State of Nevada
Nevada State Board of Pharmacy
1050 E Flamingo Road No. E217
Las Vegas, Nevada 89119

Attn: Kenneth Scheuber
Re: Case 17-105-S
Walgreens #03842

On November 20th, 2018 I met with Mr. Kenneth Scheuber, Pharmacy Board Investigator, and Holly Prievo of Walgreens to discuss a letter written to the board in regards to prescriptions I filled on 9/27/2017 at Walgreens #3842. I am a staff pharmacist at this store location.

Patient T[redacted]M[redacted] and I spoke that day regarding refilling medications. The phone call took place 15 months ago as I write my response, and I truly do not recall the specifics of the conversation. The medications which were refilled were Quetiapine 200mg, Quetiapine 100mg, and Zaleplon 5mg. All three medications had active refills.

It was brought to my attention at the meeting that a prescription filled at the store on 8/29/17 had a note from the physician to discontinue the Zaleplon. The pharmacist of record that day should have closed the prescription for the Zaleplon 5mg but this did not happen. It was also discussed at the meeting that Walgreens has CPO (Central Processing Operation) locations that have pharmacists entering and reviewing prescriptions and overriding drug utilization reviews. A pharmacist at a CPO location is on record for the review of the prescription that day. Walgreen's system does not notify in-store pharmacists of the actions of CPO pharmacists. Mr. Scheuber shared with me at the meeting that the Nevada Board of Pharmacy does not recognize the responsibility of CPO pharmacists. This information was never shared with me by Walgreens. This causes me great concern for patient safety and places me in a situation where I am responsible for another pharmacist's actions.

There was review of the filling of a Gabapentin 300mg prescription on or near 8/16/2017 which overlapped an active Gabapentin 600mg prescription for the patient. I shared with Mr. Scheuber that patients will alternate between medication strengths. This may be due to dose changes by the physician or the actual tablet or capsule size may be difficult for the patient to physically swallow.

It was discussed that Mr. M[redacted] was having difficulty managing his medications. He expressed confusion over his medications on a regular basis. He also had identified a caregiver who was helping him with his medications. The Pharmacy Manager had requested numerous times for proper HIPPA documentation to be completed and filed to facilitate communication with Mr. M[redacted]s caregiver, but this was never completed to my knowledge. Having either the patient

independently, the caregiver, or both on a conference call to discuss medications was causing additional difficulty helping the patient manage his medications.

It was shared that the refilled medications were not taken by Mr. M[redacted] and that no harm came to the patient. I would never want a patient to be concerned or to question their medication use. I take great pride in providing all of my patients the highest level of quality pharmacy care. I have been practicing pharmacy for 41 years, and this is the first time that I have had to respond to an investigation.

Please do not hesitate to contact me if you need any additional information.

Sincerely,

Cheryl Mettus RPH
[redacted] Shadow Valley Street
Las Vegas, Nevada 89148

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THUY TRANDAC, RPH,** **Certification of Registration No. 17658,** **Respondent.**	**CASE NO. 17-105-RPH-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **THUY TRANDAC, RPH,** **Certification of Registration No. 17658,** **Respondent.**	**CASE NO. 17-105-RPH-C-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

THUY TRANDAC, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #3842
2389 E Windmill Ln
Las Vegas, NV 89123

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

Kristi Nguyen
[redacted] Marketview
Irvine, CA 92602

Kristi Nguyen
[redacted] Diamond Dr.
Lake Elsinore, CA 92530

Cheryl Mettus
[redacted] Shadow Valley St.
Las Vegas, NV 89148

Thuy Trandac
[redacted] Cricklewood Ave.
Henderson, NV 89002

Thuy Trandac
[redacted] E Windmill Rd.
Las Vegas, NV 89123

Darlene Nases

DARLENE NASES

5M

FILED
MAY 04 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425, Pharmacy License No. PH01594, and** **JUAN PEIDRA FLORES, RPH, Certificate of Registration No. 20887,** **Respondents.**	**CASE NOS. 22-359-PH-S** **22-359-RPH-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Juan Peidra Flores, RPh (Flores), Certificate of Registration No. 20887, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #6425, Pharmacy License No. PH01594, was a pharmacy licensed by the Board.

FACTUAL ALLEGATIONS

2. Flores was employed as managing pharmacist by Walgreens Pharmacy #6425 at the time of the events alleged herein.

3. On or about June 13, 2022, patient R.C. visited an urgent care facility experiencing a scalp rash and was prescribed hydrocortisone 2.5% crème containing propylene glycol.

4. On the same date R.C. presented the prescription to Walgreens Pharmacy #6425, where it was scanned into the computer system, designated prescription no. 1949022 and subsequently processed, filled, and dispensed to the patient by Flores.

5. In the process of dispensing prescription no. 1949022 Flores twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication.

6. Upon use of the medication R.C. experienced an allegoric reaction including hair loss.

COUNT ONE

Error in Dispensing Prescription/Unprofessional Conduct
(Respondent Flores)

7. Unprofessional conduct includes the failure by a licensee to confer with the prescriber if there is an error or omission in it which should be questioned. NAC 639.945(1)(e). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Flores engaged in unprofessional conduct as defined in NAC 639.945(1)(e) and (i) when he twice overrode drug utilization review (DUR) warnings noting that R.C. has an allergy to propylene glycol and failed to contact the prescriber for alternative medication prior to dispensing prescription no. 1949022. Flores is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT TWO

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #6425)

9. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent Walgreens Pharmacy #6425 is responsible for those violations, including all errors and omissions of Flores, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration/licenses of these respondents.

DATED this 4th day of MAY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425,** **Pharmacy License No. PH01594,** **Respondent.**	**CASE NO. 22-359-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206; Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 14, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of May, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #6425,** **Pharmacy License No. PH01594,** **Respondent.**	**CASE NO. 22-359-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #6425

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of May 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Juan Peidra Flores, RPH
[redacted] Dalton Lake St.
Las Vegas, NV 89178

Walgreens Pharmacy #06425
900 N. Rancho Dr.
Las Vegas, NV 89106-1005

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUAN PEIDRA FLORES, RPH,** **Certificate of Registration No. 20887,** **Respondent.**	**Case No. 22-359-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 14, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 4th day of MAY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JUAN PEIDRA FLORES, RPH,** **Certificate of Registration No. 20887,** **Respondent.**	**Case No. 22-359-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

JUAN PEIDRA FLORES, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 5th day of May 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Juan Peidra Flores, RPH
[redacted] Dalton Lake St.
Las Vegas, NV 89178

Walgreens Pharmacy #06425
900 N. Rancho Dr.
Las Vegas, NV 89106-1005

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293,** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **DIMITRIS EFSTATHIOU, RPH, Certificate of Registration No. 17277, and** **MARIA CRUZ, RPH, Certificate of Registration No. 18166,** **Respondents.**	**CASE NOS. 18-021-PH-S** **18-021-RPH-A-S** **18-021-RPH-C-S** **18-021-RPH-D-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Minhquang D. Nguyen, RPh (Nguyen), Certificate of Registration No. 15913, Respondent Dimitris Efstathiou, RPh (Efstathiou), Certificate of Registration No. 17277, and Respondent Maria Cruz, RPh (Cruz), Certificate of Registration No. 18166, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #4854, Pharmacy License No. PH01293, was a pharmacy licensed by the Board.

2. Nguyen was previously subject to discipline in case nos. 13-006-RPH-S and18-055-RPH-A-S, and currently a named respondent in case no. 19-100-RPH-S.

FACTUAL ALLEGATIONS

3. Nguyen was employed as managing pharmacist and Efstathiou and Cruz were employed as staff pharmacists by Walgreens Pharmacy #4854 at the time of the events alleged herein.

4. On or about October 7, 2017, Dr. C.C. wrote three (3) separate prescriptions for patient L.S. for Adderall, 30 mg tablets, quantity 90 tablets, with instructions to take 1 tablet three times per day. The first prescription was for immediate fill, the second prescription stated, "Do not fill before 11/7/2017", and the third prescription stated, "Do not fill before 12/7/2017".

5. On or about October 9, 2017, all three prescriptions were presented by patient L.S. to Walgreens Pharmacy #4854 and scanned into the computer system.

6. The first prescription was designated prescription no. 1850877 and subsequently processed, filled, and dispensed to patient L.S. on or about October I1, 2017.

7. The prescription post-dated 11/07/2017 was designated prescription no. 1863870 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

8. The prescription post-dated 12/07/2017 was designated prescription no. 1896898 and placed on hold; however, the prescription number was not written on the original hard copy of the prescription.

9. On or about October 14, 2017, the original hard copy of the prescription post-dated 11/07/2017 was erroneously re-scanned and designated a second prescription no. 1874629, and the original hard copy of the prescription post-dated 12/07/2017 was erroneously re-scanned and designated a second prescription no. 1886042.

10. On or about November 18, 2017, prescription no. 1893870, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review and final verification were

performed by Efstathiou, who failed to place a fill sticker on the back of the original hard copy of the prescription.

11. On or about December 24, 2017, prescription no. 1874629, post-dated 11/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1863870.

12. On or about January 29, 2018, prescription no. 1886042, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review and final verification were performed by Nguyen, who failed to place a fill sticker on the back of the original hard copy of the prescription and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile.

13. On or about February 28, 2018, prescription no. 1896898, post-dated 12/07/2017, was processed, filled and dispensed. Data entry review was performed by Cruz, who failed to identify the duplication with prescription no. 1886042.

COUNT ONE

Recordkeeping Violations

(Respondents Nguyen and Efstathiou)

14. Prescription records must be maintained in pertinent part in conformance with NRS 639.236, NAC 639.706 and/or NAC 639.910.

15. By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1893870, Efstathiou violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12). By failing to place a fill sticker on the back of the original hard copy of the prescription when filling prescription no. 1886042, Nguyen violated NRS 639.236(2) and is subject to discipline pursuant to NRS 639.210(12).

COUNT TWO

Failure to Identify Duplicate Dispensed Medication/Unprofessional Conduct

(Respondents Nguyen and Cruz)

16. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

17. Nguyen engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review and final verification on prescription no. 1886042 and failed to identify that patient L.S. had already received the three fills prescribed on her patient profile. Nguyen is therefore subject to discipline pursuant to NRS 639.210(4).

18. Cruz engaged in unprofessional conduct as defined in NAC 639.945(1)(d) and (i) when she performed data entry review on prescription no. 1874629 and failed to identify the duplication with prescription no. 1863870, and again when she performed data entry review on prescription no. 1896898 and failed to identify the duplication with prescription no. 1886042. Cruz is therefore subject to discipline pursuant to NRS 639.210(4).

COUNT THREE

Managing Pharmacist Responsibility

(Respondent Nguyen)

19. As the managing pharmacist of Walgreens Pharmacy #4854 at the time of the violations alleged herein, including the failure to note the prescription number on the original hard copy of prescriptions, in violation of NRS 639.236, NAC 639.706 and/or NAC 639.910, resulting in the duplicate prescriptions, Nguyen is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

COUNT FOUR
Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens Pharmacy #4854)

20. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4854 is responsible for those violations, including all errors and omissions of Nguyen, Efstathiou and Cruz, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **Pharmacy License No. PH01293,** **Respondent.**	**CASE NO. 18-021-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854,** **Pharmacy License No. PH01293,** **Respondent.**	**CASE NO. 18-021-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5P

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification of Registration No. 15913,** **Respondent.**	**CASE NO. 18-021-RPH-A-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification Of Registration No. 15913,** **Respondent.**	**CASE NO. 18-021-RPH-A-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

MINHQUANG D. NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5Q

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIMITRIS EFSTATHIOU, RPH,** **Certificate of Registration No. 17277,** **Respondent.**	**CASE NO. 18-021-RPH-C-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **DIMITRIS EFSTATHIOU, RPH,** **Certificate of Registration No. 17277,** **Respondent.**	**CASE NO. 18-021-RPH-C-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

DIMITRIS EFSTATHIOU, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases

DARLENE NASES

5R

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CRUZ, RPH,** **Certificate of Registration No. 18166,** **Respondent.**	**CASE NO. 18-021-RPH-D-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 6th day of February 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARIA CRUZ, RPH,** **Certificate of Registration No. 18166,** **Respondent.**	**CASE NO. 18-021-RPH-D-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of February 2023.

_____

MARIA CRUZ, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 6th day of February 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens Pharmacy #04854
4771 W. Craig Rd.
North Las Vegas, NV 89032

Minhquang D. Nguyen, R.Ph.
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minhquang D. Nguyen, R.Ph.
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

Dimitris Efstathiou, R.Ph.
[redacted] Promontory Dr.
Henderson, NV 89014

Maria Cruz, R.Ph.
[redacted] Cortina Rancho St.
Las Vegas, NV 89147

Maria Cruz, R.Ph.
[redacted] W. Craig Rd.
North Las Vegas, NV 89032

William Stilling, Esq.
222 South Main Street, Suite 500
Salt Lake City, Utah 84101

Darlene Nases
DARLENE NASES

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, Pharmacy License No. PH01293, and** **MINHQUANG D. NGUYEN, RPH, Certificate of Registration No. 15913,** **Respondents.**	**CASE NOS. 19-100-PH-S** **19-100-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Walgreens Pharmacy #4854 ("Walgreens") held a Nevada Pharmacy License No. PH01293, Respondent Minhquang D. Nguyen, RPh, ("M. Nguyen") held a Nevada Pharmacist Certificate of Registration No. 15913, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Walgreens is located at 4771 W. Craig Road in North Las Vegas, Nevada.

3. Respondent Nguyen was employed as the pharmacy manager of Walgreens during the alleged and relevant timeframes.

4. On April 15, 2019, Board Inspector Leo Basch ("Basch") found certain violations, or expired drugs/medications.

Probiotic – expiration date 2/2019

Humalog mix 50/50 vial – expiration date 7/2018

Promethazine suppositories – expiration date 12/2018

5. In addition, there was a manufacturer's box of promethazine suppositories with an expiration date of 12/2018, which contained a partial quantity.

6. Eight (8) boxes of Protofoam were in the refrigerator, when the packaging specifically state "do not refrigerate".

7. MMR vaccine, expiration date 5/18/2018, and diluent, expiration date 4/21/2019 were found in the freezer. Even though the MMR box had the letters "EXP" written on it, the MMR was still in the pharmacy's active inventory.

8. In room temperature storage, numerous expired drugs were discovered. Some were in manufacturers' original bottles and some with Walgreens amber vials with patient labels that had apparently been returned to stock.

9. Inspector Basch notified Respondent Nguyen that corrective actions included removing expired refrigerated products within three (3) days and removing expired non-refrigerated products within fourteen (14) days. Further, staff was instructed to review all active inventory to remove expired medications/drugs.

10. On or about April 26, 2019, Respondent Nguyen sent an email to the Board inspector stating that the tasks to review expired drugs in refrigeration and active inventory was completed.

11. However, on May 1, 2019, when Board inspectors returned to re-inspect Walgreens, Board inspectors discovered six (6) expired medications in Walgreens' amber vials, and found an additional violation of unlabeled liquid in an amber bottle on a shelf of active

inventory. Further, it appeared that the same expired medications noted on the original inspection were still on the pharmacy shelves in active inventory.

APPLICABLE LAW

12. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

13. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

14. Drugs are deemed adulterated if they consist in whole or in part any filthy or decomposed substance. NRS 585.370.

15. A prescription drug that is outdated, damaged, or deteriorated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601.

16. False statements to the Board or its representatives are grounds for the suspension or revocation of a license/registration. NRS 629.210(9).

17. A managing pharmacist is responsible for overseeing and verifying the work of employees. A managing pharmacist is also responsible for violations committed by the pharmacy's employees. NAC 639.702.

18. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

19. Respondents are subject to discipline for violations pursuant to NRS 639.210 and/or NRS 639.255.

FIRST COUNT

Unprofessional Conduct – Failure to Separate and Remove Expired Drug Stock
(Respondent Nguyen)

20. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i) and performed his duties in an incompetent, unskillful or negligent manner when he failed to separate, and clear inventory of expired medications or adulterated drugs in violation of NRS 585.370, NAC 639.601, and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255.

SECOND COUNT

Unprofessional Conduct – Providing False Statement to Board's Representative
(Respondent Nguyen)

21. Respondent Nguyen engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1) when he misrepresented to the Board's inspector that the expired medications were properly disposed when they were not, and is therefore subject to discipline pursuant to NRS 639.210(9) and/or NRS 639.255.

THIRD COUNT

Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens)

22. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. WALGREENS PHARMACY #4854, License No. PH01293, Respondent.	CASE NO. 19-100-PH-S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **WALGREENS PHARMACY #4854, License No. PH01293,** **Respondent.**	**CASE NO. 19-100-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR WALGREENS PHARMACY #4854

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. MINHQUANG D. NGUYEN, RPH, Certification of Registration No. 15913 Respondent.	CASE NO. 19-100-RPH--S STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, November 30, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 14th day of OCTOBER 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MINHQUANG D. NGUYEN, RPH,** **Certification Of Registration No. 15913,** **Respondent.**	**CASE NO. 19-100-RPH--S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MINHQUANG D. NGUYEN, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreen's Pharmacy #4854
4771 W Craig Rd
North Las Vegas, NV 89032

Minquang Nguyen, RPH
[redacted] Alpine Lily Dr.
Las Vegas, NV 89141

Minquang Nguyen, RPH
[redacted] W. Spring Mountain Rd. #A
Las Vegas, NV 89146

William Stilling, Esq.
222 South Main St., Suite 500
Salt Lake City, UT 84101

KRISTOPHER MANGOSING

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FILED
JAN 30 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTOR BRUCE, MD** **Certificate of Registration No. CS33714,** **Respondent.**	**Case No. 22-228-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and Respondent Victor Bruce, MD, Certificate of Registration No. CS33714.

FACTUAL ALLEGATIONS

2. Respondent previously held a controlled substance registration, Certificate of Registration No. CS09470, which expired on October 31, 2016.

3. On August 31, 2021, the Board denied Respondent's application for a controlled substance registration pursuant to NRS 453.231(1). Respondent petitioned for reconsideration of denial pursuant to NRS 639.139.

4. On December 2, 2021, and January 13, 2022, Respondent appeared with counsel before the Board to answer questions and give testimony and evidence regarding his petition. The Board granted the petition and authorized the issuance of a restricted controlled substance registration to Respondent.

5. On January 26, 2022, Board staff notified Respondent that his controlled substance registration had been initiated pending proof of registration with the U.S. Drug Enforcement Administration (DEA).

6. On or about May 17, 2022, Respondent executed a Memorandum of Agreement with the DEA and was issued a restricted controlled substance registration, DEA Registration No. FB1503792. However, Respondent failed to submit proof of his DEA registration to the Board until July 14, 2022.

7. Respondent wrote seven (7) controlled substance prescriptions for Nevada patients between June 29 and July 1, 2022, without a valid Nevada controlled substance registration and without accessing the Prescription Monitoring Program (PMP) database to review a patient utilization report.

8. Respondent was issued Certificate of Registration No. CS33714 on or about July 19, 2022.

APPLICABLE LAW

9. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

10. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

11. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

12. A practitioner who is required to register with the Board to prescribe controlled substances shall enroll for PMP database access and shall thereafter review a patient utilization report

as required before issuing a prescription for a controlled substance. NRS 453.226(1); NRS 639.23507; NAC 453.065.

13. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

14. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

15. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

16. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violation of Federal Controlled Substances Act

17. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

COUNT TWO
Violation of State Controlled Substances Act

18. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

COUNT THREE
Unprofessional Conduct – Prescribing without a Valid Registration

19. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

COUNT FOUR
Violations of State Law - Prescription Monitoring Program

20. By failing to enroll for PMP database access and failing to review a patient utilization report as required before issuing a prescription for a controlled substance, as alleged in Paragraph 7 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 639.23507 and/or NAC 453.065, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FIVE
Commission of Acts that Render Registration Inconsistent with the Public Interest

21. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 30th day of JANUARY, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTOR BRUCE, MD** **Certificate of Registration No. CS33714,** **Respondent.**	**CASE NO. 22-228-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 8, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of January, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of January 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Victor Bruce, MD
2401 W. Charleston Blvd.
Las Vegas, NV 89102

John Hunt, Esq.
Clark Hill
3800 Howard Hughes Parkway, Suite 500
Las Vegas, NV 89169

SHIRLEY HUNTING

FILED
FEB 21 2023
NEVADA STATE BOARD OF PHARMACY

John A. Hunt, Esq. (NSBN 1888)
Bert Wuester Jr., Esq. (NSBN 5556)
CLARK HILL, PLLC
1700 South Pavilion Center Drive, Suite 500
Las Vegas, Nevada 89135
ph. (702) 862-8300; fax (702) 862-8400
email: jhunt@clarkhill.com
email: bwuester@clarkhill.com
Attorneys for Respondent, Victor Bruce, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

vs.

VICTOR BRUCE, MD
Certificate of Registration No. CS33714,

Respondent.

Case Nos. **22-228-CS-S**

ANSWER AND NOTICE OF DEFENSE OF RESPONDENT, VICTOR BRUCE, MD

Respondent, Victor Bruce, MD ("Dr. Bruce"), by and through counsel, hereby submit his Answer and Notice of Defense ("Answer"), pursuant to NRS 639.244[1], to the *Notice of Intended Action and Accusation* filed January 30, 2023 ("Accusation"), with the Nevada State Board of Pharmacy (the "Board"), in the above-captioned action.

1. Pursuant to NRS 639.244(1)(a), Dr. Bruce objects to the Accusation as being incomplete

[1] **NRS 639.244 Notice of Defense: Form; effect of failure to file.**
1. The form for the Notice of Defense must be prepared and furnished by the Board and permit the respondent, by completing and signing the notice, to:
(a) Object to the accusation as being incomplete and failing to set forth clearly the charges; and
(b) Deny or admit, in part or in whole, the violations alleged.
2. The Notice of Defense must be signed by the respondent or his or her attorney under penalty of perjury. Failure to file a Notice of Defense constitutes a waiver of the respondent's right to a hearing, but the Board may grant a hearing.

and failing to set forth clearly the charges against him.

2. Pursuant to NRS 639.244(1)(b), Dr. Bruce denies in whole the violations alleged against him in the Accusation.

3. Pursuant to NRS 639.244(2), by filing this Answer, Dr. Bruce has not waived the right to a hearing before the Board.

AFFIRMATIVE DEFENSES

1. The allegations contained in the Board's Accusation fail to state a cause of action upon which relief can be granted.

2. The violations alleged against Respondent in the Board's Accusation are subject to a demand/application pursuant to NRS 233B.121(2)(d) for a more definite and detailed statement. By this defense, Dr. Bruce specifically provides that he does not waive the right to such a demand/application even in light of this Answer.

3. Pursuant to NRS 622A.330, even though Dr. Bruce has provided this Answer, he specifically reserves the right to request a copy of all documents and other evidence intended to be presented by the Board at the hearing in support of its Accusation, as well as a list of proposed witnesses it intends to call at the hearing.

4. The answering Respondent hereby incorporates by reference those affirmative defenses enumerated in Rule 8 of the Nevada Rules of Civil Procedure as if fully set forth herein. In the event further investigation or discovery reveals the applicability of such defenses, this answering

Clark Hill, PLLC
1700 S. Pavilion Center Drive,
Suite 500
Las Vegas, Nevada 89135
Ph. (702) 862-8300
Fax. (702) 862-8400
www.clarkhill.com

Respondent reserves the right to seek leave of the Board or appropriate authority to amend this Answer to specifically assert the same. Such defenses are herein incorporated by reference for the specific purpose of not waiving the same.

5. It has been necessary for this answering Respondent to employ the services of an attorney to defend this action and a reasonable sum should be allowed as and for attorney's fees, together with the costs expended in this action.

WHEREFORE, Dr. Bruce prays the Accusation be dismissed, no discipline issue, that the initiating party take nothing by way of its Accusation and go hence with its costs.

Pursuant to NRS 639.244(2), this Answer is hereby signed by the answering Respondent's attorney.

Respectfully submitted this 21 day of February, 2023.

CLARK HILL, PLLC

By _____

John A. Hunt, Esq. (NSBN 1888)
1700 South Pavilion Center Drive, Suite 500
Las Vegas, Nevada 89135
ph. (702) 862-8300; fax (702) 862-8400
email: jhunt@clarkhill.com
Attorneys for Respondent,
Victor Bruce, MD

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 21 day of February 2023, I caused the above and foregoing *Answer and Notice of Defense of Respondent, Victor Bruce, MD* to be served by placing **THE ORIGINAL and TWO (2) COPIES**[2] of the same in the U.S. Mail, at Las Vegas, Nevada, first class postage fully prepaid and addressed to the following **AND** via email as follows:

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: bkandt@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

By Judy Estrada
An Employee of Clark Hill, PLLC

[2] **NRS 639.243 Statement to Respondent: Contents.** The statement, entitled Statement to the Respondent, shall be worded so as to inform the respondent:

1. That an accusation has been filed.
2. Of the right to a hearing before the Board to answer to the alleged violations and to submit evidence in his or her own behalf if requested *by the filing of two copies* of the Notice of Defense within 20 days after receipt of the accusation. (Added to NRS by 1967, 1658; A 2021, 1021) (Italic and underline emphasis added.)

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **VICTOR BRUCE, MD** **Certificate of Registration No. CS33714,** **Respondent.**	**Case No. 22-228-CS-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent, Victor Bruce, MD, Certificate of Registration No. CS33714, by and through counsel, John A. Hunt, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 30, 2023, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing, and Respondent filed an Answer and Notice of Defense to the Accusation on February 21, 2023.

3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation and Order (Stipulation).

4. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby knowingly and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent's acknowledgement of Reasonable Basis to Proceed. Respondent acknowledges the Board believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline as alleged in the Accusation, *to wit*, that:

A. On January 13, 2022, the Board entered an Order Granting Petition (Order) in Case 19-242-D-S which, pertinent part, provides:

> The Board granted the petition and approved the issuance of a controlled substance registration to Bruce subject to the following terms, conditions and restrictions:
>
> 1. Bruce may only prescribe the controlled substances listed in the attached Exhibit 1;
>
> 2. Bruce shall access the database of the Prescription Monitoring Program established pursuant to NRS 453.162 at least monthly to review his prescriber activity through the MyRx function and shall timely report any discrepancies or fraudulent activity to Board staff; and
>
> 3. Bruce shall petition the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.
>
> Any failure by Bruce to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Bruce to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapters 453 and 639.

Id., pgs. 1-2.

B. Consistent with the Order, on or about May 17, 2022, Respondent executed a Memorandum of Agreement with the U.S. Drug Enforcement Administration (DEA) and was issued a restricted controlled substance registration No. FB1503792. Respondent,

whether unintentionally and/or subject to excusable neglect, failed to submit proof of his DEA registration to the Board until July 14, 2022, and failed to enroll for Prescription Monitoring Program (PMP) database access pursuant to NRS 453.226(1), NRS 639.23507 and NAC 453.065.

C. The Board subsequently issued Respondent Certificate of Registration No. CS33714 on or about July 19, 2022. However, between May 17, 2022 (when Respondent executed a Memorandum of Agreement with the U.S. Drug Enforcement Administration (DEA) and was issued a restricted controlled substance registration No. FB1503792) and July 19, 2022 (when the Board issued Respondent Certificate of Registration No. CS33714), Respondent issued seven (7) controlled substance prescriptions for Nevada patients. The Board does not allege the prescriptions were not issued for a legitimate medical purpose or otherwise violated the Order.

D. Respondent's actions, as addressed herein and above, whether unintentional and/or subject to excusable neglect, are grounds for disciplinary action against Respondent pursuant to NRS 639.219(4), (11) and/or (12) in that said actions violate federal and state law and constitute unprofessional conduct or conduct contrary to the public interest.

The Board acknowledges Respondent is not admitting that the Accusation's allegations have merit. The parties are agreeing to resolve this matter to avoid the costs of a hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the allegations alleged in the Accusation, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Stipulation.

7. To resolve this matter the Board and Respondent, Victor Bruce, MD, Certificate of Registration No. CS33714, stipulate to the following penalties:

A. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars ($5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of the effective date of this Order; and

B. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within sixty (60) days of entry of this Order.

8. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

9. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

10. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

12. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 24th **day of** March **2023**

VICTOR BRUCE, MD
Certificate of Registration No. CS33714

Signed this ___ day of _____ 2023

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT this 23 **day of** March **2023**

JOHN A. HUNT, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Victor Bruce, MD, Certificate of Registration No. CS33714, in Case No. 22-228-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of _____ 2023.

_____
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5V

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NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JONATHAN R. SORELLE, MD, Certificate of Registration Nos. CS16072 and PD00567,** **Respondent.**	**Case No. 22-027-CS-S** **FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Jonathan R. Sorelle, MD, held a controlled substance registration, Certificate of Registration No. CS16072, and dispensing practitioner registration, Certificate of Registration No. PD00567, issued by the Board.

FACTUAL ALLEGATIONS

2. On or about May 9, 2019, Board staff conducted an annual inspection of Respondent's practice, the Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. The inspection revealed that Respondent failed to properly segregate and/or dispose of expired dangerous drugs, including, without limitation:

A. Losartan 50mg – Expiration 12/2017

B. Ciprofloxacin 500mg – Expiration 12/2018

C. Marcaine 50ml vial – Expiration 12/2018

3. The inspection also revealed that Respondent failed to verify the accuracy of dispensed prescriptions filled by dispensing technicians.

4. A subsequent investigation revealed one-hundred twenty-one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets were issued from July 13, 2020, to September 9, 2021, falsely documenting Respondent as the prescribing physician, resulting in the unlawful diversion of a total of 10,890 Oxycodone tablets.

5. Respondent failed to review his prescriber activity in the Prescription Monitoring Program (PMP) between September 23, 2016, and December 8, 2022.

6. Prior to December 2022, Respondent regularly permitted unauthorized persons who were not licensed practitioners, including without limitation, Leticia Tamayo, Shelby Jackson, and Gary Gaje, to use Respondent's credentials to access the PMP and/or to issue electronic prescriptions for controlled substances.

APPLICABLE LAW

7. It is unlawful for any person to have in his or her possession, or under his or her control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d); 21 CFR § 211.137.

8. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

9. A dispensing practitioner who allows a dispensing technician to perform any function for filling and dispensing a prescription is responsible for the performance of that function by the dispensing technician. Each prescription with respect to which a dispensing technician performed such a function:

(a) Must be checked by the dispensing practitioner, and the dispensing practitioner shall indicate on the label of the prescription and in his or her record regarding the prescription that the dispensing practitioner has checked the work performed by the dispensing technician; and

(b) Must not be dispensed to the patient without the initials of the dispensing practitioner thereon.

NAC 639.743(2) (a) & (b).

10. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a); 21 CFR § 1306.04(a); NRS 453.381(1); NRS 639.235(1).

11. An electronic prescription for a controlled substance must be issued in compliance with 21 CFR § 1311.100, NRS 639.23535 and NAC 639.7105, and a practitioner must retain sole possession of the hard token, where applicable, and must not share the password or other knowledge factor, or biometric information, with any other person, and must not allow any other person to use the token or enter the knowledge factor or other identification means to sign prescriptions for controlled substances. 21 CFR § 1311.102.

12. A practitioner with a controlled substance registration shall review his prescriber activity in the PMP at least once every 6 months and shall review a patient's utilization report as required before issuing a prescription for a controlled substance. NRS 453.164(7); NRS 639.23507.

13. Patient utilization reports and all data in the PMP database constitute Protected Health Information (PHI); unauthorized access constitutes a criminal offense. 42 U.S.C. §1320d-6; 45 C.F.R. Part 160 and Part 164, Subparts A and E; NRS 453.164(8); NRS 453.552(2).

14. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

15. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

16. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

17. Performing any duties as the holder of a registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

18. Aiding or abetting a person not licensed to practice in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

19. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

20. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

21. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 upon a finding that the registrant has committed an act that renders registration inconsistent with the public interest. NRS 453.236(1)(e) and NRS 453.241(1).

COUNT ONE
Violations of Federal Controlled Substances Act – Diversion

22. By failing to review his prescriber activity in the PMP and enabling persons to act under Respondent's authority to issue one-hundred twenty-one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets, resulting in the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraphs 4 and 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, CFR § 1306.03(a), 21 CFR § 1306.04(a), 21 CFR § 1311.100 and/or 21 CFR § 1311.102, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT TWO
Violations of State Law – Diversion

23. By failing to review his prescriber activity in the PMP and enabling persons to act under Respondent's authority to issue one-hundred twenty-one (121) fraudulent prescriptions for Oxycodone 30mg, 90 tablets, resulting in the unlawful diversion of 10,890 Oxycodone tablets as alleged in Paragraphs 4 and 5 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.331(1)(c), (d), (f), (h) and (i), NRS 453.381(1), NRS 453.401(1)(a), NRS 639.235(1), NRS 639.23535, NRS 639.281(1), NRS 639.2813(1) and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

COUNT THREE

Violations of Federal Controlled Substances Act – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

24. By permitting persons not licensed as practitioners in Nevada to regularly use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, CFR § 1306.03(a), 21 CFR § 1306.04(a), 21 CFR § 1311.100 and/or 21 CFR § 1311.102, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b).

COUNT FOUR

Violations of State Law – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

25. By permitting persons not licensed as practitioners in Nevada to regularly use his credentials and act under his authority to issue electronic prescriptions for controlled substances, as alleged in Paragraph 6 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, or knowingly permitted, allowed, condoned or failed to report a violation of NRS 453.331(1)(c), (d), (f), (h) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.235(1), NRS 639.23535, NRS 639.281(1), NRS 639.2813(1) and/or NAC 639.7105, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FIVE

Violations of Law - Prescription Monitoring Program

26. By failing to review his prescriber activity in the PMP between September 23, 2016, and December 8, 2022, and by permitting unauthorized persons to access the PMP and PHI using Respondent's credentials, as alleged in Paragraphs 5 and 6 herein, Respondent

violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. §1320d-6, 45 C.F.R. Part 160 and Part 164, Subparts A and E, NRS 453.164(7) and (8), NRS 453.552(2) and/or NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT SIX

Violations of Law - Failure to Properly Segregate and Dispose of Expired Drugs

27. By failing to properly segregate and/or dispose of expired dangerous drugs to ensure they could not be administered or dispensed to patients as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 211.137, NRS 639.282(1)(d) and/or NAC 639.601(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11) and (12).

COUNT SEVEN

Violations of Law - Failure to Verify Accuracy of Dispensed Prescriptions

28. By failing to verify the accuracy of dispensed prescriptions and to initial each prescription as alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.743(2) (a) & (b), and is subject to discipline pursuant to NRS 639.210 (12).

COUNT EIGHT

Unprofessional Conduct - Party to Fraudulent or Deceitful Practice or Transaction

29. By permitting persons not licensed as practitioners in Nevada to regularly use his credentials and act under his authority to access the PMP and issue electronic prescriptions for controlled substances, as alleged in Paragraph 6 herein, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT NINE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

30. By his actions as alleged herein, Respondent has performed his duties as the holder of a Nevada controlled substance registration and a Nevada dispensing practitioner registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and NRS 639.210(4).

COUNT TEN

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

31. By permitting persons not licensed as practitioners in Nevada to regularly use his credentials and act under his authority to access the PMP and issue electronic prescriptions for controlled substances, as alleged in Paragraph 6 herein, Respondent aided and abetted unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT ELEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

32. By his actions as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

DATED this 20th day of APRIL 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JONATHAN R. SORELLE, MD, Certificate of Registration Nos. CS16072 and PD00567,** **Respondent.**	**CASE NO. 22-027-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 14, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of APRIL, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of April 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jonathan R. Sorelle, MD
9080 W. Post Rd #200
Las Vegas, NV 89148

Joshua M. Dickey, Esq.
Bailey & Kennedy
8984 Spanish Ridge Avenue
Las Vegas, NV 89148-1302

SHIRLEY HUNTING

FILED
MAY 15 2023
NEVADA STATE BOARD OF PHARMACY

JOSHUA M. DICKEY
Nevada Bar No. 6621
REBECCA L. CROOKER
Nevada Bar No. 15202
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Telephone: 702.562.8820
Facsimile: 702.562.8821
JDickey@BaileyKennedy.com
RCrooker@BaileyKennedy.com

Attorneys for Respondent
Jonathan R. Sorelle, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. JONATHAN R. SORELLE, MD, Certificate of Registration Nos. CS16072 and PD00567, Respondent.	Case No. 22-027-CS-S **RESPONDENT JONATHAN R. SORELLE, MD'S ANSWER AND NOTICE OF DEFENSE**

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Respondent Jonathan R. Sorelle, MD ("Dr. Sorelle"), by and through his counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's First Amended Notice of Intended Action and Accusation as follows:

JURISDICTION

1. Answering paragraph 1, Dr. Sorelle states that the allegations contained therein constitute a legal conclusion to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent they are contrary to or inconsistent with the law.

FACTUAL ALLEGATIONS

2. Answering paragraph 2, Dr. Sorelle admits that on or about May 9, 2019, Board staff performed an annual inspection of Respondent's practice, The Minimally Invasive Hand Institute, located at 9080 W. Post Road #200 in Las Vegas. Dr. Sorelle further admits that a small number of the medications identified in paragraph 2, were expired. Dr. Sorelle further states that: (i) this was an

isolated incident related to a particular employee; (ii) this employee was relieved from full-time employment at the Minimally Invasive Hand Institute; (iii) these expired medications were promptly and properly disposed of; (iv) additional measures were put into place to ensure this does not happen again; and (v) no such issue has been identified in subsequent inspections.

3. Answering paragraph 3, Dr. Sorelle denies knowingly not verifying the accuracy of dispensed prescriptions filled by a dispensing technician. Dr. Sorelle further states that, as a matter of practice, he verifies each prescription. However, an isolated incident occurred where a now former employee (the same employee referred to above) did not present a small number of dispensed prescriptions to him for his initials. No such issue has been identified in subsequent inspections.

4. Answering paragraph 4, Dr. Sorelle does not have personal knowledge of what the investigation revealed. Dr. Sorelle denies any involvement in or knowledge of the false documentation that resulted in any unlawful diversion of Oxycodone tablets.

5. Dr. Sorelle denies the allegations contained in paragraph 5.

6. Answering paragraph 6, Dr. Sorelle denies regularly permitting unauthorized persons to utilize his credentials to access the PMP. Dr. Sorelle admits that he formerly permitted select employees to obtain PMP patient utilization reports prior to Dr. Sorelle's issuance of controlled substance prescriptions. Dr. Sorelle further states that he subsequently appointed two employees to serve as his PMP delegates, and that these employees may only access the PMP under their own credentials. Dr. Sorelle denies any remaining allegations.

APPLICABLE LAW

7. Answering paragraph 7, Dr. Sorelle states that the allegations contained in paragraph 7 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

8. Answering paragraph 8, Dr. Sorelle states that the allegations contained in paragraph 8 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

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9. Answering paragraph 9, Dr. Sorelle states that the allegations contained in paragraph 9 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

10. Answering paragraph 10, Dr. Sorelle states that the allegations contained in paragraph 10 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

11. Answering paragraph 11, Dr. Sorelle states that the allegations contained in paragraph 11 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

12. Answering paragraph 12, Dr. Sorelle states that the allegations contained in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

13. Answering paragraph 13, Dr. Sorelle states that the allegations contained in paragraph 13 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

14. Answering paragraph 14, Dr. Sorelle states that the allegations contained in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

15. Answering paragraph 15, Dr. Sorelle states that the allegations contained in paragraph 15 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

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16. Answering paragraph 16, Dr. Sorelle states that the allegations contained in paragraph 16 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

17. Answering paragraph 17, Dr. Sorelle states that the allegations contained in paragraph 17 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

18. Answering paragraph 18, Dr. Sorelle states that the allegations contained in paragraph 18 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

19. Answering paragraph 19, Dr. Sorelle states that the allegations contained in paragraph 19 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

20. Answering paragraph 20, Dr. Sorelle states that the allegations contained in paragraph 20 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

21. Answering paragraph 21, Dr. Sorelle states that the allegations contained in paragraph 21 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Sorelle denies any allegations to the extent that they are contrary to or are inconsistent with the law.

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COUNT ONE
Violations of Federal Controlled Substances Act - Diversion

22. Dr. Sorelle denies the allegations contained in paragraph 22.

COUNT TWO
Violations of State Law - Diversion

23. Dr. Sorelle denies the allegations contained in paragraph 23.

COUNT THREE
Violations of Federal Controlled Substances Act – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

24. Dr. Sorelle denies the allegations contained in paragraph 24.

COUNT FOUR
Violations of State Law – Unlawfully Issuing Electronic Prescriptions for Controlled Substances

25. Dr. Sorelle denies the allegations contained in paragraph 25.

COUNT FIVE
Violations of Law – Prescription Monitoring Program

26. Dr. Sorelle denies the allegations contained in paragraph 26.

COUNT SIX
Violations of Law – Failure to Properly Segregate and Dispose of Expired Drugs

27. Dr. Sorelle denies the allegations contained in paragraph 27.

COUNT SEVEN
Violations of Law – Failure to Verify Accuracy of Dispensed Prescriptions

28. Dr. Sorelle denies the allegations contained in paragraph 28.

COUNT EIGHT
Unprofessional Conduct – Party to Fraudulent or Deceitful Practice or Transaction

29. Dr. Sorelle denies the allegations contained in paragraph 29.

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COUNT NINE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

30. Dr. Sorelle denies the allegations contained in paragraph 30.

COUNT TEN

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

31. Dr. Sorelle denies the allegations contained in paragraph 31.

COUNT ELEVEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

32. Dr. Sorelle denies the allegations contained in paragraph 32.

AFFIRMATIVE DEFENSES

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Dr. Sorelle acted in compliance with all lawful requirements for the retention of his controlled substance and dispensing practitioner registrations.

3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The First Amended Notice of Intended Action and Accusation violates Dr. Sorelle's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutional/unconstitutionally vague as applied to Dr. Sorelle's actions.

6. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

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7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Pharmacy Board's claims are barred, in whole or in part, because Dr. Sorelle's actions were justified under the circumstances.

9. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

10. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

Dr. Sorelle reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 11th day of May, 2023.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

Attorneys for Respondent
Jonathan R. Sorelle, MD

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 11th day of May, 2023, service of the foregoing **RESPONDENT JONATHAN R. SORELLE, MD'S ANSWER AND NOTICE OF DEFENSE** was made by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at his last known address:

BRETT KANDT, GENERAL COUNSEL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Attorneys for Petitioner
Nevada State Board of Pharmacy

/s/ Joshua M. Dickey
An Employee of BAILEY❖KENNEDY

BAILEY❖KENNEDY
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC SHYU, DDS,** **Certificate of Registration No. CS32185,** **Respondent.**	**CASE NO. 21-102-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Eric Shyu, DDS (Respondent), because Respondent currently holds a certificate of registration issued by the Board pursuant to NRS 453.231, authorizing him to dispense controlled substances.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the unregistered dispensing of controlled substances. *See* NRS 639.070(1)(l). Under Nevada law, the term "dispense" is defined to include the act of prescribing controlled substances. *See* NRS 453.056(1); NRS 639.0065(1).

FACTUAL ALLEGATIONS

3. Respondent is licensed by the Nevada State Board of Dental Examiners as a Doctor of Dental Surgery. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126(2) and NRS 639.0125(3).

4. Between September 20, 2017, and October 31, 2018, Respondent held a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing him to prescribe controlled

substances. Respondent did not renew his certificate of registration when it expired on October 31, 2018.

5. Between November 1, 2018, and August 26, 2021, Respondent was engaged at various times in the practice of dentistry within the State of Nevada. As relevant to this accusation, Respondent practiced dentistry in 2019 as a member of Divine Dental, located at 7035 West Ann Road in Las Vegas, Nevada.

6. In 2019, while a member of Divine Dental, Respondent issued three prescriptions for the following controlled substances: a prescription for hydrocodone-acetaminophen, written on August 22, 2019; a prescription for triazolam, written on August 23, 2019; and a prescription for triazolam, written on September 20, 2019. These prescriptions were filled for Respondent's patients at the Walgreen's Pharmacy on Ann Road in Las Vegas, the Walgreen Pharmacy on South Jones Boulevard in Las Vegas, and the Wal-Mart Pharmacy on North Nellis Boulevard in Las Vegas.

7. In 2019, Respondent did not hold a valid certificate of registration issued by the Board authorizing him to prescribe controlled substances, and he was not enrolled in Nevada's prescription monitoring program (PMP).

8. In a written statement dated October 11, 2021, in response to questions posed by Investigator Kenneth Scheuber, Respondent explained that he had been unaware of Nevada's controlled substance registration requirements. Respondent stated that he held a current registration with the federal Drug Enforcement Administration, leading him to believe that he was authorized to prescribe controlled substances in Nevada.

9. Respondent obtained his current certificate of registration from the Board on August 26, 2021, shortly after Board staff advised Respondent that his prior registration had expired effective October 31, 2018.

APPLICABLE LAW

10. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

11. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to so register may be subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

12. A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. *See* NRS 639.23507.

13. A practitioner registered with the Board to write prescriptions for controlled substances must access his or her prescriber activity in the PMP at least once every 6 months to review prescriptions issued by the practitioner and to verify for the Board that he or she continues to have access to the PMP. *See* NRS 453.164(7).

14. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

15. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs, without the required registration, any task or operation for which registration is required, or performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i) and (k).

16. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs or is in any way a party to any fraudulent or deceitful practice or transaction. See NAC 639.945(1)(h).

17. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner fails to provide any document, data, or information that is required to be made and maintained pursuant to the statutes and regulations governing the PMP. *See* NAC 639.945(1)(m).

18. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE
Prescribing Without a Valid Nevada Registration

19. In 2019, as alleged above, Respondent prescribed controlled substances in Nevada even though he had not held a valid certificate of registration since October 31, 2018. This constitutes a violation of Nevada law for which the Board may impose administrative discipline. *See* NRS 453.321(1)(a); NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(k).

COUNT TWO
False Representations Regarding Authority to Prescribe

20. By prescribing controlled substances without a certificate of registration as alleged herein, Respondent impliedly represented to dispensing pharmacists and/or patients that he was authorized by the Board to write prescriptions for controlled substances.

21. On one or more occasions prior to October 31, 2018, the Board and/or the Board's staff notified Respondent that his original certificate of registration was not valid beyond October 31, 2018. Based upon such notification(s), Respondent knew or should have known that his implied representations regarding his authority to prescribe controlled substances were untrue.

22. By falsely representing to dispensing pharmacists and/or patients that he was a practitioner authorized to prescribe controlled substances, Respondent violated NRS 639.2813. This constitutes a violation of state law for which the Board may impose administrative discipline. See NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT THREE
Performing Duties in Negligent Manner

23. By prescribing controlled substances without a valid certificate of registration as alleged herein, Respondent exposed patients and/or dispensing pharmacists to potential criminal and/or civil liability for violating state and/or federal laws governing the distribution, use, and/or possession of controlled substances.

24. By exposing others to potential liability as described above, Respondent performed his duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT FOUR
Noncompliance with Prescription Monitoring Program

25. In 2019, Respondent failed to establish an account with the PMP. By reason of such failure, Respondent was unable to access and/or query the PMP database as required by law.

26. By failing to query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, Respondent violated NRS 453.164(7) and NRS 639.23507. This is a violation of state law and an act that renders Respondent's Nevada controlled substance registration inconsistent with the public interest. Therefore, the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 639.255(3), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the current certificate of registration of this respondent.

DATED this 20th day of APRIL 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC SHYU, DDS,** **Certificate of Registration No. CS32185,** **Respondent.**	**CASE NO. 21-102-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 14, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of April, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC SHYU, DDS,** **Certificate of Registration No. CS32185,** **Respondent.**	**CASE NO. 21-102-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

ERIC SHYU, DDS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of April 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Eric Shyu, DDS
650 N. Nellis Blvd
Las Vegas, NV 89110

SHIRLEY HUNTING

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ERIC SHYU, DDS,** **Certificate of Registration No. CS32185,** **Respondent.**	**Case No. 21-102-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Eric Shyu, DDS ("Respondent"), Certificate of Registration No. CS32185, hereby stipulate and agree as follows:

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent understands and acknowledges that he may consult with an attorney, at his own expense, prior to executing this Stipulation. Respondent knowingly and voluntarily waives the right to retain an attorney in connection with this matter.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration of a Board determination in a contested case, his right to appeal a Board determination in a contested case, and all other rights afforded him under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapters 622 and 622A, which govern administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and excluding the right to challenge any determination that Respondent has failed to comply with the provisions of the

paragraphs below, Respondent voluntarily waives his rights to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violation alleged in Count One of the Accusation, *to wit*:

A. Between November 1, 2018, and August 26, 2021, Respondent was engaged at various times in the practice of dentistry within the State of Nevada. As relevant to this accusation, Respondent practiced dentistry in 2019 as a member of Divine Dental, located at 7035 West Ann Road in Las Vegas, Nevada.

B. In 2019, while a member of Divine Dental, Respondent issued three prescriptions for the following controlled substances: a prescription for hydrocodone-acetaminophen, written on August 22, 2019; a prescription for triazolam, written on August 23, 2019; and a prescription for triazolam, written on September 20, 2019. In 2019, Respondent did not hold a valid certificate of registration issued by the Board authorizing him to prescribe controlled substances.

C. As alleged above, Respondent prescribed controlled substances in Nevada even though he did not hold a valid certificate of registration. This constitutes a violation of Nevada law for which the Board may impose administrative discipline. *See* NRS 453.321(1)(a); NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(k).

7. Respondent currently holds a valid certificate of registration issued by the Board. In the spirit of compromise and given the amount of time that passed between the alleged violations and the filing and service of the Accusation, Count Two through Count Four of the Accusation shall be dismissed upon the approval of this Stipulation by the Board.

8. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree to the imposition of the following:

A. Respondent shall pay an administrative fine of Five Thousand Dollars ($5000.00) for the violation alleged in paragraph 6 above; and

B. Respondent shall pay Five Hundred Dollars ($500.00) to partially reimburse the Board for attorney's fees and costs recoverable pursuant to NRS 622.400 for the expense of investigating and prosecuting this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent fails to appear for the meeting. However, Respondent understands and acknowledges that the Board expects him to personally appear for the hearing and may choose to reject this Stipulation if Respondent fails to personally appear for the hearing.

11. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the fine agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"State of Nevada,**

Office of the Treasurer." Respondent shall remit payment to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521. The applicable fine of Five Thousand Dollars ($5,000) may be paid in full, or it may be paid in ten (10) equal monthly installments of Five Hundred Dollars ($500). If Respondent elects to pay the fine in equal monthly installments, the first installment shall be due within thirty (30) days after the effective date of the Board's Order as stated below, and subsequent instalments shall be due on or before the 15th day of each successive month until paid in full.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal, cashiers,* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy."** Respondent shall remit the applicable reimbursement of Five Hundred Dollars ($500), in full, to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521. This payment shall be remitted within thirty (30) days of the effective date of the Board's Order as stated below.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 19 day of May 2023.

ERIC SHYU, DDS,
Certificate of Registration No. CS32185

Signed this 19th day of May 2023.

NEVADA STATE BOARD OF PHARMACY

GREGORY L. ZUNINO
Senior General Counsel

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Eric Shyu, DDS, Certificate of Registration No. CS32185, in Case No. 21-102-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of June 2023.

Helen Park, President
Nevada State Board of Pharmacy

5X

FILED
APR 21 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HEATHER DENISE HARVEY, APRN, Certificate of Registration No. CS35130,** **Respondent.**	**CASE NO. 23-074-PR-O** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Heather Denise Harvey, APRN (Respondent), because Respondent holds a certificate of registration issued by the Board pursuant to NRS 453.226, authorizing her to prescribe controlled substances.

2. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Respondent held a certificate of registration issued by the Board pursuant to NRS 639.1375, authorizing her to dispense drugs other than controlled substances. While subject to the Board's jurisdiction to regulate Respondent's prescribing activity, Respondent exceeded the scope of her existing registration by prescribing controlled substances without having obtained the required certificate of registration to prescribe controlled substances.

FACTUAL ALLEGATIONS

3. Respondent is licensed by the Nevada State Board of Nursing as an advanced practice registered nurse. At the time of the violations alleged herein, Respondent was a "practitioner" as that term is defined at NRS 453.126(2) and NRS 639.0125(3). As such, Respondent was authorized to

prescribe only such dangerous drugs and controlled substances as were then authorized by the Board pursuant to NRS 639.1375 and NRS 453.226.

4. Respondent maintains a medical practice in Alabama. Between May 17, 2022, and March 8, 2023, Respondent was authorized by the Board to prescribe dangerous drugs other than controlled substances.

5. On or about February 21, 2023, Respondent applied to the Board for a certificate of registration to prescribe controlled substances in Nevada. By letter dated February 22, 2023, Board staff notified Respondent that her application for a certificate of registration to prescribe controlled substances was incomplete because she did not return it with an original signature. In early March 2023, Respondent returned the application with her original signature.

6. On November 30, 2022, February 18, 2023, and March 6, 2023, Respondent wrote prescriptions for ketamine HCL powder, a Schedule III Controlled Substance. Respondent wrote these prescriptions for three different Nevada patients. Each prescription was filled by Tailor Made Compounding, a Nevada-licensed compounding pharmacy located in Nicholasville, Kentucky.

7. The Board first authorized Respondent to prescribe controlled substances on March 9, 2023, when it issued to her a certificate of registration pursuant to NRS 453.226. Prior to that time, Respondent was without authority to prescribe controlled substances for patients in Nevada, and she did not have an account with Nevada's Prescription Monitoring Program (PMP).

APPLICABLE LAW

8. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

9. Every practitioner who intends to prescribe controlled substances in Nevada must first apply for and obtain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to so register may be subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

10. A practitioner shall, before issuing an initial prescription for a controlled substance, and at least once every 90 days thereafter for the duration of the course of treatment using the controlled substance, obtain a patient utilization report regarding the patient from the PMP. *See* NRS 639.23507.

11. A practitioner registered with the Board to write prescriptions for controlled substances must access his or her prescriber activity in the PMP at least once every 6 months to review prescriptions issued by the practitioner and to verify for the Board that he or she continues to have access to the PMP. *See* NRS 453.164(7).

12. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

13. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs, without the required registration, any task or operation for which registration is required, or performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i) and (k).

14. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner performs or is in any way a party to any fraudulent or deceitful practice or transaction. See NAC 639.945(1)(h).

15. A practitioner's conduct is deemed unprofessional and/or contrary to the public interest if the practitioner fails to provide any document, data, or information that is required to be made and maintained pursuant to the statutes and regulations governing the PMP. *See* NAC 639.945(1)(m).

16. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

COUNT ONE
Prescribing Without a Valid Nevada Registration

17. Between November 30, 2022, and March 6, 2023, Respondent prescribed controlled substances in Nevada without a certificate of registration issued by the Board pursuant to NRS 453.231. This constitutes a violation of Nevada law for which the Board may impose administrative discipline. *See* NRS 453.321(1)(a); NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(k).

COUNT TWO
False Representations Regarding Authority to Prescribe

18. By prescribing controlled substances without a certificate of registration as alleged herein, Respondent impliedly represented to dispensing pharmacists and/or patients that she was authorized by the Board to write prescriptions for controlled substances.

19. On or about February 22, 2023, Board staff notified Respondent that she had not completed her application for a certificate of registration to prescribe controlled substances. Based upon this correspondence, Respondent knew or should have known that she had not yet been authorized by the Board to prescribe controlled substances in Nevada.

20. On or about March 6, 2023, Respondent wrote a prescription for ketamine HCL powder with actual or constructive knowledge that she was not then authorized to write such a prescription in Nevada. This amounted to a false representation concerning Respondent's authority to prescribe controlled substances in Nevada.

21. By falsely representing to dispensing pharmacists and/or patients that she was a practitioner authorized to prescribe controlled substances, Respondent violated NRS 638.2813. This constitutes a violation of state law for which the Board may impose administrative discipline. See NRS 639.210(12). It also constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

COUNT THREE
Performing Duties in a Negligent Manner

22. By prescribing controlled substances without a valid certificate of registration as alleged herein, Respondent exposed patients and/or dispensing pharmacists to potential criminal and/or civil liability for violating state and/or federal laws governing the distribution, use, and/or possession of controlled substances.

23. By exposing others to potential liability as described above, Respondent performed her duties as the holder of a certificate issued by the Board in an incompetent, unskillful or negligent manner. This constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

COUNT FOUR
Noncompliance with Prescription Monitoring Program

24. Between November 30, 2022, and March 9, 2023, Respondent failed to establish an account with the PMP. By reason of such failure, Respondent was unable to access and/or query the PMP database as required by law.

25. By failing to query the PMP database to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review her prescriber activity, Respondent violated NRS 453.164(7) and NRS 639.23507. This is a violation of state law and an act that renders Respondent's Nevada controlled substance registration inconsistent with the public interest. Therefore, the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NRS 639.255(3), NRS 453.236(1)(d) and (e), and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 20th day of APRIL 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HEATHER DENISE HARVEY, APRN, Certificate of Registration No. CS35130,** **Respondent.**	**CASE NO. 23-074-PR-O** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 14, 2023, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of APRIL, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 21st day of April 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Heather Denise Harvey, APRN
3753 Howard Hughes Pkwy Ste 200-224
Las Vegas, NV 89169

SHIRLEY HUNTING

FILED
MAY 15 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **HEATHER DENISE HARVEY, APRN, Certificate of Registration No. CS35130,** **Respondent.**	**CASE NO. 23-074-PR-O** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

See attached.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

See attached.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 15th day of May, 2023.

HEATHER DENISE HARVEY, APRN

FILED
MAY 15 2023
NEVADA STATE BOARD
OF PHARMACY

Maria Nutile, Esq.
Nevada Bar No.: 7847
Bridget Kelly, Esq.
Nevada Bar No.: 14388
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bridget@nutilelaw.com

Attorneys for Heather Denise Harvey, APRN

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. HEATHER DENISE HARVEY, APRN Certificate of Registration No. CS35130, Respondent.	CASE NO.: 23-074-PR-O **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), admits, denies, and alleges as follows:

A. With regard to Paragraph 1, Respondent admits the allegations contained therein.

B. With regard to Paragraph 2, Respondent admits that at the time of the alleged violations she held a certificate of registration issued by the Board authorizing her to prescribe other than controlled substances, and that the Board has subject matter jurisdiction in this case. Respondent denies the remaining allegations in these paragraphs.

C. With regard to Paragraph 3, Respondent admits the allegations in this paragraph.

D. With regard to Paragraph 4, Respondent states she resides in and is licensed to practice in Alabama, but denies maintaining a practice there. Respondent admits the remaining

allegations in this paragraph.

E. With regard to Paragraphs 5 and 6, Respondent admits the allegations in these paragraphs.

F. With regard to Paragraph 7, Respondent admits that a certificate of registration to prescribe controlled substances was issued to her by the Board on or about March 9, 2023. Respondent denies the remaining allegations in this paragraph.

G. Paragraphs 8 through 16 do not contain allegations against the Respondent. To the extent an answer is required, the Respondent denies the allegations in these paragraphs.

H. With regard to Paragraphs 17 through 25, Respondent denies the allegations therein.

1. Respondent's employer from July 2022 to present, a multistate telemedicine company ("Employer"), managed Respondent's licensure and certification in each state in which she was to provide telehealth services, including Nevada.

2. When Respondent onboarded with Employer, she was told that she did not need a separate controlled substances registration for Nevada due to the exception granted by the Drug Enforcement Administration, effective March 23, 2020 through the pendency of the COVID-19 Public Health Emergency ("PHE") declared by the U.S. Department of Health and Human Services (HHS) ("DEA Exception"). Under the DEA Exception, practitioners were not required to obtain separate DEA registrations for each state in which they prescribed controlled substances, provided certain criteria were met including state-level reciprocity.

3. Employer's guidance was memorialized in an email to Respondent dated December 29, 2023, which stated in pertinent part:

a. Employer's clinicians were not required or expected to report their prescriptions directly into a state's prescription monitoring program ("PMP");

b. using Employer's Athena electronic medical record system to check patients' prescription history through PMP Interconnect would also meet state law requirements for checking PMP prior to prescription, with the exception of California, Nebraska, and Missouri; and

c. Employer's internal and external legal counsel determined that the DEA Exception permitted practitioners to prescribe controlled substances without separate registrations in each state provided they were licensed to prescribe controlled substances in their

"home state".

4. Under Directive 11 issued April 1, 2020, Nevada temporarily waived licensure requirements for medical professionals licensed in good standing in other states.

5. Accordingly, Petitioner temporarily offered prescribing registration waivers for practitioners licensed to prescribe controlled substances in other states.

6. Nevada's COVID-19 state of emergency was terminated effective May 20, 2022.

7. The Federal PHE did not expire until May 11, 2023.

8. Unbeknownst to Respondent, the registration exception/waiver guidance provided by Employer was no longer valid for the State of Nevada when her employment with Employer commenced.

9. Respondent detrimentally relied on Employer's guidance and explicit instructions, represented by Employer as having come from its legal counsel, that she did not need a separate controlled substances registration in order to prescribe in Nevada.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 15th day of May 2023.

HEATHER DENISE HARVEY, APRN

On behalf of Respondent:

NUTILE LAW

/s/ Bridget Kelly

Maria Nutile, Esq.
Nevada Bar No.: 7847
Bridget Kelly, Esq.
Nevada Bar No.: 14388
NUTILE LAW
7395 S. Pecos Rd., Suite 103

Las Vegas, Nevada 89120
Telephone: (702) 307-4880
Facsimile: (702) 307-4881
Email: maria@nutilelaw.com
bridget@nutilelaw.com

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of NUTILE LAW, and that on this 15th day of May, 2023, I caused to be filed via email an electronic copy of the foregoing Answer and Notice of Defense to each of the following at the Nevada State Board of Pharmacy:

1. Gregory Zunino, Esq., Senior General Counsel, zunino@pharmacy.nv.gov; and
2. Kristopher Mangosing, Asst. Board Coordinator, kmangosing@pharmacy.nv.gov.

/s/ *Bridget Kelly*
An employee of NUTILE LAW

Answer to Board 05.15.23

Final Audit Report 2023-05-15

Created:	2023-05-15
By:	Bridget Kelly (Bridget@nutilelaw.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAmXyS75-glhwb3l5PD6dSOoJFg0K7bQ8B

"Answer to Board 05.15.23" History

Document created by Bridget Kelly (Bridget@nutilelaw.com)
2023-05-15 - 7:23:55 PM GMT- IP address: 216.17.28.242

Document emailed to Heather Harvey (heatherharvey2009@gmail.com) for signature
2023-05-15 - 7:24:53 PM GMT

Email viewed by Heather Harvey (heatherharvey2009@gmail.com)
2023-05-15 - 10:35:44 PM GMT- IP address: 107.115.147.84

Document e-signed by Heather Harvey (heatherharvey2009@gmail.com)
Signature Date: 2023-05-15 - 10:36:32 PM GMT - Time Source: server- IP address: 107.115.147.84

Agreement completed.
2023-05-15 - 10:36:32 PM GMT

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FILED
MAR 13 2023
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MALCOLM PAUL, M.D.,** **Respondent.**	**Case No. 22-479-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.070 and NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about December 29, 2022, a Citation and Fine was served upon Respondent Malcolm Paul, M.D. ("Respondent"), alleging the violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. On or about December 27, 2022, Respondent was issued a Certificate of Registration to Dispense Controlled Substances, Certificate No. CS34652.

2. Prior to obtaining his Nevada Certificate of Registration to Dispense Controlled Substances, Respondent authorized one or more controlled substance prescription(s) for Nevada patients.

3. On or about December 20, 2022, the Board served Respondent with a Cease-and-Desist/Citation requiring payment of a FIVE THOUSAND DOLLAR FINE ($5,000.00) for unauthorized prescribing of controlled substances.

4. Respondent submitted his appeal of the Citation-and-Fine to the Board.

APPLICABLE LAW

5. Every practitioner or other person who dispenses controlled substances within this State or who proposes to engage in the dispensing of any controlled substances within this State shall obtain biennially a registration issued by the Board in accordance with its regulations. A

person must present proof that he or she is authorized to access the database of the program established pursuant to NRS 453.162 before the Board may issue or renew a registration. NRS 453.226(1).

6. It is unlawful for any person to engage in wholesale distribution, sell or dispense, or permit to be disturbed at wholesale, any drug, poison, medicine, chemical, or to dispense, or permit to be dispensed any prescription of a practitioner unless the person holds the appropriate certificate, license, or permit required by Nevada Revised Statutes ("NRS") Chapters 639, 453, or 454 and the person complies with the regulations adopted by the Board under Nevada Administrative Code ("NAC") Chapter 639. NRS 639.100(1).

7. The Board may impose an administrative fine of not more than $5,000.00 against any person who the Board determined violated NRS 639.100(1) or NRS 639.285(1). Each activity in which the person is engaged constitutes a separate offense for which a separate citation may be issued. NRS 639.2895(1-4).

8. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

9. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice their profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

10. The Board shall register an applicant to dispense controlled substances included in schedules I to V inclusive, unless it determines that the issuance of that registration would be inconsistent with the public interest, the Board shall consider the following factors: (a) Maintenance of effective controls against diversion of controlled substances into other than legitimate medical, scientific, research or industrial channels; (b) Compliance with state and

local law; (c) Promotion of technical advances in the art of manufacturing controlled substances and the development of new substances; (d) Convictions of the applicant pursuant to laws of another country or federal or state laws relating to a controlled substance; (e) Past experience of the applicant in the manufacture or distribution of controlled substances, and the existence in the applicant's establishment of effective controls against diversion of controlled substances into other than legitimate medical, scientific research or industrial channels; (f) Furnishing by the applicant of false or fraudulent material in an application filed pursuant to the provisions of NRS 453.011 to 453.552, inclusive;(g) Suspension or revocation of the applicant's federal registration to manufacture, distribute, possess, administer or dispense controlled substances as authorized by federal law; and (h) Any other factors relevant to and consistent with the public health and safety. NRS 453.231.

11. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.231(1).

12. Pursuant to NRS 622.400(1), a regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as part of its investigation, administrative and disciplinary proceedings against the person if the regulatory body enters a final order in which it finds that the person has violated any provision which the regulatory body has authority to enforce, any regulation adopted pursuant thereto or any order of the regulatory body.

COUNT ONE

Prescribing of Controlled Substances in Violation of Nevada Controlled Substances Act

13. By prescribing controlled substances to Nevada patient(s) without a valid Certificate of Registration to Dispense Controlled Substances as alleged herein, Respondent

violated NRS 453.226(1); and/or NRS 453.162; and/or NRS 453.231(1); and/or NRS 453.321(1); and/or NRS 639.100(1); and/or NRS 639.235(1); therefore, Respondent is subject to discipline pursuant to NRS 639.2895(1-4), which authorizes the Board to impose upon Respondent an administrative fine of not more than $5,000.00.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2); NRS 233B.127(3). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.127(3); NRS 622A.300(1) and (3). If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

The Board has scheduled your hearing on this matter for Wednesday, April 12, 2023, at 9:00 a.m. or soon thereafter. The hearing will occur at the at the Hyatt Place Reno-Tahoe Airport, 1790 E. Plumb Lane, Reno, Nevada 89502.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. You may request and the Board may at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed

session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session. NRS 241.030 and NRS 241.033.

DATED this 13th day of March 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of March 2023, I personally served a true and correct copy of the foregoing **Statement to the Respondent and Notice of Hearing** by placing a copy in the United States Mail, postage prepaid, addressed to the following:

Malcolm Paul, M.D.
7650 W. Sahara Avenue
Las Vegas, Nevada 89117

Darlene Nases
DARLENE NASES

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

December 15, 2022

VIA CERTIFIED AND U.S. MAIL

Malcolm Paul, M.D.
7650 W. Sahara Avenue
Las Vegas, NV 89117

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 22-479)

Dear Dr. Paul:

The Nevada State Board of Pharmacy ("BOP") has determined that you are prescribing controlled substances for Nevada patients from your practice in violation of federal and state law. Specifically, your do not have an active controlled substance registration from BOP. You are prohibited from prescribing controlled substances until and unless you receive a controlled substance registration from BOP, and any other concurrent licensure needed to prescribe controlled substances.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), and 21 CFR § 1306.03, NRS 453.226, NRS 453.321(1)(a), NRS 453.331, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0279 7890 09

Nevada State Board of Pharmacy
1140 N. Town Center Dr. Suite 300
Las Vegas, NV 89144

December 14, 2022

Re: Nevada Board of Pharmacy Investigative Case 22-479

To whom it may concern,

This letter is in response to and to appeal the December 13, 2022, Nevada Board of Pharmacy case. On 12/01/2020, I arrived in Las Vegas, NV from Newport Beach, CA after 47 years of practice with the intent to retire. During my retirement, I decided to get back into medical care on a part-time basis. Therefore, I immediately applied for a Nevada medical license, DEA, and to the Nevada Board of Pharmacy, as I was advised by the medical board. I was also awarded an electronic prescribing fob, from our electronic medical records software, after extensive security measures.

After practicing over 47 years in California, I only had to have a California medical license and our DEA certificate to prescribe controlled substances. The California Board of Pharmacy was optional and regulates the pharmacy practice of pharmacists, interns, and pharmacy technicians. Consequently, I thought the same applied to Nevada. In November 2021, I did apply for the NVBOP, but I do not believe I heard back from them, therefore gave it no thought, considering what I experienced in California. Until recently, I was seeking to get credentialling at our local hospital and found that I had not received a NVBOP license. Therefore, I re-applied recently in November 2022.

After reviewing my history from 03/01/2022 – 12/13/2022, the prescribing history and accuracy show to be correct. I am extremely apologetic and look to rectify the situation immediately.

On November 21, 2022, I applied for the Nevada Board of Pharmacy license. I've attached my DEA license issued to me on 12/27/21 and valid through 3/21/2025, as well as my Nevada Medical License issued on 09/28/2021 and valid through 06/03/2023. I have also applied to get personal access to the Nevada Prescription Monitoring Program. I've received my temporary NVBOP access number and I'm awaiting approval.

Please feel free to call me directly on my cell at [redacted] should you have any questions.

Respectfully,

Dr. Malcolm Paul

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARCIA A. CLEVESY, APRN,** **Certificate of Registration No. CS14237,** **Respondent.**	**Case No. 21-214-CS-S** **STIPULATION AND ORDER TO SET ASIDE ORDER OF DEFAULT AND ENTER A PAYMENT PLAN**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through its General Counsel, Peter Keegan, Esq., and Respondent Marcia Clevesy, APRN, ("Respondent") Certificate of Registration No. CS14237, **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about January 26, 2022, Board Staff attempted to serve Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing by certified mail, return receipt requested, addressed to the Respondent at her last address of record.

3. On Tuesday, March 3, 2022, this matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting in Las Vegas, Nevada. Peter Keegan, Esq. prosecuted the case on behalf of the Board, Respondent failed to appear at the hearing, and the Board entered its Order of Default on March 3, 2022.

4. On March 29, 2023, Respondent contacted counsel for the Board concerning the Order of Default.

5. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

6. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal, and any and all other rights which may be accorded

pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent failed to comply with the provisions of this Stipulation and Order, Respondent hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

8. Respondent admits that evidence exists, and that Board's staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent's Certificate of Registration No. CS14237 expired on October 31, 2018, and Respondent authorized one or more controlled substance prescriptions for Nevada patients in violation of 21 U.S.C. **§** 822(a)(2); 21 U.S.C. **§** 823(f); 21 U.S.C. § 841(a), 21 U.S.C. § 842(a); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1); NRS 639.100(1); and NRS 639.235(1); and

B. These violations are grounds for disciplinary action pursuant to NRS 453.236(1)(d-e); NRS 453.241(1); NRS 639.210(4), (11-12); and NRS 639.255(3).

9. In order to resolve the Accusation in this matter; specifically, Counts Two, Four, and Five, alleging that Respondent unlawfully permitted an employee or staff member to access and utilize his secondary hard token authenticator, and/or provided log-on information to his employee or staff member with instructions to e-prescribe prescriptions in violation of 21 CFR § 1311.102 and NRS 453.236(1)(e), Respondent Clevesy and the Board hereby stipulate to the following penalties and conditions.

A. The Board shall:

i. Set Aside the Order of Default filed on March 3, 2022, and replace the documentation reported to the National Practitioner's Data Bank with this Stipulation and Order.

B. Respondent shall:

i. Pay a fine of Five-Thousand Dollars ($5000.00) for the violations alleged in the accusation in ten (10) monthly installment of FIVE HUNDRED DOLLARS ($500.00); and

ii. Pay SEVEN HUNDRED FIFTEEN DOLLARS and 87/100 Cents ($715.87) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. This Stipulation constitutes a full and final resolution of the Accusation in Case No. 21-214-CS-S. However, any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. The Board may impose additional discipline upon that Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 14, 2023. Respondent will appear in person or through counsel at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this

matter may be heard by the Board the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *personal check, business check*, *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer."** The first monthly installment of FIVE HUNDRED DOLLARS and 00/100 Cents ($500.00) is due on July 1, 2023, and shall be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Each of the nine (9) remaining monthly installments shall be due to the Board's Office on the first of every succeeding month, with the final payment due on April 1, 2024.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *personal check, business check, cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 20 day of April 2023.

MARCIA CLEVESY, A.P.R.N.
Certificate of Registration No. CS14237

Signed this ____ day of April 2023.

Nevada State Board of Pharmacy

PETER KEEGAN, Esq.
General Counsel

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Marcia Clevesy, APRN, Certificate of Registration No. CS14237, in Case No. 21-214-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June 2023.

_____
Helen Park, President
Nevada State Board of Pharmacy

FILED
MAR 3 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

MARCIA A CLEVESY, APRN,
Certificate of Registration No. CS14237,

Respondent.

Case No. 21-214-CS-S

ORDER OF DEFAULT

This matter came before the Nevada State Board of Pharmacy ("Board") at its regularly scheduled meeting on Tuesday, March 3, 2022, in Las Vegas, Nevada. Peter Keegan, Esq. prosecuted the case on behalf of the Board. Respondent Marcia Clevesy, APRN, ("Respondent") Certificate of Registration No. CS14237, failed to appear at the hearing. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds that probative evidence exists in the record to establish each of the following facts by a preponderance of the evidence:

1. On or about January 28, 2022, Board staff attempted service of the Notice of Intended Action and Accusation, Statement to Respondent and Notice of Hearing on Respondent by certified mail, return receipt requested, addressed to the Respondent at her last address of record.

2. On or about February 22, 2022, Board staff attempted to contact the Respondent via email and telephone at her last known email address and telephone number.

3. Respondent did not file an Answer in this matter and has not responded in any way to the allegations set out in the Notice of Intended Action and Accusation ("Accusation") on file herein.

4. At the time of the events set forth herein, Respondent held an expired Nevada controlled substance registration, Certificate of Registration No. CS14237, issued by the Board.

5. Respondent failed to timely renew Certificate of Registration No. CS14237, which expired on October 31, 2018.

6. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

7. Board staff incurred at least Seven Hundred Fifteen Dollars and 87/100 Cents ($715.87) in attorney's fees and recoverable costs investigating and prosecuting this administrative action. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent held a controlled substance registration issued by the Board.

2. The applicable law in this matter is as follows:

A. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

B. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

C. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

D. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest

pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

E. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

F. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

G. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

H. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

3. Respondent failed to file a Notice of Defense to the Accusation, which constituted a waiver of the respondent's right to a hearing. NRS 639.244(2).

4. Board staff satisfied the notice and service requirements of NRS 233B.127(3), NRS 639.242, and NRS 639.245, and Respondent was given sufficient legal notice of the hearing.

5. Having failed to appear at the March 3, 2022, hearing, pursuant to NRS 622A.350, the Board accepted the following alleged violations of law contained in the Accusation against the Respondent as true, and found Respondent guilty of the following:

A. Count 1, for failing to timely renew Certificate of Registration CS14237. Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

B. Count 2, for prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

C. Count 3, for prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted, or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

D. Count 4, for prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

E. Count 5, for prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

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ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The certificate of registration of Respondent Marcia A. Clevesy, APRN, Certificate of Registration No. CS14237, is revoked pursuant to NRS 453.236(1)(e) and NRS 453.241(1)(b), or, alternatively, forfeited pursuant to NRS 639.180(6).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe, or dispense a controlled substance until she petitions the Board for reinstatement of her Certificate of Registration No. CS14237 pursuant to NRS 622A.410 and NRS 639.257.

3. Pursuant to NRS 622A.410(1), Respondent may not petition for reinstatement of her Certificate of Registration No. CS14237 for a period of one (1) year from the effective date of this Order.

4. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, the facts and circumstances underlying this matter.

5. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

6. Pursuant to NRS 622.400, Respondent shall pay Seven Hundred Fifteen Dollars and 87/100 Cents ($715.87) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received

by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

7. This Order constitutes a final decision in a contested case and a public record pursuant to NRS 639.255(5) and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

8. This Order is effective immediately.

IT IS SO ORDERED.

Entered this 3rd day of March 2022.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of March 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Marcia A Clevesy
1950 Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

January 27, 2022

VIA CERTIFIED U.S. MAIL
Marcia A. Clevesy, APRN
1950 Pinto Lane
Las Vegas, Nevada 89106

CEASE AND DESIST ORDER: Case No. 21-214-CS-S

Controlled Substance Registration CS 14237 – Expired 10/31/2018

Marcia A. Clevesy:

The Nevada State Board of Pharmacy ("Board") has determined that you wrote and/or authorized controlled substance prescriptions for Nevada patients after the expiration of your controlled substance registration.

This constitutes a violation of federal and state law, including, without limitation, NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1)(e), NRS 629.515, NRS 639.100(1), NRS 639.235(1), NRS 639.281(1), NRS 639.2813(1), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and 21 CFR § 1306.03. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST prescribing controlled substances for Nevada patients until you hold the requisite controlled substance registration.

Please be aware that the forgoing cease and desist order does not preclude further investigation or the filing of administrative or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

FILED
JAN 21 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARCIA A. CLEVESY, APRN,** **Certificate of Registration No. CS14237,** **Respondent.**	**Case No. 21-214-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Marcia A. Clevesy, APRN ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS14237, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS14237, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS14237, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARCIA A. CLEVESY, APRN** **Certificate of Registration No. CS14237,** **Respondent.**	**CASE NO. 21-214-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, March 2, 2022, at 9:00 AM PST or soon thereafter. Pursuant to NRS 241.023(1)(c) you may appear live via Zoom remotely or at the following location:**

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 21st day of January, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MARCIA A. CLEVESY, APRN** **Certificate of Registration No. CS14237,** **Respondent.**	**CASE NO. 21-214-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MARCIA A. CLEVESY, APRN

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28 day of January, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Marcia Clevesy
1950 Pinto Ln
Las Vegas, NV 89106

Darlene Nases

DARLENE NASES

8

8A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: **FAMILY MEDICAL PHARMACY, LLC.**

Physical Address: **1825 CIVIC CENTER DR.**

City: **NORTH LAS VEGAS** State: **NV** Zip: **89030**

Mailing Address (if different from physical address): **(SAME AS PHYSICAL ADDRESS)**

City: _____ State: _____ Zip: _____

Telephone: **312-545-3805** Toll Free # (NAC 639.708, NRS 639.23286): **702-482-8382**

Fax: **702-642-8903** Contact Email: **FAMILYMEDICALPHARMACYLV@GMAIL.COM**

Website: _____

Nevada Business License # (if applicable) **NV20232673328**

Supervising/Managing Pharmacist Name (NRS 639.220): **KARL S. VILLALUZ**

Supervising/Managing Pharmacist NV Pharmacist Registration #: **23374**

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: KARL S. VILLALUZ	NV Pharmacist Registration #: 23374
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: KARL S. VILLALUZ	Credentials: PHARMACIST	%: 100
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: KARL S. VILLALUZ

Business Name: FAMILY MEDICAL PHARMACY, LLC.

Business Address: 1825 CIVIC CENTER DR.

City: NORTH LAS VEGAS State: NV Zip: 89030

Telephone: 312-545-3805 Email: FAMILYMEDICALPHARMACYLV@GMAIL.COM

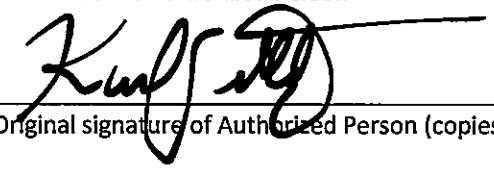
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER/MANAGING PHARMACIST (title) for FAMILY MEDICAL PHARMACY, LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

KARL S. VILLALUZ, PharmD, RPh

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

02/08/2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, KARL S. VILLALUZ, PharmD, RPh hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER/MANAGING PHARMACIST (title) for FAMILY MEDICAL PHARMACY, LLC. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 8th day of February, 2023

Notary Public

NOEMY GUADALUPE CABRERA
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 22-7189-01
MY APPT. EXPIRES JULY 12, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: KARL S. VILLALUZ, PharmD, RPh Pharmacist Registration #: 23374

Pharmacy Name: FAMILY MEDICAL PHARMACY, LLC.

Initial each statement below to indicate you have read and agree with the following:

KV I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

KV I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

KV I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

KV I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

KV I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original Signature of Managing Pharmacist (copies or stamps not accepted) Date: 02/08/2023

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARL S. VILLALUZ, PharmD, RPh

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

02/08/2023

Date

Board Use Only	Date Received: 2-13-23	Amount: 500.00 CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler FAMILY MEDICAL PHARMACY, LLC.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 1825 CIVIC CENTER DR.

City NORTH LAS VEGAS State NV Zip 89030

Mailing Address (if different from physical address) (SAME AS PHYSICAL ADDRESS)

City _____ State _____ Zip _____

Telephone 312-545-3805 Website _____

Licensing Company Email FAMILYMEDICALPHARMACYLV@GMAIL.COM

Section 2: Personal Information

First KARL Middle STEPHEN Last VILLALUZ

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] FAWN GROVE DR.

City LAS VEGAS State NV Zip 89147

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
SIERRA VISTA HIGH SCHOOL			08/2001-05/2005	
Address		City	State	Zip
8100 W. ROBINDALE DR.		LAS VEGAS	NV	89113
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA LAS VEGAS			08/2005-05/2006	
Address		City	State	Zip
4505 S MARYLAND PKWY		LAS VEGAS	NV	89154
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
NEVADA STATE COLLEGE			08/2006-05/2009	
Address		City	State	Zip
1300 NEVADA STATE DR.		HENDERSON	NV	89002
Diploma/Degree obtained, if any				
ASSOCIATE'S DEGREE				
School Name			From - To (MM/YY – MM/YY)	
CHICAGO STATE UNIVERSITY COLLEGE OF PHARMACY			08/2018-05/2022	
Address		City	State	Zip
9501 S. KING DR.		CHICAGO	IL	60628
Diploma/Degree obtained, if any				
DOCTORATE IN PHARMACY (PharmD)				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/1990-01/2023	[redacted] FAWN GROVE DR.	LAS VEGAS	NV	89147
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NONE			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

KARL VILLALUZ

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/08/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, KARL VILLALUZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02/08/2023

Date

Subscribed and Sworn to before me this 8th day of February, 2023

Notary Public Signature

NOEMY GUADALUPE CABRERA
NOTARY PUBLIC
STATE OF NEVADA
APPT. NO. 22-7189-01
MY APPT. EXPIRES JULY 12, 2026

(Seal)

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Family Medical Pharmacy, LLC

Nevada Business Identification # NV20232673328
Expiration Date: 01/31/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/13/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301133310119
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Family Medical Pharmacy, LLC** did, on 01/13/2023, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/13/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202301133310117
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State

GABRIEL DI CHIARA
Chief Deputy

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

01/13/2023

Work Order Item Number: W2023011301673 - 2634084
Filing Number: 20232881373
Filing Type: Articles of Organization
Filing Date/Time: 01/13/2023 16:05:32 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E28813742023-1

Entity Name: Family Medical Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Represented Entity

1825 Civic Center Drive, North Las Vegas, NV 89030, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State

GABRIEL DI CHIARA
Chief Deputy

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
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North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

01/13/2023

Work Order Item Number: W2023011301673 - 2634085
Filing Number: 20232881375
Filing Type: Initial List
Filing Date/Time: 01/13/2023 16:05:32 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E28813742023-1

Entity Name: Family Medical Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Represented Entity

1825 Civic Center Drive, North Las Vegas, NV 89030, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number	5155
FVAguilar	E28813742023-1	
	Filing Number	
	20232881373	
Secretary of State	Filed On	
State Of Nevada	01/13/2023 16:05:32 PM	
	Number of Pages	
	2	

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Family Medical Pharmacy, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: **3b)** Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☑ Office or position with Entity (title and address below)

Owner/Managing Pharmacist
Name of Registered Agent **OR** Title of Office or Position with Entity

1825 Civic Center Drive	**North Las Vegas**	Nevada **89030**
Street Address	City	Zip Code
1825 Civic Center Drive	**North Las Vegas**	Nevada **89030**
Mailing Address (If different from street address)	City	Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X **Karl S. Villaluz** **01/12/2023**
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☑ Manager(s) **OR** ☐ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) **Erika Villaluz**
Name

1825 Civic Center Drive	**North Las Vegas**	**NV**	**89030**
Address	City	State	Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☑

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

Shannon McGowan	United States
Name	Country

5524 Oakwood Ridge St.	LAS VEGAS	NV	89130
Address	City	State	Zip/Postal Code

X **Shannon McGowan** (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Family Medical Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

Filed in the Office of FVAguilar Secretary of State State Of Nevada	Business Number **E28813742023-1**
	Filing Number **20232881375**
	Filed On **01/13/2023 16:05:32 PM**
	Number of Pages **2**

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGER:

Name	Country
Karl Villaluz	USA

Address	City	State	Zip/Postal Code
1825 Civic Center Drive	North Las Vegas	NV	89030

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Karl S. Villaluz	Member	01/12/2023
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*	Title	Date

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 01/04/2023
Amount:
License #: 23374

KARL S. VILLALUZ

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:01/04/2023
Expires:10/31/2023

KARL S. VILLALUZ

Trim ID Card to fit your wallet

License #
23374
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 23374
Effective Date:01/04/2023

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

KARL S. VILLALUZ

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

8B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☐ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-State	☒ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH 04395		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☒ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: First Choice Pharmacy

Physical Address: 7260 S. Cimarron Rd, Suite 115

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-444-4210 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 877-593-8345 Contact Email: apotheca@tranquilsbs.com

Website: _____

Nevada Business License # (if applicable) NV20212141719

Supervising/Managing Pharmacist Name (NRS 639.220): Nicole Sy

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20646

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicole Sy	NV Pharmacist Registration #: 20646
Name: Desiree Roth	NV Pharmacist Registration #: 18832
Name: Yen Nguyen	NV Pharmacist Registration #: 19699
Name: Nancy Le	NV Pharmacist Registration #: 18563
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Michael Cadger

Business Name: First Choice Pharmacy

Business Address: 7260 S. Cimarron Rd, Ste 115

City: Las Vegas State: NV Zip: 89113

Telephone: 702-444-4210 Email: apotheca@tranquilsbs.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the owner (title) for First Choice Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Cadger
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

1/25/2023
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding.

Affidavit for Pharmacy License

I, Michael Cadger hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner (title) for First Choice Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada County of Clark

SUBSCRIBED AND SWORN TO
Before me, a notary public this 25 day of January, 2023

Topanga Wurth
Notary Public

TOPANGA WURTH
Notary Public, State of Nevada
No. 21-3302-01
My Appt. Exp. Dec. 2, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicole Sy Pharmacist Registration #: 20646

Pharmacy Name: First choice Pharmacy

Initial each statement below to indicate you have read and agree with the following:

NKS — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NKS — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NKS — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NKS — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NKS — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		X

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

01/25/2023
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Cadger

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

1/25/2023

Date

Board Use Only	Date Received: 2.1.23	Amount: 500.00CC

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **First Choice Pharmacy LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/18/2021, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/25/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301253338048
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler First Choice Pharmacy

Pharmacy/Wholesaler License # (if applicable) PH04395

Physical Address 7260 S. Cimarron Rd, Suite 115, ~~Las Vegas~~

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email info@1stchoicepharma.com

Section 2: Personal Information

First Nicole Middle K. Last Sy

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Mia Skye St.

City Las Vegas State NV Zip 89148

Telephone [redacted] Email info@1stchoicepharma.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Roseman University of Health Sciences		From - To (MM/YY – MM/YY): 08/17 - 05/20	
Address: 11 Sunset Way	City: Henderson	State: NV	Zip: 89014
Diploma/Degree obtained, if any: Doctor of Pharmacy			
School Name: University of Nevada, Las Vegas		From - To (MM/YY – MM/YY): 08/13 - 05/17	
Address: 4505 S. Maryland Pkwy	City: Las Vegas	State: NV	Zip: 89154
Diploma/Degree obtained, if any: B.S. in Biological Sciences			
School Name: Ed W. Clark High School		From - To (MM/YY – MM/YY): 08/09 - 05/13	
Address: 4291 Pennwood Ave	City: Las Vegas	State: NV	Zip: 89102
Diploma/Degree obtained, if any: Advanced Honors Diploma			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/20 - 01/23	[redacted] Mia Skye St.	Las Vegas	NV	89148
10/15 - 02/20	[redacted] Italcon Ave.	Las Vegas	NV	89148
12/04 - 10/15	[redacted] Milford Pond Pl.	Las Vegas	NV	89147

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
First Choice Pharmacy			11/22 - 01/23
Business Address	**City**	**State**	**Zip**
7260 S. Cimarron Rd, Suite 115	Las Vegas	NV	89113
Phone	**Title**	**Number of Employed Hours**	
702-444-4210	Pharmacist In Charge	360	
Description of Duties			
Enter Rx, Dispense Rx, verify Rx, Fill Rx, counsel			

Business Name			From - To (MM/YY – MM/YY)
ASP Cares			07/22 - 11/22
Business Address	**City**	**State**	**Zip**
4040 N. Martin Luther King Blvd, Suite B	North Las Vegas	NV	89032
Phone	**Title**	**Number of Employed Hours**	
702-625-6624	Pharmacist In Charge	720	
Description of Duties			
Enter Rx, Dispense Rx, verify Rx, Fill Rx, counsel			

Business Name			From - To (MM/YY – MM/YY)
ASP Cares			03/22 - 07/22
Business Address	**City**	**State**	**Zip**
501 S. Rancho Dr, Suite G46	Las Vegas	NV	89106
Phone	**Title**	**Number of Employed Hours**	
702-912-4844	Staff Pharmacist	560	
Description of Duties			
Enter Rx, Dispense Rx, verify Rx, counsel			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			12/20 - 03/22
Business Address	**City**	**State**	**Zip**
2011 E. Lake Mead Blvd	North Las Vegas	NV	89030
Phone	**Title**	**Number of Employed Hours**	
702-649-1991	Floater Staff Pharmacist	2800	
Description of Duties			
Enter Rx, Dispense Rx, counsel, immunizations, check DURs, verify Rx			

Business Name			From - To (MM/YY – MM/YY)
Walgreens			12/17 - 05/20
Business Address	**City**	**State**	**Zip**
6485 S. Fort Apache Rd	Las Vegas	NV	89148
Phone	**Title**	**Number of Employed Hours**	
702-262-1247	Intern Pharmacist	1616	
Description of Duties			
Enter Rx, Fill Rx, counsel, immunizations			

Continue on next page if additional space is needed.

6056 Total

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/26/23
Date

I, Nicole Sy, **certify that as the designated representative for**

First Choice Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. NKS I am at least 21 years of age;
3. NKS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NKS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NKS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NKS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NKS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicole, Sy
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/26/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole, Sy
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27 NKS
01/26/23
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Nicole Sy, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/27/23
Date

Subscribed and Sworn to before me this 27th day of January 2023.

Notary Public Signature

WENDY SCHEH
Notary Public, State of Nevada
No. 11-5218-1
My Appt. Exp. June 24, 2023

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler First Choice Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable) PH04395

Physical Address 7260 S. Cimmaron rd suite 115

City Las Vegas State NV Zip 89113

Mailing Address (if different from physical address)

City Las Vegas State NV Zip 89113

Telephone 702-494-4210 Website www.firstchoicepharmacy.us

Licensing Company Email info@1stchoicepharma.com

Section 2: Personal Information

First Michael Middle Christopher Last Cedger

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Echelon point drive unit [redacted]

City Las Vegas State NV Zip 89149

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	N/A	✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Foothill High school		10/06 - 08/08	
Address	City	State	Zip
800 College Dr.	Henderson	NV	89002
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/20 - Current	[redacted] Echelon Point drive Unit [redacted]	Las Vegas	NV	89149
From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/18 - 03/20	[redacted] W. Dorrell lane unit [redacted]	Las Vegas	NV	89166
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/15 - 09/18	[redacted] Bristle Falls St	Las Vegas	NV	89149
From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/12 - 06/15	[redacted] Thistle ridge st	Las Vegas	NV	89166
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Costco wholesale				From - To (MM/YY – MM/YY): 02/20 - 12/22
Business Address: 6555 N. Decatur blvd	City: Las Vegas		State: NV	Zip: 89131
Phone: 702-415-2300	Title: Loss Prevention specialist			
Description of Duties: Investigation of external theft and internal theft. Apprehension of shoplifters.				

Business Name: Kohls				From - To (MM/YY – MM/YY): 08/18 - 02-20
Business Address: 8671 W. Charleston blvd	City: Las Vegas		State: NV	Zip: 89117
Phone: 702-387-3191	Title: Loss Prevention Supervisor			
Description of Duties: Management of loss prevention team. Audits of operations and cash shortages. Investigations of internal and external theft.				

Business Name: Harrahs Casino				From - To (MM/YY – MM/YY): 12/15 - 06/18
Business Address: 3475 S. Las Vegas blvd	City: Las Vegas		State: NV	Zip: 89109
Phone: 877-788-8343	Title: Kitchen runner			
Description of Duties: Prepping food, handling of kitchen and fridges. ~~Maintaining~~ Inventory, assisting chefs as needed for kitchen duties.				

Business Name: Kmart Sears Holding				From - To (MM/YY – MM/YY): 03/12 - 01/14
Business Address: 2975 E. Sahara ave	City: Las Vegas		State: NV	Zip: 89104
Phone: 800-697-3277	Title: Loss Prevention Supervisor			
Description of Duties: Investigation of external and internal theft. Apprehension of shoplifters.				

Business Name				From - To (MM/YY – MM/YY)
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01/26/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Cadger

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/27/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Michael Cadger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

01/27/2023

Date

Subscribed and Sworn to before me this 27TH day of January 2023

Notary Public Signature

ARAM OVAKIMIAN
Notary Public State of Nevada
County of Clark
APPT NO 04-86932
My App Expires Feb. 26, 2023

(Seal)

8C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada	☒ New Pharmacy	☒ Retail/Community	☒ Retail/Community
☐ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☐ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☐ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Amend 10/11/22

Pharmacy Name: ~~PHARMA BUDDIES LLC~~ PHARMA BUDDIES LLC

Physical Address: 2435 Five Mesa Street Suite 110

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 248-631-6612 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: NAGESH@ROSEMONTSPECIALTYRX.COM

Website: _____

Nevada Business License # (if applicable) NV20222622755

Supervising/Managing Pharmacist Name (NRS 639.220): SOWJANYA SHAKHAMOORI

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22107

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Sowjanya Shakhamoori	NV Pharmacist Registration #: 22107
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

NA

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NEVADA

Parent Company (if any): ROSEMONT SPECIALTY PHARMACY

Corporation Name: PHARMA BUDDIES LLC

Mailing Address: 2435 Fire mesa street, Suite 110

City: LAS Vegas State: NV Zip: 89128

Telephone: 248-631-6612 Email: NAGESH @ Rosemont specialty rx.com

Contact Person Name: NAGESH SHAKHAMOORI

Date of SEC Registration: 11/09/2022	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Pharma Budies LLC

Mailing Address: 2435, Fire Mesa Street, Suite 110

City: lasvegas State: NV Zip: 89128

Telephone: 248-631-6612 Email: nagesh@Rosemontspecialtyrx.com

Contact Person Name: Nagesh Shakhamoori

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

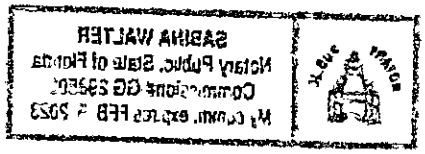
Statement of Responsibility

1. I am the president (title) for Pharma Buddies llc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

NAGESH SHAKHAMOORI
Print Name of Authorized Person

S. nagesh
Original signature of Authorized Person (copies or stamps not accepted)

11/12/2022
Date



Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, NAGESH SHAKHAMOORI hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the president (title) for Pharma buddies llc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

S. nagesh

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16 day of November, 20 22

Notary Public

SABINA WALTER
Notary Public, State of Florida
Commission# GG 298503
My comm. expires FEB. 5, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: SOWJANYA SHAKHAMOORY Pharmacist Registration #: 22107

Pharmacy Name: ROSEMONT SPECIALTY PHARMACY

Initial each statement below to indicate you have read and agree with the following:

✓ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

✓ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

✓ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

✓ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

✓ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sowjanya.S
Original signature of Managing Pharmacist (copies or stamps not accepted)

11/12/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

NAGESH SHAKHAMOORI

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

S. Nagesh

Original signature of Authorized Person (copies or stamps not accepted)

11/12/2022

Date

Board Use Only	Date Received: 11-21-22	Amount: 500.00 CC ✓

List of partners for Pharma Budies LLC

Nagesh Shakhamoori	80%
Siva Kondapalli	20%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharma Budles LLC

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2435 Fire Mesa Street suite110

City Las Vegas State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Sowjanya Middle _____ Last Shakhamoori

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Bellaria Cir

City Windermere State FL Zip 34786

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2023 to present	[redacted] Sage ave	Las vagas	NV	89138
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/2013 TO 01/2023	[redacted] Bellaria cir	Windermere	FL	34786
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2008 to 11/2013	[redacted] Church Hill Lane	Sagianaw	MI	48603
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
NET Collage of Pharmacy			06/1995-08/1999	
Address	**City**		**State**	**Zip**
Navodaya Nagar, Raichur, Karnataka 584101,				
Diploma/Degree obtained, if any				
Bachelor of Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
Government Degree College Bodhan			06/1992 -03/1995	
Address	**City**		**State**	**Zip**
Rakasipet, Pandu Tarfa (Bodhan Urban), Telangana 503185, In				
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Government Junior College			06/1990 - 03/1992	
Address	**City**		**State**	**Zip**
Rakasipet, Pandu Tarfa (Bodhan Urban), Telangana 503185, In				
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
government high school srinagar nizamabad			04/1980-03/1990	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13-present	[redacted] Bellaria cir	Windermere	FL	34786
06/08 to11/13	[redacted] Chruch Hill Lane	Saginaw	MI	48603

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Rosemont Specialty Pharmacy			04/15 to present
Business Address	**City**	**State**	**Zip**
5860 N Orange Blossom Trail	Oralndo	FL	32810
Phone	**Title**	**Number of Employed Hours**	
407-822-1121	Pharmacist in Charge	9850	
Description of Duties			
Resposible for leading all activities of Rosemont Specialty Pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: Rosemont Specialty Pharmacy			From - To (MM/YY – MM/YY): 04/15 to present
Business Address: 5860 N Orange Blossom Trail	City: Oralndo	State: FL	Zip: 32810
Phone: 407-822-1121	Title: Pharmacist in Charge		Number of Employed Hours: 9850
Description of Duties: Resposible for leading all activities of Rosemont Specialty Pharmacy			
Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			
Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			
Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			
Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		Number of Employed Hours:
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Sowjanya Shakhamoori, **certify that as the designated representative for**

Pharma buddies LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. SS I am at least 21 years of age;
3. SS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sowjanya Shakhamoori

Print Name (First, Last)

Sowjanya Shakhamoori

Original Signature (electronic, copies or stamps not accepted)

12/08/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sowjanya Shakhamoori
Print Name (First, Last)

Sowjanya Shakhamoori — 12/8/2022
Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, Sowjanya Shakhamoori, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sowjanya Shakhamoori — 12/8/2022
Original Signature — **Date**

Subscribed and Sworn to before me this 8 day of December 2022

S. Suresh
Notary Public Signature (SURESH B. MEKAPATI)

SURESH B. MEKAPATI
MY COMMISSION # HH 203197
EXPIRES: February 1, 2026
Bonded Thru Notary Public Underwriters

(Seal)

Commission # HH203197
Expires February 1, 2026

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Pharma Budies LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): _____

Physical Address: 2435 Fire Mesa Street suites 110

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Licensing Company Email: _____

Section 2: Personal Information

First: Nagesh Middle: _____ Last: Shakhamoori

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Bellaria cir

City: Windermere State: FL Zip: 34786

Telephone: [redacted] Email: nagesh@rosemontspecialtyrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
V.L.College of Pharmacy RAICHUR College in Raichur, India			06/94- 08/99	
Address	**City**		**State**	**Zip**
Jawahar Nagar, Raichur, Karnataka 584103, India				
Diploma/Degree obtained, if any				
Bachelors in Pharmacy				
School Name			**From - To (MM/YY – MM/YY)**	
Madhu Malancha Junior and Degree College			06/1990- 03/1993	
Address	**City**		**State**	**Zip**
Bellal Road, Bellal, Telangana 503185, India				
Diploma/Degree obtained, if any				
under grad				
School Name			**From - To (MM/YY – MM/YY)**	
Bharathi Vidyaniketan School			04/1980-03/1990	
Address	**City**		**State**	**Zip**
Nizamabad, Telangana 503001, India				
Diploma/Degree obtained, if any				
High School				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				
School Name			**From - To (MM/YY – MM/YY)**	
Address	**City**		**State**	**Zip**
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13 to present	[redacted]Bellaria cir	Windermere	FI	34786
06/08 to 11/13	[redacted]church hill lane	Saginaw	MI	48603
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7- Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Rosemont Specialty Pharmacy			07/13 to Present
Business Address	**City**	**State**	**Zip**
5860 N Orange Blossom Trail	Orlando	FL	32810
Phone	**Title**		
407-822-1121	CEO/OWNER		

Description of Duties

is responsible for leading and directing all activities of Rosemont Specialty Pharmacy

Business Name			From - To (MM/YY – MM/YY)
SRI SAI PC DBA MEDWINS PHARMACY			06/09-06/13
Business Address	**City**	**State**	**Zip**
101 S Washington Ave	Saginaw	MI	48607
Phone	**Title**		

Description of Duties

responsible for leading and directing all pharmacy activities of Pharmacy .sets strategies for future business growth, directs the management team of the pharmacy, and ensures the financial stability of the pharmacy. Acts in charge of oper

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nagesh Shakhamoori

Print Name (First, Last)

S. Nagesh.

Original Signature (electronic, copies or stamps not accepted)

12/08/2022.

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Orange

I, NAGESH SHAKHAMOORI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

S Nagesh.

Original Signature

12/08/2022

Date

Subscribed and Sworn to before me this 8 day of December 2022

S. Mekapati

Notary Public Signature (SURESH B. MEKAPATI)

SURESH B. MEKAPATI
MY COMMISSION # HH 203197
EXPIRES: February 1, 2026
Bonded Thru Notary Public Underwriters

Commission # HH203197
Expires: February 1, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler PHARMA BUDIES LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 2435 FIRE MESA STREET ,SUITE 110

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First SIVA RAMA KRISHNA Middle _____ Last KONDAPALLI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] REDBRICK RUN

City SANFORD State FL Zip 32771

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
VL COLLEGE OF PHARMACY		08/95 TO 08/99	
Address	**City**	**State**	**Zip**
MANIK PRABHU TEMPLE RD	RAICHUR	KARNATAKA	584103
Diploma/Degree obtained, if any			
PHARMACY DEGREE			

School Name		From - To (MM/YY – MM/YY)	
KORA RESIDENTIAL COLLEGE		05/92 TO 05/94	
Address	**City**	**State**	**Zip**
24 SARASWATHI NAGAR	NELLORE	AP	524001
Diploma/Degree obtained, if any			
INTERMEDIATE DEGREE			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16– 12/22	[redacted] REDBRICK RUN	SANFORD	FL	32771
01/07- 05/16	[redacted] CARING CT	MAITLAND	FL	32751

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TIRUMALA PHARMACY INC			11/11-12/22
Business Address	**City**	**State**	**Zip**
4106 W LAKEMARY BLVD #130	LAKEMARY	FL	32746
Phone	**Title**		
407-878-7615	PHARMACY MANAGER / OWNER		
Description of Duties			
HANDLING ALL MEDICATIONS INVENTORY, CONTROL SUBSTANCES , DRUGS FILES ,MEDICATION DISPENSING,			

Business Name			From - To (MM/YY – MM/YY)
MEDWINS PHARMACY LLC			05/15-12-22
Business Address	**City**	**State**	**Zip**
740 W MAIN STREET BLD 1 UNIT 5	HAINES CITY	FL	33844
Phone	**Title**		
863 419-7777	PARTNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
RXMART PHARMACY			07/14-12/22
Business Address	**City**	**State**	**Zip**
665 STATE RD 207 #101	ST.AUGUSTINE	FL	32084
Phone	**Title**		
904-342-2162	PARTNER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SIVA RAMA KRISHNA KONDAPALLI

Print Name (First, Last)

K. Signature

Original Signature (electronic, copies or stamps not accepted)

12/16/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Jamesville

I, Siva rama Krishna Kondapalli, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

K. Signature

Original Signature

12/16/2022

Date

Subscribed and Sworn ~~to~~ before me this 16 day of December 2022

Norma Pyn Ryan

Notary Public Signature

NORMA PYN RYAN
MY COMMISSION EXPIRES
JULY 31, 2024
HH 026247
Bonded thru
Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

(Seal)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PHARMA BUDIES LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/09/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/15/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202212153232939
You may verify this certificate online at http://www.nvsos.gov

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Nagesh Shakhamoori
2435 fire Mesa Street Suite 110
Las Vegas, NV 89128, USA

Work Order #: W2022121500221
December 15, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 643284

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20222816714	12/15/2022 8:20:15 AM	Approved	1	$50.00	$50.00
Total							$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6711212191056465603063	Success	$50.00
Total			$50.00

Credit Balance: $0.00

Nagesh Shakhamoori
2435 fire Mesa Street Suite 110
Las Vegas, NV 89128, USA

8D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Nevada ☐ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Independent pharmacy focusing primarily on vaccinating community members per written/signed protocol. Immunizations to occur off-site (e.g. SNF, work place) or via mobile vaccine vehicle.	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☒ Other: Vaccinations and Immunizations

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☒ Sunday	☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Vax Squad

Physical Address: 6370 W Flamingo Rd, Suite 14H

City: Las Vegas State: NV Zip: 89103

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: TBD Toll Free # (NAC 639.708, NRS 639.23286): TBD

Fax: TBD Contact Email: info.vaxsquad@gmail.com

Website: TBD

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Daniel Chiti

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17640

Phone, fax etc. will be provided to board once established.

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Karim Guirguis	NV Pharmacist Registration #: 17453
Name: Daniel Chiti	NV Pharmacist Registration #: 17640
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Vax Squad

Mailing Address: 4955 Kaibab Forest Ave

City: Las Vegas State: NV Zip: 89141

Telephone: (702) 321 - 4952 Email: dchiti@cox.net

Contact Person Name: Daniel Chiti

Please check type of partnership (NAC 639.214) ☑ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for Vax Squad (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Chiti

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

14 March 2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel Chiti hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager (title) for Vax Squad (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of March, 2023

Notary Public

HELEN M. BLOOD
Notary Public - State of Nevada
County of Clark
APPT. NO. 09-10387-1
My App. Expires June 5, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Daniel Chiti Pharmacist Registration #: 17640

Pharmacy Name: Vax Squad

Initial each statement below to indicate you have read and agree with the following:

DC I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

DC I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

DC I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

DC I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

DC I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

14 March 2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Chiti

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

14 March 2023

Date

Board Use Only	Date Received: 3.20.23	Amount: 500.00cc

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Vax Squad, Professional Limited Liability Company

Nevada Business Identification # NV20232732244
Expiration Date: 03/31/2024

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/31/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202303313516543
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Vax Squad

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 6370 W Flamingo Rd, Suite 14H

City: Las Vegas State: NV Zip: 89103

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: TBD Website: TBD

Licensing Company Email: info.vaxsquad@gmail.com

Section 2: Personal Information

First: Karim Middle: Morad Last: Guirguis

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted]December 1983 SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]Via Della Amore

City: Henderson State: NV Zip: 89052

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Southern Nevada College of Pharmacy (currently Roseman University)		09/05 - 05/08	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
UNLV		09/01 - 04/08	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Green Valley High School		09/97 - 06/01	
Address	**City**	**State**	**Zip**
460 N Arroyo Grande Blvd	Henderson	NV	89014
Diploma/Degree obtained, if any			
GED			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/19 - Current	[redacted] Via Della Amore	Henderson	NV	89052
01/10 - 05/19	[redacted] Echo Creek St.	Henderson	NV	89052
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Sunrise Hospital and Medical Center			03/16 - Current
Business Address	**City**	**State**	**Zip**
3186 S Maryland Pkwy	Las Vegas	NV	89109
Phone	**Title**		
(702) 961 - 7135	Clinical Pharmacist		

Description of Duties
Verify orders, consult with physicians and nurses, dose antibiotics/anticoag, write TPNs and oversee distribution functions.

Business Name			From - To (MM/YY – MM/YY)
Walgreens Pharmacy			08/12 - 10/15
Business Address	**City**	**State**	**Zip**
3186 S Maryland Pkwy	Las Vegas	NV	89109
Phone	**Title**		
N/A (location closed)	Pharmacy Manager		

Description of Duties
Pharmacy Manager of an on-site Walgreens Pharmacy. Filled prescriptions for patients being discharged from the hospital.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

/

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

27 March 2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Karim Guirguis

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

27 March 2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Karim Guirguis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

27 March 2023

Date

Subscribed and Sworn to before me this 27 day of March, 2023

Notary Public Signature

PAMELA L. GREENWOOD
Notary Public, State of Nevada
No. 22-9524-01
My Appt. Exp. Feb. 1, 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Vax Squad

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 6370 W Flamingo Rd Ste 14H

City: Las Vegas State: NV Zip: 89103

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: TBD Website: TBD

Licensing Company Email: info.vaxsquad@gmail.com

Section 2: Personal Information

First: Daniel Middle: Last: Chiti

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Kaibab Forest Ave

City: Las Vegas State: NV Zip: 89141

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Green Valley High School		08/97-05/01	
Address	**City**	**State**	**Zip**
460 N Arroyo Grande Blvd	Henderson	NV	89014
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
UNLV		08/01-05/06	
Address	**City**	**State**	**Zip**
4505 S Maryland Pkwy	Las Vegas	NV	89154
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Roseman University		08/06-05/09	
Address	**City**	**State**	**Zip**
11 Sunset Way	Henderson	NV	89014
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/10-Current	[redacted]Kaibab Forest Ave	Las Vegas	NV	89141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Sunrise Hospital			01/23 - Current	
Business Address		**City**	**State**	**Zip**
3186 S Maryland Pkwy		Las Vegas	NV	89109
Phone	**Title**			
702-961-5000	Advanced Clinical Pharmacist			
Description of Duties				
Medication Reconciliation for incoming patients, patient consultations				

Business Name			From - To (MM/YY – MM/YY)	
Walgreens			09/2004-01/23	
Business Address		**City**	**State**	**Zip**
10510 Southern Highlands Pkwy		Las Vegas, NV	NV	89141
Phone	**Title**			
702-260-1992	Pharmacist in Charge			
Description of Duties				
Verifying prescriptions, patient consultations, immunizations, ensuring team and pharmacy compliance with board and licensing requirements, preparing for annual board inspections, management responsibilities				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Chiti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/18/2023

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Daniel Chiti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-29-2023

Date

Subscribed and sworn to before me this 29 day of March 23

Notary Public Signature

JESSICA GONZALEZ
Notary Public - State of Nevada
County of Clark
APPT. NO. 22-1671-01
My App. Expires Feb. 3, 2026

(Seal)

8E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Nevada ☐ Out-of-State	■ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	■ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	■ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	☐ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: LV Infusion and Specialty, LLC DBA Vital CAre OF Summerlin

Physical Address: 2625 S Rainbow blvd, Suite B106

City: Las Vegas State: Nevada Zip: 89146

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (725) 525-9005 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (725)525-9006 Contact Email: ritesh2961@yahoo.com

Website: vitalcarevegas@gmail.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Tiffany Kim Degiovanni

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17589

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Tiffany Kim Degiovanni	NV Pharmacist Registration #: 17589
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any):

Corporation/Organization Name: LV Infusion And Specialty, LLC DBA Vital Care of Summerlin

Mailing Address: 474 Venticello dr

City: LAs Vegas State: Nevada Zip: 89138

Telephone: (702) 335-1846 Email: ritesh2961@yahoo.com

Contact Person Name: Ritesh Patel

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: NA

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

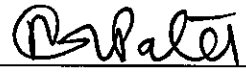
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Member (title) for Vital Care Of Summerlin (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Ritesh Patel

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

03-03-2023

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Ritesh Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member/ Owner (title) for Vital Care of Summerlin (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

R Patel
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 16th day of March, 2023

Brittany Harris
Notary Public

BRITTANY HARRIS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 08-26-23
Certificate No: 21-7448-01

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Tiffany Kim Degiovanni Pharmacist Registration #: 17589

Pharmacy Name: Vital Care of Summerlin

Initial each statement below to indicate you have read and agree with the following:

TD I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TD I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TD I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TD I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TD I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
	NV	2015	14-003-RPh

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

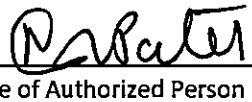
Tiffany DeGiovanni
Original signature of Managing Pharmacist (copies or stamps not accepted)

3/3/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ritesh Patel

Print Name of Authorized Person Submitting Application (if the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

03-03-2023

Date

Board Use Only	Date Received: _____	Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Vital Care Of Summerlin

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2625 S Rainbow Blvd, Suite # 106

City: Las Vegas State: Nevada Zip: 89146

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725-525-9005 Website:

Licensing Company Email: vitalcarevegas@gmail.com

Section 2: Personal Information

First: Tiffany Middle: Kim Last: Degiovanni

Alias(es, nicknames, name changes, etc.): Thao Kim Willick, Thao Kim Le

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Green Valley pkwy, #[redacted]

City: Henderson State: Nevada Zip: 89052

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Ferris State University			08/97 - 01/01	
Address	City		State	Zip
1201 S State st	Big Bapids		MI	49307
Diploma/Degree obtained, if any				
BS Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
San Jose State University			08/92 - 06/96	
Address	City		State	Zip
1 Washington Square	San Jose		CA	95192
Diploma/Degree obtained, if any				
BS Biology				
School Name			From - To (MM/YY – MM/YY)	
Evergreen Valley College			08/90 - 06/92	
Address	City		State	Zip
3095 Yerba Buena Rd	San Jose		CA	95135
Diploma/Degree obtained, if any				
AS Science				
School Name			From - To (MM/YY – MM/YY)	
Leland High School			08/86 - 06/90	
Address	City		State	Zip
6677 Camden Ave	San Jose		CA	95120
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - 03/23	[redacted]W Horizon Ridge Pkwy	Henderson	NV	89012
09/20 - 02/21	[redacted] S Stephanie St	Henderson	NV	89012
05/18 - 06/20	[redacted] S Virginia St	Reno	NV	89511
05/17 - 05/18	[redacted]Selmi Dr	Reno	NV	89512
05/12 - 05/17	[redacted]Gibson Dr	Rosville	CA	95678
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Southern Nevada Health District			12/20 - Current
Business Address	**City**	**State**	**Zip**
280 S Decatur Blvd	Las Vegas	NV	89107
Phone	**Title**	**Number of Employed Hours**	
702-759-1000	Pharmacist (Contract on the go with Rph)	20/week	
Description of Duties			
Dispense and Counsel on HIV drugs and contraceptives			

Business Name			From - To (MM/YY – MM/YY)
Plus One Pharmacy			10/22 - Current
Business Address	**City**	**State**	**Zip**
6545 S Fort Apache rd	Las Vegas	NV	89148
Phone	**Title**	**Number of Employed Hours**	
725-204-1527	Pharmacist	8+ (PRN)	
Description of Duties			
Dispense and counsel on prescriptions/OTC Medications			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			02/15 - 12/19
Business Address	**City**	**State**	**Zip**
5485 Sun Valley Blvd	Sun Valley	NV	89433
Phone	**Title**	**Number of Employed Hours**	
775-674-1544	Pharmacist	40/week(over 10000 hrs)	
Description of Duties			
Dispense and counsel on prescriptions/OTC Medications			

Business Name			From - To (MM/YY – MM/YY)
Walgreen Phasrmacy			07/09 - 01/13
Business Address	**City**	**State**	**Zip**
750 N Virginia st	Reno	NV	89501
Phone	**Title**	**Number of Employed Hours**	
775-337-8703	Pharmacist	40/wk (over 7000 hrs)	
Description of Duties			
Dispense and counsel on prescriptions/OTC Medications			

Business Name			From - To (MM/YY – MM/YY)
Kmart Pharmacy			07/04 - 06/09
Business Address	**City**	**State**	**Zip**
2095 Rawsonville rd	Belleville	MI	48111
Phone	**Title**	**Number of Employed Hours**	
734-487-5502	Pharmacy Manager (PIC)	40/wk (over 10000 hrs)	
Description of Duties			
In charge of the pharmacy, managing staff pharmacist and technicians. Dispense and counsel on prescriptions/OTC Medications			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid Pharmacy			01/02 - 06/04	
Business Address		**City**	**State**	**Zip**
1589		Haslett rd	MI	48840
Phone	**Title**		**Number of Employed Hours**	
517-339-5832	Pharmacy Manager		40/wk	
Description of Duties				
Managing Pharmacy and employees, patient consultation,Dispense and counsel on prescriptions/OTC Medications				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

I had a disciplinary action on my pharmacy license during the Nevada Board of Pharmacy meeting April 15, 2015. The Board presented evidence that I had incorrectly verified and dispensed guafacine 2mg to the wrong patient. I have received a letter of reprimand and paid the Board a fine for this error. See attachments

Tiffany DeGiovanni
Original Signature (electronic, copies or stamps not accepted)

4/26/2023
Date

I, Tiffany Degiovanni, **certify that as the designated representative for**

Vital Care Of Summerlin,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. TD I am at least 21 years of age;
3. TD I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TD I **will** be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TD I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TD I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TD I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Tiffany Degiovanni

Print Name (First, Last)

Tiffany DeGiovanni

Original Signature (electronic, copies or stamps not accepted)

4/26/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tiffany Degiovanni

Print Name (First, Last)

Tiffany DeGiovanni — 4/26/2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, Tiffany DeGiovanni, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Tiffany DeGiovanni — 4/26/2023

Original Signature — **Date**

Subscribed and Sworn to before me this 26TH day of APR 2023

Notary Public Signature

PARMINDER S SWATCH
Notary Public - State of Nevada
County of Clark
APPT. NO. 09-10983-1
My Appt. Expires: July 21, 2026

(Seal)

Attachments

Motion: Leo Basch moved to approve Dr. Richard Singer's Application for Controlled Substance Registration.

Cheryl Blomstrom offered a friendly amendment that Dr. Singer individually register for the Nevada Prescription Monitoring Program.

Leo Basch accepted the friendly amendment.

Second: Cheryl Blomstrom

Aye: Basch, Blomstrom, Pederson, Wentworth
Nay: Desmond

Action: Motion Carried

5. Discipline Cases

A.	Gregory N. Satroplus, R.Ph	(14-003-RPH-A-N)
B.	Joseph G. Yost, R.Ph	(14-003-RPH-B-N)
C.	Thao K. Willick, R.Ph	(14-003-RPH-C-N)
D.	Rite Aid Pharmacy #6121	(14-003-PH-N)

President Gandhi informed the Board that this case would be divided into three parts.

Board Staff requested the Board to withdraw the First Cause of Action against Mr. Satroplus. Mr. Edwards stated that after further examination and communication with Mr. Satroplus' counsel, Board Staff determined that there was no wrongdoing by Mr. Satroplus.

Joseph Yost, pharmacist, appeared and was sworn in by President Gandhi prior to answering questions or offering testimony.

Leslie Hart was present as counsel representing Mr. Yost.

Kirk Wentworth disclosed to the Board that he knows of Mr. Yost as they both practice pharmacy in Carson City. He stated it will not affect his ability to make any determinations in this case.

Mr. Edwards presented a Stipulation and Order regarding Mr. Yost for the Board's consideration. Mr. Yost agreed that evidence exists to establish a factual basis for the violations alleged in the Accusation. Mr. Yost filled and dispensed a patient's prescription with clonidine HCL 0.1 mg tablets, rather than clonazepam 1 mg tablets as prescribed. Mr. Yost filled and dispensed a patient's prescription with trazodone 50 mg tablets, rather than tramadol tablets as prescribed.

Mr. Yost shall receive a public letter of reprimand from the Board's Executive Secretary, pay a fine of $1,500.00, pay an administrative fee of $250.00, and complete two hours CE on the topic of error prevention and one hour CE on the elements of a valid prescription.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Stipulation and Order as presented.

Second: Kevin Desmond

Action: Passed Unanimously

Thao Willick, pharmacist, appeared and was sworn in by President Gandhi before answering questions or offering testimony.

Mr. Edwards presented a Stipulation and Order regarding Ms. Willick for the Board's consideration. Ms. Willick agreed that evidence exists to establish a factual basis for the violations alleged in the Accusation. Ms. Willick incorrectly verified and dispensed guanfacine 2 mg to the wrong patient.

Ms. Willick shall receive a public letter of reprimand from the Board's Executive Secretary, pay a fine of $500.00, pay an administrative fee of $250.00, and complete two hours CE on the topic of error prevention and one hour CE on the elements of a valid prescription.

Board Action:

Motion: Kevin Desmond moved to approve the Stipulation and Order as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Greg Satroplus, Pharmacy Manager, appeared and was sworn in by President Gandhi before answering questions or offering testimony. Mr. Satroplus was dismissed from the First Cause of Action and was present representing Rite Aid Pharmacy (Rite Aid).

Mike Dyer was present as counsel representing Rite Aid.

Mr. Edwards presented a Stipulation and Order regarding Rite Aid for the Board's consideration. He explained that the facts in the matter of Rite Aid are the same as the facts in Ms. Willick's and Mr. Yost's cases. Rite Aid agreed the violations alleged in the Accusation, excluding the First Cause of Action, constitute grounds for discipline whereby Rite Aid is statutorily responsible for the acts of its employees, Mr. Yost and Ms. Willick.

Rite Aid shall pay an administrative fee of $250.00 and pay a combined total fine of $1,500.00.

Mr. Edwards explained that Rite Aid no longer holds a contract with Douglas County Jail, therefore future fills of the patients' prescriptions will be handled at another pharmacy. He also stated Mr. Yost and Ms. Willick are no longer employed by Rite Aid and Mr. Satroplus

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	**CASE NOS. 14-003-RPH-A-N**
	14-003-RPH-B-N
Petitioner,	**14-003-RPH-C-N**
v.	**14-003-RPH-N**
GREGORY N. SATROPLUS, RPH **Certificate of Registration No. 13627,**	**STIPULATION AND ORDER** **(Respondent Thao K. Willick Only)**
JOSEPH G. YOST, RPH **Certificate of Registration No. 12838,**	
THAO K. WILLICK, RPH **Certificate of Registration No. 17589, and**	
RITE AID PHARMACY #6121 **Certificate of Registration No. PH01237,**	
Respondents. /	

NEVADA STATE BOARD OF PHARMACY
MAR - 4 2015
FILED

S. Paul Edwards, General Counsel for petitioner the Nevada State Board of Pharmacy (Board), and respondent Thao K. Willick, R.Ph., Certificate of Registration No. 17589 (Ms. Willick)

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over this matter.

2. The Board properly served a Notice of Intended Action and Accusation (Accusation) on Ms. Willick in connection with this action on or about October 23, 2014.

3. Ms. Willick is fully aware of her right to seek the advice of counsel in this matter, and either obtained the advice of counsel, or voluntarily waives her right to seek the advice of counsel, prior to entering into this Stipulation.

4. Ms. Willick is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that she failed to comply with the provisions of Paragraph 9 below, Ms. Willick hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.

6. Ms. Willick admits that evidence exists, which Board Counsel could present at a hearing, to establish a factual basis for the violations alleged in the Accusation.

7. Ms. Willick admits that the violations asserted in the Accusation, if proven, could constitute grounds for discipline against her pursuant to NRS 639.210(4), (11) and (12), and NRS 639.255.

8. The foregoing admissions are for the purposes of this proceeding only, and shall have no force or effect in any other case or proceeding before the Board.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent Ms. Willick stipulate to the following penalties. Ms. Willick shall:

a. Receive a public letter of reprimand from the Board's Executive Secretary;

b. Pay a fine of $500 in association with the fourth cause of action stated in the Accusation;

c. Pay an administrative fee of $250.00 in connection with the Board's costs and expenses associated with this action;

d. Complete two (2) hours of continuing education on the topics of error prevention (1 hour) and the elements of valid prescriptions (1 hour), in addition to the hours required for the maintenance of her pharmacy license.

10. Board Counsel will present this stipulation to the Board Members for approval at the Board's regularly scheduled meeting on Wednesday, March 4, 2015 in Reno, NV. Ms. Willick will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent and/or her counsel are not present at the meeting.

11. Respondent shall pay the fine agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 60 days of the effective date of the Board's Order.

12. Respondent shall pay the administrative fee agreed to herein by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within 60 days of the effective date of the Board's Order.

13. Subject to applicable due process rights, any failure by Respondent Ms. Willick to satisfy the obligations stated herein may result in additional discipline, up to and including suspension or revocation of her license, until all terms have been complied with.

14. The Board and Ms. Willick, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown, that might otherwise have existed on or before the effective date of the Board's Order in this matter.

Respondent Ms. Willick has fully considered the charges and allegations contained in the Notice of Intended Action and Accusation in this matter, and the terms of this Stipulation. I hereby freely and voluntarily agree to the terms set forth herein, and waive certain rights, as stated herein.

Signed this 25 day of February, 2015

Thao K. Willick, Pharm.D.
Certificate of Registration No. 17589

Agreed:

Signed this 3rd day of ~~February~~ March, 2015

S. Paul Edwards, Esq.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing stipulation as its decision as to Respondent Thao K. Willick, Certificate of Registration No. 17589. in Case Nos. 14-003-RPH-C-N, and hereby orders that the terms of the foregoing stipulation be made effective immediately. This decision and order shall be effective upon execution.

3/4/2015
DATED

Kamlesh Gandhi, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. GREGORY N. SATROPLUS, RPH Certificate of Registration No. 13627, JOSEPH G. YOST, RPH Certificate of Registration No. 12838, THAO K. WILLICK, RPH Certificate of Registration No. 17589, and RITE AID PHARMACY #6121 Certificate of Registration No. PH01237, Respondents.	CASE NO. 14-003-RPH-A-N CASE NO. 14-003-RPH-B-N CASE NO. 14-003-RPH-C-N CASE NO. 14-003-RPH-N NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Gregory N. Satroplus (Mr. Satroplus), Certificate of Registration No. 13627; Respondent Joseph G. Yost (Mr. Yost), Certificate of Registration No. 12838; and Respondent Thao K. Willick (Mr. Willick), Certificate of Registration No. 17589, were pharmacists registered with the Board, and Respondent Rite Aid Pharmacy #6121 (Rite Aid), Certificate of Registration No. PH01237, was a pharmacy registered with the Board.

NEVADA STATE BOARD OF PHARMACY
OCT 23 2014
FILED

II.

On or about January 9, 2014, the Board Office received a complaint from Sgt. Amy Savage of the Douglas County Sheriff's Office alleging that Rite Aid misfilled a number of prescriptions for inmates of the Douglas County Jail. Two of those errors are as follows:

1. PRESCRIPTION NO. 670663 - CLONAZEPAM 1 MG. TABLETS[1]

III.

On October 31, 2013, Dr. David Johnson saw patient A.S-F., an inmate at the Douglas County Jail. Dr. Johnson prescribed #14 clonazepam 1 mg. tablets with instructions to take 1 tablet by mouth twice a day.

IV.

Jail Nurse Pat Brown called the prescription into Rite Aid.

V.

Respondent Mr. Satroplus transcribed the telephone order from Nurse Brown by writing "Refill #0668962 OK 1x Pat." He did not write the drug name, strength, dosage or the prescriber's instructions.

VI.

The prescription number (0668962) that Mr. Satroplus wrote down as a "refill" request referred to a previous prescription for A.S-F, which Rite Aid filled on October 24, 2013. That prescription was for #14 clonazepam 1 mg. tablets with instructions to take 1 tablet by mouth twice a day. That prescription had no authorized refills.

VII.

On November 7, 2013, during a routine audit of A.S-F.'s medications, Nurse Brown discovered that Rite Aid had dispensed *clonidine* HCL 0.1 mg. tablets, rather than the *clonazepam* 1 mg. tablets the doctor prescribed. Nurse Brown discontinued administration of the incorrect medication, reported the error to Rite Aid and ordered the correct medication.

[1] Reference Investigation Case Nos. 14-003-RPH-A-N and 14-003-RPH-B-N.

VIII.

A.S-F. ingested thirteen (13) doses of the incorrect medication over a six (6) day period. He reported no adverse effects.

IX.

Pharmaceutical technician Vicki Gennarini initiated the data entry of A.S-F.'s misfilled medication into Rite Aid's pharmacy computer system. She assigned Nurse Brown's order a new prescription number (670663), and she entered the incorrect drug name (clonidine HCL 0.1 mg. tablet). Ms. Gennarini then staged the stock bottle of medication, the filled and labeled prescription bottle, label sets and the original hard-copy of the oral order for pharmacist verification.

X.

Managing pharmacist Joseph Yost performed the final verification of A.S-F.'s medication. He failed to detect that the computer screen data was inaccurate when he verified the final product.

XI.

Because the hard-copy of the oral order only referenced the previous prescription number from the October 24, 2013 fill, and no other drug information, Mr. Yost speculates that he may have relied on the computer screen data to perform the verification.

2. **PRESCRIPTION NO. 0672060 - TRAZODONE 50 MG. TABLETS**[2]

XII.

On November 5, 2013, Dr. David Johnson saw patient A.R-O., an inmate at the Douglas County Jail, and subsequently prescribed #30 tramadol 50 mg. tablets with instructions to take 1 tablet by mouth at bedtime.

[2] Reference Investigation Case No. 14-006-RPH-N.

XIII.

Jail Nurse Sherry Dixon called the prescription into Rite Aid. Managing pharmacist Joseph Yost (Mr. Yost) transcribed the prescription that afternoon.

XIV.

On the evening of November 8, 2013, while distributing medications to the inmates, Douglas County Deputy Dickens asked A.R-O. why he was started on trazodone. A.R-O. replied, "I don't know, but when I woke up this morning, I was really dizzy and I fell." Deputy Dickens subsequently reviewed A.R-O.'s medication chart and discovered that neither Dr. Johnson, nor any other medical staff, ordered a trazodone prescription for A.R-O.

XV.

The error occurred when Nurse Dixon telephoned A.R-O.'s prescription for *tramadol* into Rite Aid, but Respondent Mr. Yost wrote the drug name as *trazodone*. Mr. Yost then wrote the name and the date of birth of another inmate, A.S-F., at the bottom of A.R-O.'s phoned in prescription.

XVI.

In an interview during the Board's investigation, Mr. Yost speculated that after crossing out A.S-F.'s name and date of birth on A.R-O.'s prescription, he noticed the error—he wrote *trazodone*, rather than *tramadol*—and decided to write a new prescription. Mr. Yost correctly filled and dispensed A.R-O.'s new prescription for tramadol (No. 0671800) later that evening. Mr. Yost did not dispose of the original transcription for the incorrect medication, trazodone.

XVII.

On November 6, 2013, the initial prescription that Mr. Yost transcribed in error for inmate A.R-O. made its way to the data entry terminal. Pharmaceutical technician Melissa Jaquish completed the data entry (Prescription No. 0672060) and sent the prescription to the filling queue. After the filling process, Ms. Jaquish staged the stock bottle, filled and labeled prescription bottle, label sets and original hard-copy of the oral order for pharmacist verification.

XVIII.

Mr. Yost performed the final verification of prescription 0672060. He verified the trazodone prescription as accurate and complete. During verification, Mr. Yost failed to recognize that the hard-copy oral order was the erred trazodone oral order that he mistakenly transcribed the previous day.

XIX.

After experiencing the errors cited above in November and December 2013, Rite Aid managing pharmacist Respondent Joseph Yost and members of the Douglas County Jail medical staff met to discuss methods to avoid future errors. The group discussed the difficulties in transcribing multiple oral orders received at the same time.

XX.

As a result of their discussion, Rite Aid and the jail personnel determined that jail personnel would create and fax an "Inmate Medication Call In/Pick-Up List" to the pharmacy, instead of calling in multiple prescriptions. The list would include the inmates' names and the drugs prescribed. It would serve as a "master prescription" for all of the inmates listed. The "master prescription", however, did not meet federal and state requirements for a valid prescription.

XXI.

Filling errors occurred at Rite Aid after it implemented the "master prescription" program described above, including:

3. **PRESCRIPTION NO. 0681511 - GUANFACINE 2 MG. TABLETS**[3]

XXII.

On December 26, 2013, Douglas County Jail Nurse Pat Brown faxed an Inmate Medication Call In/Pick-Up List to Rite Aid Pharmacy #6121 (Rite Aid). The list included nine prescriptions for seven inmates.

[3] Reference Investigation Case No. 14-007-RPH-N.

XXIII.

At approximately 6:00 p.m. that evening, Deputy Mark Dickens picked up the inmate's prescriptions from Rite Aid and delivered them to the Douglas County Jail.

XXIV.

Later that evening, inmate A.L. ingested one guanfacine 2 mg. tablet given to him by jail personnel. A routine medication audit the next evening revealed that medical staff did not order a prescription of guanfacine for A.L.

XXV.

A.L. ingested one dose of the guanfacine, but reported no adverse effects.

XXVI.

Pharmaceutical technician Rosemary McQuigg initiated the data entry for all of the inmates listed on the December 26, 2013, Inmate Medication Call In/Pick-Up List.

XXVII.

During data entry for inmate B.S.'s guanfacine prescription, Ms. McQuigg inadvertently brought up prescription data for inmate A.L. A.L. was not one of the patients listed on the current Medication Call In/Pick-Up List to receive a prescription.

XXIII.

Ms. McQuigg subsequently applied B.S.'s guanfacine prescription information to patient A.L. She filled the prescription and staged the final product and label sets for pharmacist verification.

XXIX.

Respondent Mr. Willick performed the final verification of the prescription. During the verification process, he failed to detect that B.S.'s prescription for guanfacine had inadvertently been dispensed to A.L.

XXX.

During the investigation of these matters, the Board Investigator learned that the Rite Aid pharmacy computer system does not capture the identity of the filling pharmaceutical technician, and the pharmacy no longer maintains a paper refill log with handwritten initials.

FIRST CAUSE OF ACTION
(Respondent Greg Satroplus)

XXXI.

In failing to accurately transcribe an oral order for A.S-F.—by failing to include the drug name, strength, quantity, and directions for use—Respondent Gregory Satroplus violated Nevada Revised Statutes (NRS) 639.2353(2), (3) and/or (4), and Nevada Administrative Code (NAC) 639.945(1)(d), (e) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Joseph Yost)

XXXII.

In failing to strictly follow the instructions of A.S-F.'s prescriber by verifying and dispensing *clonidine* HCL 0.1 mg. tablets, rather than the *clonazepam* 1 mg. tablets that A.S-F.s physician prescribed, Respondent Joseph Yost violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action under NRS 639.210(4), (11) and/or (12), and/or NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Joseph Yost)

XXXIII.

In failing to strictly follow the instructions of A.R-O.'s prescriber by verifying and dispensing an invalid prescription, namely, #30 *trazodone* 50 mg. tablets, rather than the *tramadol* A.R-O's physician prescribed, Respondent Joseph Yost violated NAC 639.945(1)(d) and (i), which is grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and/or NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Thao Willick)

XXXIV.

By incorrectly verifying and dispensing a prescription, namely, #30 guanfacine 2 mg. tablets, to inmate A.L., that was prescribed to inmate B.S., Respondent Thao Willick violated NAC 639.945(1)(d) and (i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), or alternatively under NRS 639.255.

FIFTH CAUSE OF ACTION
(Respondent Rite Aid)

XXXV.

As the pharmacy in which the above violations involving A.S-F. occurred, Rite Aid Pharmacy #6121 is responsible for the acts of its employees pursuant to NAC 639.945(2), and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

SIXTH CAUSE OF ACTION
(Respondent Rite Aid)

XXXVI.

As the pharmacy in which the above violations involving A.R-O. occurred, Rite Aid Pharmacy #6121 is responsible for the acts of its employees pursuant to NAC 639.945(2), and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

SEVENTH CAUSE OF ACTION
(Respondent Rite Aid)

XXXVII.

As the pharmacy in which the above violations involving A.L. and B.S. occurred, Rite Aid Pharmacy #6121 is responsible for the acts of its employees pursuant to NAC 639.945(2), and therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

EIGHTH CAUSE OF ACTION
(Respondent Rite Aid)

XXXVIII.

By accepting and dispensing dangerous drugs and controlled substances pursuant to the "master prescription", which did not meet federal and state requirements for a valid prescription under NRS 454.223, NRS 639.2353(2), (3) and (4) and NAC 453.440, Rite Aid Pharmacy #6121 violated NRS 454.221, NRS 453.256(1) and/or (3), and NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12), and or alternatively under NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 23rd day of October, 2014.

J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

LV Infusion and Specialty, LLC

Organizational Documents on File	Filing Date

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LV Infusion and Specialty, LLC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/23/2022, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/06/2023

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202303063447478
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

03/30/2022

Work Order Item Number:	W2022033000264 - 2017378
Filing Number:	20222209921
Filing Type:	Amendment to Articles of Organization
Filing Date/Time:	03/30/2022 07:14:22 AM
Filing Page(s):	4

Indexed Entity Information:

Entity ID: E21938192022-5

Entity Name: LV Infusion and Specialty, LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent
ANDERSON REGISTERED AGENTS
3225 MCLEOD DRIVE #110, LAS VEGAS, NV 89121, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

List of Owners

Name: Ritesh R. Patel
Address: [redacted] Venticello Dr
City, State Zip: Las Vegas, NV 89138
SSN: [redacted]
DOB: [redacted]
Email: [redacted]
Ownership percentage: 100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: LV Infusion And Specialty LLC, DBA Vital Care Of Summerlin

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 2625 S Rainbow Blvd, Suit B106

City: Las Vegas State: Nevada Zip: 89146

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 725-525-9005 Website:

Licensing Company Email: vitalcarevegas@gmail.com

Section 2: Personal Information

First: Ritesh Middle: R Last: Patel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Venticello Dr

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNLV		09/2011 - 05/2013	
Address	**City**	**State**	**Zip**
4505 S Marylane Pkwy	LAs Vegas	NV	89154
Diploma/Degree obtained, if any			
Master Of Civil Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Faculty Of Technology And Engineering, MS University Baroda		09/1998 - 05/2003	
Address	**City**	**State**	**Zip**
	Baroda	GUjarat	INDIA
Diploma/Degree obtained, if any			
Bachelor Of Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/10 - 10/18	[redacted] Chambolle ct	Las Vegas	NV	89144
10/18 - Present	[redacted] Venticello Dr	Las VEgas	NV	89138
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Curry Leaf Flavors Of India			2015 - Present
Business Address	**City**	**State**	**Zip**
5025 s Fort Apache Rd Suit 100	LAs Vegas	NV	89148
Phone	**Title**		
702-527-7977			
Description of Duties			
Owner/Manager			

Business Name			From - To (MM/YY – MM/YY)
Turmeric Flavors of India			11/2016 - 01/2020
Business Address	**City**	**State**	**Zip**
700 e Fremont street	Las Vegas	NV	89101
Phone	**Title**		
Description of Duties			
Owner/Manager			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # /. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

NA

N A

R S Rater

Original Signature (electronic, copies or stamps not accepted)

02/15/2023

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ritesh Patel

Print Name (First, Last)

R Patel R Patel — 02-15-2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Ritesh Patel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

R Patel — 02-15-2023

Original Signature — **Date**

Subscribed and Sworn to before me this 15 day of February 2023

Notary Public Signature

ALMA LOPEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 09-19-26
Certificate No: 13-10482-1

(Seal)

9

Robert Seik, PharmD, Owner
Partell Pharmacy
5835 S Eastern Ave, STE 101
Las Vegas, NV 89119
(702) 791-3800

CC: Noah E. Jussim
Hinshaw & Culbertson, LLP

May 2, 2023

Nevada Board of Pharmacy
Attn: Greg Zunino, Senior General Counsel
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Status of Sterile Compounding Questionnaire Submission
Partell Pharmacy Sterile Compounding

Dear Mr. Zunino and Members of the Nevada Board of Pharmacy,

As requested, a Sterile Compounding Questionnaire (SCQ) was tendered to the NVBOP on February 3, 2023. Receipt of said SCQ was confirmed by NVBOP counsel Paul Edwards when directly queried by Jeff Lang, PIC, in early March, 2023. A subsequent tracked follow-up written request for confirmation of receipt of the SCQ was sent and received by the NVBOP on March 6, 2023. (See attached.)

Due to an apparent delay in response by the NVBOP, I am writing to again request an update on the current status of our SCQ submission to the NVBOP. To date, Partell Pharmacy has received neither written updates nor requests for additional pertinent information that may have basis. Please know that Partell Pharmacy's sterile compounding lab has undergone extensive remodel and upgrades and we plan to reopen our sterile product compounding laboratory very soon.

We have been informed by NVBOP staff that "approval" of the SCQ is required before we can engage in sterile product compounding. However, we cannot find any pertinent statutes or regulations which require a separate approval or license for sterile compounding from the NVBOP. Absent any conflict of interest within the NVBOP, we find no regulation or statute that requires a public meeting for discussion, approval, or dissent of our existing pharmacy's sterile product compounding operation given our active Nevada pharmacy license.

Partell Pharmacy employs a highly competent staff, trained and experienced in sterile product compounding. Previous conversations with Board counsel noted that the company would submit a request before resuming sterile product compounding. As the owner, I do not recall making a commitment to notify the Board before restarting sterile product compounding, nor

does current management. PIC Jeff Lang manages the pharmacy and will oversee the sterile product compounding laboratory. Mr. Lang is trained in sterile product compounding. During previous conversations with staff Board, comments were made about the delay in reopening Partell Pharmacy's sterile product compounding laboratory from the time the company's previous PIC was employed. While an explanation is not required by any statute or regulation, we are willing to inform the Board that the delay in reopening the laboratory is related mostly to the previous PIC's unwillingness to train for sterile product compounding. The delay was also impacted by Covid-19, which caused a scarcity of necessary equipment, materials, and contractor services necessary for our desired changes to the lab. The lab is now complete.

Partell Pharmacy takes its obligations as a compounding pharmacy seriously and is committed to operating in full compliance with all applicable Nevada laws and regulations. We believe that we have provided all necessary information to the Board and have taken all necessary steps to ensure the safety and quality of our compounding practices. Furthermore, the original sterile compounding questionnaire was submitted February 3, 2023 and the Board has had ample time to review it and respond.

Finally, we kindly request that Board counsel confirm there is no regulation or statute that gives the Board the right to decline approval of Partell Pharmacy's sterile product compounding operation. We also request that the Board respond to this letter within five days of receipt. We appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

Robert Seik, PharmD – Owner
Partell Pharmacy

Jeff Lang, PharmD
Pharmacist-In-Charge

STEFANI MORRIS
Notary Public, State of Nevada
Appointment No. 21-6315-01
My Appt. Expires Apr 6, 2025

CC: Noah E. Jussim
Hinshaw & Culbertson, LLP

PS for Mr. Zunino: Be aware that one member of the NVBOP, Gener Tejero, has a conflict of interest in regard to Partell Pharmacy's resumption of sterile product compounding as it may compete with his company, Solutions Specialty Pharmacy.

Enc.
Sterile Compounding Questionnaire

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Partell Specialty Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): PHN02028

Physical Address: 5835 South Eastern Avenue Suite 101

City: Las Vegas State: Nevada Zip: 89119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702.791.3800 Toll Free # (NAC 639.708, NRS 639.23286): 888.490.5534

Fax: 702.791.3630 Contact Email: info@partellpharmacy.com

Website: partellpharmacy.com

Nevada Business License # (if applicable) NV20061661768

Supervising/Managing Pharmacist Name (NRS 639.220): Jeffrey Lang

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17503

Name of Person with direct knowledge of compounding procedures: Jeffrey Lang

Email of Person with direct knowledge of compounding procedures: jlang@partellpharmacy.com

Telephone of Person with direct knowledge of compounding procedures: 702.791.3800

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ■ Low ■ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Testosterone
Methylcobalamin
M.I.C.
Glutathione
Tri-Mix
Ascorbic Acid
Myer's Cocktail
NAD+
BPC-157
Semaglutide/B6
GHK-Cu
Epithalon
DSIP
PT-141
AOD 9604
CJC/Ipamorelin
TA1
MOTS-C
Selank

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ■ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: Eagle Analytical

Address: 11111 South Wilcrest Drive S1000

City: Houston State: Texas Zip: 77099

Telephone: 800.745.8916

7. What is your procedure for visual inspection of compounded sterile products?

Please see attached SOP (PSP-STRL-P4.2.1.0)

8. How often do you perform glove fingertip and medial fill testing?

Initially and every 6 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Please see attached SOP (PSP-STRL-P1.2.1.0)

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Initial - Pharmacists & Techs complete "Achieving Best Practices: Sterile Compounding" 3 day live course presented by LP3 Network.

Annually - Pharmacists and Techs complete a sterile compounding training course (ex. "Compounded Sterile Preparations" by ASHP.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Please see attached SOP (PSP-STRL-P3.2.1.1)

Partell uses Contec Healthcare products in the sterile laboratory

12. Who performs the sterile compounding process at your facility?
Pharmacists: Jeffrey Lang & Chris Peters

Technicians: Jordan Torres & Stefani Morris

13. Who is responsible and accountable for the sterile compounding process at your facility?

Jeffrey Lang

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Please see attached SOP (PSP-STRL-P4.7.1.0)

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Baker SG-503A-HE		
2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☑ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☑ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☑ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? Pharmacists are required to counsel all new patients on proper use, handling, and disposal of hazardous drugs. An electronic counseling log is maintained on the premises.		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? New employees are required attend live training such as "Achieving Best Practices: Sterile Compounding" 3 day course presented by LP3 Network in Florida. Each employee must then pass the finger tip and media fill testing criteria prior to compounding.		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

Injections made from non-sterile APIs:

Testosterone
Methocobalamin
M.I.C.
Glutathione
Tri-Mix
Ascorbic Acid
Myer's Cocktail
NAD+

2. What sterilization methods are utilized at your facility?

Filter sterilization

3. Does your facility utilize biological indicators? ☐ Yes ■ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jeffrey Lary
Name of Person who Completed the Form

PIC
Title

Signature (copies or stamps not accepted)

2.3.23
Date

Board Use Only	Date Received: 5-8-23 Date Approved: _____ Approved By: _____

10

10A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Y

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	■ New Pharmacy	■ Retail/Community	■ Retail/Community
■ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	■ Non-sterile Compounding
	☐ Location Change *	☐ Internet	■ Sterile Compounding
	☐ Name Change*	☐ Nuclear	■ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
■ Monday	■ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Tuesday	■ Saturday	■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
■ Thursday	☐ Holidays	■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pope Shenouda LLC, DBA 1st Choice Pharmacy

Physical Address: 2228 US HWY 19 N

City: Holiday State: FL Zip: 34691

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 727-934-1300 Toll Free # (NAC 639.708, NRS 639.23286): 844-565-5155

Fax: 727-934-1313 Contact Email: firstchoicepharmacy@yahoo.com

Website: www.1stchoicepharmacy.net

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Bishay ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23157 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Joseph Bishay	NV Pharmacist Registration #: 23157
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	✔	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials: N/A	%: N/A
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Florida

Parent Company (if any): _____

Corporation/Organization Name: Pope Shenouda LLC

Mailing Address: 2228 US Hwy 19 N

City: Holiday State: FL Zip: 34691

Telephone: 727-934-1300 Email: _____

Contact Person Name: George Hanna

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility – MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Pope Shenouda LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

George Hanna

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

09/21/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Hanna

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

09/21/2022

Date

Board Use Only	Date Received: 12-14-22	Amount: 500.00 CK-4552

ec ? also

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

March 18, 2022

George Hanna
1st Choice Pharmacy
2228 US Hwy. 19
Holiday, FL 34691

VIA CERTIFIED MAIL: 70200640000149160844
VIA STANDARD MAIL

RE: Denial Letter of Application for Out-of- State Pharmacy License

Dear Mr. Hanna:

The Arkansas State Board of Pharmacy has administratively denied your application for an out-of-state pharmacy Permit. The denial is based on your Florida and VPP inspections.

You may appeal this administrative denial of your application to a full board hearing under the Arkansas Administrative Procedures Act, Ark. Code Ann. § 25-15-201, *et seq.*, by notifying this office in writing within thirty (30) days of receipt of this letter.

If you have any questions, please contact the Board office at 501-682-0190.

Sincerely,

Luke Daniel
General Counsel

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

January 18, 2021

VIA U.S. CERTIFIED MAIL

George Hanna
Pope Shenouda LLC
d/b/a 1st Choice Pharmacy
2228 US Hwy 19 North
Holiday, FL 34691

Re: Notice of Denial - Application for Out-of-State Compounding Pharmacy License

Dear Mr. Hanna:

This constitutes notice pursuant to NRS 639.138 that the Nevada State Board of Pharmacy (Board) on January 13, 2021, denied your application pursuant to NRS 639.2328 for an out-of-state compounding pharmacy license. The Board denied your application pursuant to NRS 639.23282 due to your failure to present evidence satisfactory to the Board as to competency, qualifications and credentials. That denial was based on information and testimony presented during the hearing on the application; a copy of the audio recording of the hearing is available to you upon request.

Pursuant to NRS 639.139 you have the right to petition the Board for reconsideration of your application within thirty (30) days of receipt of this notice, and the right to submit evidence to controvert the basis for denial. To petition for reconsideration please submit the petition and all evidence in support thereof to the Board at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosures

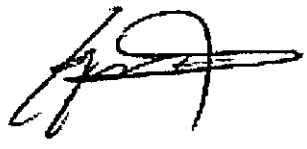
1st Choice Pharmacy

From:
George Hanna, RPh
1st Choice Pharmacy
2228 US Hwy 19 N
Holiday, FL 34691

To Whom It May Concern:

The application for licensure as a non-resident pharmacy with the state of Nevada was denied. Per the Nevada board of pharmacy, approval would be considered given additional training and competencies of the sterile compounding staff. 1st Choice Pharmacy is currently providing additional sterile compounding trainings to the compounding staff and gathering materials to submit to the Nevada Board to prove competency. Compounding staff is also completing several continuing education courses on the subject of sterile compounds. 1st Choice Pharmacy plans to re-apply to Nevada as a non-resident pharmacy in the near future with this new evidence. If you have any questions, please don't hesitate to reach out.

Regards,



George Hanna
PIC/Owner
1st Choice Pharmacy
Ph: 727-934-1300

1st Choice Pharmacy

From:
George Hanna, RPh
1st Choice Pharmacy
2228 US Hwy 19 N
Holiday, FL 34691

To Whom It May Concern:

The application for licensure as a non-resident pharmacy with the state of Arkansas was denied. Per the Arkansas board of pharmacy, approval would be considered pursuant to attendance at a board meeting and explaining certain practices. The practices that were in question are using a lyophilizer, a measurement on a certification report showing that the hazardous room went out of range for the negative pressure, and the compounding of peptides pursuant to legitimate prescriptions. 1st Choice Pharmacy is appealing this decision with Arkansas with these explanations. If you have any questions, please don't hesitate to reach out.

Regards,



George Hanna
PIC/Owner
1st Choice Pharmacy
Ph: 727-934-1300

1st Choice Pharmacy

March 24, 2022

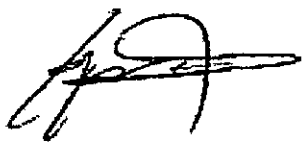
To:
Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

RE: Denial Letter of Application for Out-of-State Pharmacy License

Dear Mr. Luke Daniel:

This letter serves to notify the Arkansas Board of Pharmacy that Pope Shenouda LLC dba 1st Choice Pharmacy is requesting to appeal this administrative denial of our application pursuant to the Arkansas Administrative Procedures Act, Ark. Code Ann. §25-15-201, et seq. Please let us know when the next available board hearing will be held so that we may appear in person to appeal this decision.

Regards,



George Hanna
1st Choice Pharmacy
2228 US Hwy 19 N
Holiday, FL 34691

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Pope Shenouda LLC DBA 1st Choice Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 2228 US HWY 19 N

City: Holiday State: FL Zip: 34691

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 727-934-1300 Toll Free # (NAC 639.708, NRS 639.23286): 844-565-5155

Fax: 727-934-1313 Contact Email: firstchoicepharmacy@yahoo.com

Website: www.1stchoicepharmacy.net

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Joseph Bishay

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23157

Name of Person with direct knowledge of compounding procedures: George Hanna and Joseph Bishay

Email of Person with direct knowledge of compounding procedures: george@1stchoicerx.org, joseph@1stchoicerx.org

Telephone of Person with direct knowledge of compounding procedures: 727-934-1300

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☑ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☑ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
see attached

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
For each sterile compound:
1. Method suitability
2. Initial and end sterility and endocrine
3. Potency over time and pH
4. If oilbase no pH over time

SOP 602.4

6. What laboratory performs this additional testing?
Name: Pharmetric Lab
Address: 11880 28th St North Suite #210
City: St. Petersburg State: FL Zip: 33716
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Visual inspection of drug production

SOP 616.1

8. How often do you perform glove fingertip and medial fill testing?
In the beginning and every 6 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?
SOP 408.4
SOP 402.7

10. Describe your initial and annual training program for all personnel performing sterile compounding:
1. Training and read the SOPs
2. Hand hygiene and garbing (SOP 404)
3. Orientation, training and competency evaluation of compounding personnel (SOP 410)
4. Personal aseptic media fill testing and product verification and related forms (SOP 402)
5. Conduct of personnel in controlled array and aseptic technique overview (SOP 412)
6. Inventory storage, handling and disposal (SOP 502)
7. Use of automated

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Cleaning in the beginning of the day and the end of the day and beginning of each compound (immediately prior of each compound)
We use:
Sterile wipes
Sterile peribox (contact time 8 minutes)
Other sterile IPA

Friday- use Decon-phene

12. Who performs the sterile compounding process at your facility?
Pharmacists:George Hanna, Joseph Bishay
Pharmacist Intern: Mina Shenouda
Techs: Dayesi Hernandez, Ileana Ortega

13. Who is responsible and accountable for the sterile compounding process at your facility?
Joseph Bishay
George Hanna

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
For cold products we use warn strip or kangaroo bag

SOP 510

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological safety cabinet (ESCO) Class II Type A2		
2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☑ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☑ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☑ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? Provide patients with packet (attached)		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? 1. Orientation, training and competency evaluation of compounding pharmacy personnel (SOP 410) 2. Hazardous drug/ risk acknowledgment form (SOP 706.9) 3. Competency Assessments - HP inventory receiving (SOP 700.6) - Donning and doffing PPE for HD compounding (SOP 706) - Hazardous drug compounding (SOP 700) - Decontamination, cleaning and disinfection of HD environment (SOP 700)		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
see attached

2. What sterilization methods are utilized at your facility?
filtration

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mina Shenouda

Name of Person who Completed the Form

Pharmacist Intern

Title

Mina Shenouda

Signature (copies or stamps not accepted)

12/8/22

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

Safe Handling of Hazardous Medicines in the Home

Some medicines need special handling because they can be hazardous (harmful) to the people giving them. This is because some studies show that people who care for patients taking these special medicines can also have changes within their own body's cells. These changes can be avoided by following certain steps. Exposure can occur from spills, splashes, breathing in the medicine's vapors or powder, and from coming in contact with the patient's vomit, urine or stool.

The medicine that needs safe handling is:

_____

The risk of danger from handling small amounts of these hazardous medicines is small, but it is a good idea to avoid exposure if possible. Here are suggestions for things you can do at home to limit exposure.

Supplies you may need

- Disposable gloves (Picture 1) – Get them from your local pharmacy or 1st Choice Compounding Pharmacy
- Disposable gown – if you are handling liquid medicines
- Household soap or detergent – any brand can be used for cleaning
- Disposable towel – in case of an accidental spill
- Two-ply, heavy duty trash bag – for used supplies
- Disposable plastic medicine cups and oral syringes – depending on what kind of medicine is being taken



Picture 1 Putting on disposable gloves.

- Needle disposal or "sharps" container – needed if you are handling injectable (given by needle or IV) medicines

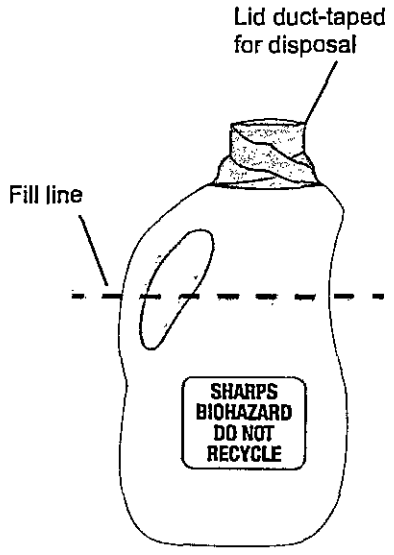
Continued...

Safety measures for handling hazardous medicines

- Wash your hands **before and after** handling hazardous medicines.
- Use disposable gloves if you are touching any type of hazardous medicine. Do not use torn or punctured gloves.
- Use disposable plastic medicine cups to move a pill from a medicine bottle.
- Throw away any used gloves, gowns, medicine cups, oral syringes, or bottles in a two-ply, heavy-duty trash bag. Tie or seal the plastic bag and place it in your household trash bag for disposal. Be sure to keep this trash out of the reach of pets and children.
- If you are pregnant or trying to become pregnant, you should not handle hazardous medicines. If you are the primary caregiver, speak to your nurse, doctor, or pharmacist about safe ways to care for the patient.

Handling hazardous medicines at home – needles and sharps

- Do not recap the used needle. Do not bend or break off the needle.
- Do not remove the needle from the syringe.
- All sharps or needles must be thrown away in a safe 'sharps container.' If you do not have a hospital-issued sharps container, use a container made of **heavy-duty plastic. This can be a laundry detergent bottle or liquid laundry softener bottle (Picture 2).** It must close with a lid that screws on tightly. Needles should not be able to poke through (puncture) the lid. The container must be leak-proof, and able to sit up and not fall over (stable).



Picture 2 Hard plastic laundry detergent bottle and fill line.

- Place the container in the middle of a full, heavy duty trash bag. You are allowed to put the trash bag out for regular trash pick-up. DO NOT put the container in the recycling.

Storing hazardous medicines

- Your pharmacist or nurse will tell you if there are any special storage instructions.
- Keep all drugs out of reach of children or pets.
- Keep hazardous medicines separate from all other medicines.
- If the medicine needs to be refrigerated, separate it from other foods. Use a separate bin in the refrigerator or place the medicine in a container.
- Keep the hazardous medicine in its original bottle or container. Do not place it in a pill box with other non-hazardous medicines.

Taking hazardous medicines

- Your physician, nurse, or pharmacist will explain to you how and when to take your medicine.
- It is important for you to take these drugs exactly as told. Do not skip a dose without discussing it with your physician.
- If you forget to take a dose, do not take double the dose the next time. Contact your physician's office or pharmacist to discuss what to do if this happens.

Accidental hazardous medicine spills

- If you are taking a hazardous medicine and it spills, wear a disposable gown and two pairs of gloves to clean up the spill. Cover the spill with a disposable towel, and then thoroughly wipe up the spill. The area should then be cleaned three times with a home cleaning product. This is to make sure that no medicine is left on the surface. All materials should be thrown away in a heavy-duty sealed trash bag and placed in a trash can that is out of reach of pets and children.
- Hazardous liquid medicines spilled on your skin may cause irritation. Wash the area well with soap and water and dry. If redness or irritation occurs within 7 days, contact your doctor.
- If the drug splashes in the eye, rinse the eye with tap water for at least 15 minutes and contact your doctor.

During clinic visits, be sure to tell the staff about any hazardous drugs you may have taken at home. If you have any other questions or concerns, ask your doctor, pharmacist, or nurse.

1. Testosterone cypionate 200mg/ml in sesame oil 5ml intramuscular
2. Testosterone enanthate 200mg/ml in sesame oil 5ml intramuscular
3. Cyanocobalamin 1200mcg/ml 10ml intramuscular
4. Nandrolone decanoate 200mg/ml 5ml intramuscular
5. Methionine/inositol/choline/cyanocobalamin 25mg/100mg/50mg/1mg /ml 10ml intramuscular
6. Methionine/inositol/choline/L-carnitine/cyanocobalamin 25mg/25mg/50mg/100mg/1mg /ml 10ml intramuscular
7. L-leucine/isoleucine/valine 10mg/10mg/5mg/ml 10ml intramuscular
8. Vitamin D3 50000 iu/ml in sesame oil 5ml intramuscular
9. Testosterone cypionate/testosterone enanthate 160mg/40mg/ml in sesame oil 5ml intramuscular
10. Ascorbic acid 550mg/ml 10ml intramuscular

High Risk Preparations

1. Testosterone cypionate 200mg/ml in sesame oil 5ml intramuscular
2. Testosterone enanthate 200mg/ml in sesame oil 5ml intramuscular
3. Testosterone cypionate/testosterone enanthate 160mg/40mg/ml in sesame oil 5ml intramuscular
4. BPC-157 15mg injection
5. Ipamorelin 15mg injection
6. Ipamorelin/sermorelin 15mg/15mg injection
7. Ipamorelin/CJC-1295 15mg/6mg injection
8. Sermorelin 15mg injection
9. Bremelanotide 20mg injection
10. Bremelanotide 2mg/ml nasal spray
11. AOD-9604 nasal spray 200mcg/0.1ml
12. AOD-9604 RDT 500mcg

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

File # 15765
Insp # 175881

NAME	PERMIT NUMBER	DATE OF INSPECTION
POPE SHENOUDA, LLC	23208	04/28/2022
DOING BUSINESS AS		
1ST CHOICE PHARMACY		
STREET ADDRESS	**TELEPHONE #**	**EXT**
2228 US Hwy 19	727-934-1300	
CITY	**COUNTY**	**STATE/ZIP**
HOLIDAY	PASCO	FL/34691

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 9:00 AM TO 6:30 PM
Tuesday Y	Tuesday Hours 9:00 AM TO 6:30 PM
Wednesday Y	Wednesday Hours 9:00 AM TO 6:30 PM
Thursday Y	Thursday Hours 9:00 AM TO 6:30 PM
Friday Y	Friday Hours 9:00 AM TO 6:30 PM
Saturday N	Saturday Hours 10:00 AM to 1:00 PM
Sunday N	Sunday Hours CLOSED

Registered Pharmacist / Intern / Tech

License # PS 40421	Licensee Name George Amin Hanna, PDM
License Type Registered Pharmacists	
License # RPT 68132	Licensee Name Dayesi Hernandez, Compounding technician
License Type Pharmacy Tech	
License # PSI	Licensee Name Mina Shenouda, Compounding intern
License Type Intern	
License # RPT76680	Licensee Name Natashia Medina, Data entry
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FP0721123	

License Relations

Pharmacy Affiliate

HANNA, GEORGE AMIN	License #

RX DPT MGR/COR/POR

HANNA, GEORGE AMIN	License # 40421

Special Sterile Compounding

POPE SHENOUDA LLC	License # 29868

INV 359 - Community Requirements

Signage Requirements Section

INV359 - Community Requirements

Insp # 175881 | POPE SHENOUDA, LLC | File # 15765

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.] *But a sign dated 6/14/21 stated "The retail department will be at the pharmacy located across the plaza"*	Yes
A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.]	N/A
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] *No patient consultation sign noted. It was posted during the inspection.*	No

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.]	Yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	Yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	Yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C] *Not signed by compounding pharmacist GH who verifies compounding in PK on dates these were signed off in PK*	No
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	Yes
Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	Yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	Yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.] *Rx Return Solutions 6/21/21*	Yes
Generic equivalent sign is posted. [465.025(7), F.S]	Yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	Yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	Yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.]	N/A
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	Yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	Yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	Yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	Yes
Private consultation area available [6416-28.1035 F.A.C.]	Yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.] *There is no written offer to counsel patients of other states.*	No
Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14] *Several vials such as Myers Cocktail do not contain the Federal Legend, specifically lot 04252022@5 or Magnesium Chloride/Taurine compound lot 03232022@19. These are dymo labeled drugs due to lack of extended BUD and the amount of ingredients listed. These vials were noted to have black and white labels.*	No
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality-Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] *2-21-22, 11/26/21, 8/2/21, 5/4/21.*	Yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	Yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.] *Maintained in PK and Life file and formerly Prime rx.*	Yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approvad vendors. [893.065 F.S.]; [456.42(2) F.S.] *Mostly e-prescribed*	Yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11] *The pharmacy only has CIII to CV controlled substances documented on biennial inventory from 6-14-22, however has not included CII's sold to MMG Pharma LLC dba Cross Pharmacy at 2208 US Highway 19 N, Holiday. Not documented whether inventory was taken at open or close of business.*	No
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)] *CSOS with Amerisource Bergen*	Yes
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	Yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.] *Pharmacy has sold one time inventory to MMG Pharma 6/14/21.*	Yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	Yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.] *See comments on sterile compounding Inspection.*	No
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	Yes

INV359 - Community Requirements

Insp # 175881 POPE SHENOUDA, LLC File # 15765

Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] *Wholesalers: Amerisource Bergen, Cardinal, River City, Masters Pharmaceutical, Medisca, PCCA, Spectrum.*	Yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	Yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent. *See SOP 510 "Packaging and Shipping of Refrigerated Drug Products"* *Reviewed Kangaroo mailer study.* *The SOP does not address shipments of medicinal drugs to other states. The pharmacy is licensed in greater than 37 states*	Yes
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	Yes

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy. *Pharmacy does not have a mutual agreement with Trinova, Trinova being the originating pharmacy for prescriptions for compounds.*	No
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions. *Not available during inspection*	No
The originating pharmacy is identified with pharmacy name and address on the prescription container label. *Not on label, but originating pharmacy Trinova Health stated on e-prescription.*	No
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	N/A
If a controlled substance, the word "central fill" appears on the face of the original prescription. *Original prescription sent by Trinova Health does not contain the word "Central fill" see rxC514455,*	No
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery. *This pharmacy is the central fill pharmacy who directly mails it to the patient.*	N/A

Automated Pharmacy System [465.0235, F.S.]

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	

Remarks:

Pharmacy at this location has Life File and PK software and Prime rx. PDM states this retail establishment has been sold to MMG Pharma LLC dba Cross Pharmacy at 2208 US 19N however retail permit is still maintained at 2228 US Hwy 19, Holiday, FL for non-sterile compounding.
The closed system pharmacy PH30309 was moved to 2049 Welbilt Blvd and is operating under A&Eof Tampa Bay LLC, dba 1st Choice LTC Pharmacy, Suite A.

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received e copy of the Licensee Bill of Rights.

Inspector Signature

CULLIPHER, MALA

Date:4/28/2022

Representative:

George Hanna

Date:4/28/2022

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV797-Sterile Compounding

File # 22731
Insp # 178092

NAME	PERMIT NUMBER	DATE OF INSPECTION
POPE SHENOUDA LLC	29868	04/28/2022
DOING BUSINESS AS		
1ST CHOICE COMPOUNDING PHARMACY		
STREET ADDRESS	**TELEPHONE #**	**EXT**
2228 2228 U. S. HWY 19 N	(727) 934-1313	
CITY	**COUNTY**	**STATE/ZIP**
HOLIDAY	PASCO	FL/34691

Additional Information

Business Operation Hours

M-T-W-TH-F N	Weekly Hours
Monday Y	Monday Hours 9 AM TO 6:30 PM
Tuesday Y	Tuesday Hours 9 AM TO 6:30 PM
Wednesday Y	Wednesday Hours 9 AM TO 6:30 PM
Thursday Y	Thursday Hours 9 AM TO 6:30 PM
Friday Y	Friday Hours 9 AM TO 6:30 PM
Saturday Y	Saturday Hours 10 AM TO 2 PM
Sunday N	Sunday Hours CLOSED

Registered Pharmacist / Intern / Tech

License # PS40421	Licensee Name George Hanna, PDM
License Type Registered Pharmacists	
License # RPT57866	Licensee Name Natasha Medina, Data Entry
License Type Pharmacy Tech	
License # PSI30754	Licensee Name Mina Shenouda Meawad Shenouda
License Type Intern	
License # RPT68132	Licensee Name Dayesi Hernandez, Sterile HD technician
License Type Pharmacy Tech	
License # RPT93349	Licensee Name Mary Hanna, Sterile Non-HD
License Type Pharmacy Tech	
License # PS54381	Licensee Name Joseph Bishay, Sterile Dispensing Pharmacist
License Type Registered Pharmacists	
License # RPT17049	Licensee Name Sean K Francisco, IT
License Type Pharmacy Tech	
License # PS61576	Licensee Name Sylvia George Abdelmessih Makar Faltous, Initial Verification Life File
License Type Registered Pharmacists	
License # RPT96882	Licensee Name Ereny Fakhry Abdelmalik, Filling technician
License Type Pharmacy Tech	

ACS Manager

Optional Information

Basic License Data - PSD

DEA Reg # FP0721123	

License Relations

Pharmacy Affiliate

INV797-Sterile Compounding

Insp # 178092 | POPE SHENOUDA LLC | File # 22731

HANNA, GEORGE AMIN	License #

RX DPT MGR/COR/POR

HANNA, GEORGE AMIN	License # 40421

Special Sterile Compounding

POPE SHENOUDA, LLC	License # 23208

INV797 - Sterile Compounding

LOW RISK

1. Low risk CSP's are properly identified: Aseptic manipulations within an ISO Class 5 environment using three or fewer sterile products and no more than two entries into any container. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Low-Risk Level CSPs]	
2. Low Risk CSP's, in absence of passing sterility test, stored not more than 48 hours at controlled room temperature, 14 days at cold temperature, or 45 days in solid frozen state at -25° to -10° or colder. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Low-Risk Level CSPs]	
3. Low Risk CSP's with 12 hour BUD are properly identified and comply with all four specific criteria. 1. PEC in Segregated Compounding area 2. Away from windows, doors , high traffic areas 3. Hygiene & garbing required, sinks not adjacent to PEC. 4. Cleaning & Disinfecting, Personnel training, Competency evaluation, Garbing, Aseptic work practices, Viable and non-viable environmental sampling apply. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Low-Risk Level CSPs]	

MEDIUM RISK

4. Medium Risk CSP's are properly identified: Aseptic manipulations within an ISO Class 5 environment using prolonged and complex mixing and transfer, more than three sterile products and entries into any container, and pooling ingredients from multiple starile products to prepare multiple CSPs. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Medium-Risk Level CSPs]	
5. Medium Risk CSP's, in absence of passing sterility test, stored not more than 30 hours at controlled room temperature, 9 days at cold temperature, or 45 days in solid frozen state at -25° to -10° or colder. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Medium-Risk Level CSPs]	

HIGH RISK

6. Presterilization procedures for high-risk level CSPs, such as weighing and mixing, are completed in no worse than an ISO Class 8 environmenL [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	Yes
7. High Risk CSP's are properly identified: Confirmed presence of nonsterile ingredients and devices, or confirmed or suspected exposure of starile ingredients for more than one hour to air quality inferior to ISO Class 5 before final sterilization. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs] *Pharmacy compounds Peptides in the ISO 5 HD BSC where the lyophilizer is attached. The pharmacy no longer compounds Trimix or Alprostadil stock solution based on records provided.*	Yes
8. High Risk CSP's, in absence of passing sterility test are not stored more than 24 hours at controlled room temperature, 3 days at cold temperature, or 45 days in solid frozen state at -25° to -10° or colder. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs]	Yes
9. A 0.2-µm certified sterilizing membrane filter is used that is chemically and physically compatible with the CSP. Filtration is completed rapidly without filter replacement. Sterilization method is verified to achieve sterility for the quantity and type of containers. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Filtration] *Sterilizing filter MDI Asepticap is not capable of accomodating 5 L volume.*	Yes
10. Sterilization method used has documentation that acceptable strength and purity of ingredients and integrity of containers is maintained. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs]	Yes
11. The manufacturer recommended filter integrity (e.g., bubble point) test is performed and documented for all sterilizing filters after filtering CSPs. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Filtration]	Yes
12. Autoclave cycle has been verified using appropriate biological indicators. Solutions are passed through a 1.2-µm or smaller filter into final containers to remove particulates before sterilization. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Steam] *Tuttnauer Autoclave Steam Sterilizer SN 21030347 study demonstrates temp of 121 C duration 30 mins, dry times 60 mins-validated by Pharmetric April 1, 2022.* *Pharmacy autoclaves rubber stoppers, flip caps, mop cover and foam beds (pre use) then discards mop cover. BI's are 3M Attest. Autoclave not used to terminally sterilitze CSP's.*	Yes
13. Dry heat ovens used for sterilization have filtered forced air. Only those items that will be damaged by steam are sterilized by dry heat. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Dry Heat] *Dry Heat oven does have filtered forced air. Pharmacy does not terminally sterilize solutions in the dry heat oven. Oven is used to sterilize beakers with stirrers, vials.*	N/A
14. The description of dry heat sterilization conditions and duration for specific CSPs is included in written documentation in the compounding facility. The effectiveness of dry heat sterilization is verified using appropriate biological indicators and other confirmation. [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Sterilization of High-Risk Level CSPs by Dry Heat]	N/A
15. Dry heat depyrogenation is used to render glassware or containers, such as vials free from pyrogens as well as viable microbes. The description of the dry heat depyrogenation cycle and duration for specific load items is included in written documentation in the compounding facility. The effectiveness of the dry heat depyrogenation cycle is verified using endotoxin challenge vials (ECVs). [VERIFICATION OF COMPOUNDING ACCURACY AND STERILITY : Depyrogenation by Dry Heat] *Pharmetric Dry Heat Oven validated Nov 2, 2021 with Endosafe cartridges to demonstrate a 6.1 log reduction in ET*	Yes
16. Sterility testing is completed for all High-risk level CSPs prepared in batches of more than 25 identical containers, or exposed longer than 12 hours at 2° to 8°, and 6 hours at warmer than 8° before being sterilized. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Sterility Testing]	Yes

USP <71> STERILITY TESTING (Outsourced)

17. Outsourced sterility testing results indicate that it is compliant with USP<71>. A method not described in the USP may be used if validation demonstrates that the alternative is at least as effective and reliable. [STERILITY TEST USP<71>]	Yes
18. Outsourced: The number of articles tested are appropriate according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	Yes
19. Outsourced: The volume/quantity tested is according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	Yes

INV797-Sterile Compounding

Insp # 178092 | POPE SHENOUDA LLC | File # 22731

20. Outsourced: A USP<71> method suitability test has been done with appropriate inoculum, additives and rinses. [STERILITY TEST USP<71> : Method Suitability Test] *Hercules compound has undergone method suitability-23 vials were compounded on 2-18-2022*	Yes
21. Outsourced: Sterility testing reports are reviewed and appropriate actions taken and documented. [FINISHED PREPARATION RELEASE CHECKS AND TESTS]	Yes

USP <71> STERILITY TESTING

22. On site: Membrane filtration is used if appropriate. (The technique of membrane filtration is used whenever the nature of the product permits; that is, for filterable aqueous preparations, for alcoholic or oily preparations, and for preparations miscible with, or soluble in, aqueous or oily solvents, provided these solvents do not have an antimicrobial effect in the conditions of the test.) Filters are rinsed according to USP<71>. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Sterility Testing]	
23. On site: Direct inoculation is done only when membrane filtration cannot be carried out. Volume to be inoculated does not exceed 10% of the culture media volume. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Sterility Testing]	
24. On site: The number of articles tested are appropriate according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	
25. On site: The volume/quantity tested is according to USP<71>. [STERILITY TEST USP<71> : Number of Articles to Be Tested]	
26. On site: A growth promotion test has been done on the media with the 5 specified organisms (not more than 100 CFU) according to USP<71>. [STERILITY TEST USP<71> : Growth Promotion Test of Aerobes, Anaerobes, and Fungi]	
27. On site: A USP<71> method suitability test has been done with appropriate inoculum, additives and rinses. [STERILITY TEST USP<71> : Method Suitability Test]	
28. On site: TSB or SCD is incubated at 20-25 C for 14 days (2 incubators present). [STERILITY TEST USP<71> : Culture Media and Incubation Temperatures]	
29. On site: FTM is incubated at 30-35 C for 14 days (2 incubators present). [STERILITY TEST USP<71> : Culture Media and Incubation Temperatures]	
30. On site: Sterility testing is documented including lot numbers and expiration dates of media. [FINISHED PREPARATION RELEASE CHECKS AND TESTS]	
31. On site: Sterility testing reports are reviewed and appropriate actions taken and documented. [FINISHED PREPARATION RELEASE CHECKS AND TESTS]	

ENDOTOXIN TESTING

32. Endotoxin testing is conducted for High-risk level CSP's that are prepared in batches of more than 25 identical containers, or exposed longer than 12 hours at 2° to 8°, and 6 hours at warmer than 8°, before being sterilized or in multidose containers for administration to multiple patients. (excluding those for inhalation and ophthalmic administration) [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Bacterial Endotoxin (Pyrogen) Testing] *Done by Pharmetric*	Yes
33. Endotoxin testing process indicates that it is compliant with USP<85>. [BACTERIAL ENDOTOXINS TEST USP<85>]	Yes
34. High Risk CSP's are within allowable limits for bacterial endotoxins. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Bacterial Endotoxin (Pyrogen) Testing]	Yes

IMMEDIATE USE COMPOUNDING

35. Immediate-use compounding complies with all six specified criteria. 1. Low-risk sterile nonhazardous products or diagnostic radiopharmaceutical products from the manufacturers' original containers. Anti-neoplastics shall not be prepared as immediate-use CSPs because they are hazardous drugs. 2. Unless required for the preparation, the compounding procedure is a continuous process not to exceed 1 hour. 3. During preparation, aseptic technique is followed and, if not immediately administered, the finished CSP is under continuous supervision to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, mix-ups with other CSPs, and direct contact of outside surfaces. 4. Administration begins not later than 1 hour following the start of the preparation of the CSP. 5. Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the CSP shall bear a label listing patient identification information, the names and amounts of all ingredients, the name or initials of the person who prepared the CSP, and the exact 1-hour BUD and time. 6. If administration has not begun within 1 hour following the start of prepering the CSP, the CSP shall be promptly, properly, and safely discarded. [IMMEDIATE-USE CSPs]	N/A

SINGLE/MULTIPLE DOSE CONTAINER BUD

36. Beyond-use date does not exceed 28 days for multiple-dose containers after initial opening or entry, unless specified otherwise by the manufacturer. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A
37. Beyond-use time does not exceed 6 hours for closure sealed single-dose containers in ISO Class 5 or cleaner air after initial opening or entry, unless specified otherwise by the manufacturer. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	Yes
38. Beyond-use time does not exceed 1 hour for closure sealed single-dose containers after being opened or entered in worse than ISO Class 5 air. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A
39. Single-dose ampules are discarded immediately after use. [SINGLE-DOSE AND MULTIPLE-DOSE CONTAINERS]	N/A

HAZARDOUS DRUGS

40. A pressure indicator is installed and differential pressures are monitored and documented daily for hazardous buffer room. [HAZARDOUS DRUGS AS CSPs]	Yes
41. Hazardous drug buffer room is at least 0.01 inch water column negative pressure with 30 ACPH of HEPA filtered air. [HAZARDOUS DRUGS AS CSPs] *Per MTA Feb 15, 2022 report, ACPH documented for negative sterile buffer room was 38*	Yes
42. At least 0.01 inch water column negative pressure and 12 air changes per hour in non-cleanrooms in which CACIs are located. FAC: USP Chapter 797 requires that: "When closed-system vial-transfer devices (CSTDs) (i.e., vial-transfer systems that allow no venting or exposure of hazardous substance to the environment) are used, they shall be used within an ISO Class 5 environment of a BSC or CACI. The use of the CSTD is preferred because of their inherent closed system process. In facilities that prepare a low volume of hazardous drugs, the use of two tiers of containment (e.g., CSTD within a BSC or CACI that is located in a non-negative pressure room) is acceptable." For purpose of said provision, a "low volume of hazardous drugs" is defined as less than 40 doses per month. [HAZARDOUS DRUGS AS CSPs]	N/A
43. Personnel compounding hazardous drugs wear appropriate personal protective equipment. [HAZARDOUS DRUGS AS CSPs]	Yes

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44. Hazardous drugs are handled with caution at all times using appropriate chemotherapy gloves during receiving, distribution, stocking, inventorying, preparing for administration, and disposal. Spill kits are available. [HAZARDOUS DRUGS AS CSPs] *Using BioClean Emerald Sterile Nitrile Cleanroom Gloves rated to handle HD's.*	Yes
45. Hazardous drugs are prepared in an ISO Class 5 environment (BSC or CACI) with protective engineering controls in place, following aseptic practices specified for the appropriate contamination risk levels. [HAZARDOUS DRUGS AS CSPs] *HD's such as Testosterone and Nandrolone compounded in the same BSC where Peptides such as Semaglutide, Sermorelin, Ipamorelin and CJC combinations are compounded. These HD's may pose a risk of contamination to the non-HD peptide where partially stoppered vials are lyophilized over several hours and then removed and crimped in the BSC. The pharmacy is decontaminating the BSC after each batch with Peridox.*	No
46. Hazardous drugs are stored separately from other inventory in a manner to prevent contamination and personnel exposure. [HAZARDOUS DRUGS AS CSPs]	Yes
47. Access to hazardous drug preparation areas is limited to authorized compounding personnel. [HAZARDOUS DRUGS AS CSPs]	Yes
48. Annual documentation of hazardous drug training of personnel regarding storage, handling, containment techniques and disposal of hazardous drugs is available. [HAZARDOUS DRUGS AS CSPs] *Critical Point*	Yes
49. Compounding personnel of reproductive capability have confirmed in writing that they understand the risks of handling hazardous drugs. [HAZARDOUS DRUGS AS CSPs] *No risk attestation for HD compounding -JB- he is currently under training.*	Yes
50. Facility maintains appropriate disposal containers for all hazardous waste. [HAZARDOUS DRUGS AS CSPs]	Yes

FACILITY DESIGN AND CERTIFICATION

51. Certification and testing of primary (LAFWs, BSCs, CAIs and CACIs) and secondary engineering controls (buffer and ante areas) have been performed by a qualified individual no less than every six months and whenever the device or room is relocated, altered, or major service to the facility is performed. Corrective action for deficiencies are documented. Certification procedures such as those outlined in the CETA Certification Guide for Sterile Compounding Facilities (CAG-003-2006) are conducted under dynamic conditions. [ENVIRONMENTAL QUALITY AND CONTROL : Environmental Nonviable Particle Testing Program] *MTA certification Feb 15, 2022, Aug 9, 2021* *MTA Feb 2, 2021 and Aug 13, 2020 for positive pressure cleanroom,* *SEC's: Ante room ISO 8, IV buffer room ISO 7, PEC's: Air Clean Systems HLF-1432 AC6000HLF-1432 ISO 5* *Pass-through #2 ISO 8 (anteroom to non-HD buffer room), Buffer room pass through (ISO 7) Sink (ISO 8)* *HD cleanroom* *HD SEC's: ISO 7 anteroom, negative pressure IV buffer room certified as ISO 7* *HD PEC: Esco Class II A2 BSC-142292 SN 2019-142292 certified as ISO 5* *HD room has a built in Lyophilizer SP Scientific model ADP-C2-S2EL-EVA-X SN 325488 (certified as ISO 5 in Feb 2022)* *Ante room Pass through certified as ISO 7*	Yes
52. Primary engineering controls provide unidirectional (i.e., laminar) HEPA filtered air. Air pattern analysis via smoke studies are conducted at the critical site to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions.[ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls] *Smoke studies performed in the BSC with the lyophilizer attached to the right of the hood under dynamic operational conditions but lacking a demonstration showing completely covered skin as partially stoppered vials inside BSC are transferred to the lyophilizer in the contiguous ISO 5 environment in the HD room.*	Yes
53. The primary engineering controls are placed within a buffer area in such a manner as to avoid conditions that could adversely affect their operation. The PEC is placed out of the traffic flow and in a manner to avoid disruption from the HVAC system and room cross drafts. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
54. All HEPA filters are leak tested after installation and every six months thereafter. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls] *Feb 15, 2022-Hepa Filter #1 and #2 in ante room, Hepa filter #1 for non-HD room with no leaks, HD cleanroom with 1 ante room Hepa filter and 1 IV room* *hepa filter without leaks. PEC Hepa filters also demonstrated no leaks*	Yes

ISOLATORS

55. CAIs are proven to maintain ISO Class 5 air when particle counts are sampled 6 to 12 inches upstream of critical site exposure areas during performance of normal inward and outward transfer of materials, and compounding manipulations when such CAIs are located in air quality worse than ISO Class 7. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	
56. Adequate recovery time for isolators to achieve ISO Class 5 air quality is allowed after material transfer before and during compounding operations. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	
57. Personnel garbing requirements are followed for CAIs unless manufacturer provides written documentation based on validated testing that any components of PPE are not required to maintain sterility of CSPs. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	

FACILITY DESIGN AND CERTIFICATION (Secondary Engineering Controls)

58. Facility has pressure gauges or velocity meters to monitor the pressure differential or airflow between the buffer area and ante-area, and the ante-area and the general environment outside the compounding area. The results are reviewed and documented on a log at least daily or by a continuous recording device. The pressures differentials meet or exceed 5 Pa (0.02 inch water column (w.c.)). Alternatively, in facilities where low- and medium-risk level CSPs are prepared, differential airflow is maintained at a minimum velocity of 0.2 meter/second (40 fpm) across a line of demarcation between buffer area and ante-area. [ENVIRONMENTAL QUALITY AND CONTROL : Pressure Differential Monitoring]	Yes
59. Clean rooms for nonhazardous and nonradioactive CSPs are supplied with HEPA filtered air that enters from ceilings with return vents low on walls, and that provides not less than 30 air changes per hour or qualifies for exception in 64B16-27.797(4)(c). [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls] *IV Buffer room ACPH documented as 51 from Feb 15, 2022.*	Yes
60. Activities and tasks carried out within the buffer area are limited to only those necessary when working within a controlled environment. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
61. Only the furniture, equipment, supplies, and other material required for the compounding activities to be performed are brought into the buffer room. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
62. Surfaces and essential furniture in buffer rooms or zones and clean rooms are nonporous, smooth, non-shedding, impermeable, cleanable, and resistant to disinfectants. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls] *Peridox applied in pass through of non-HD IV room did not remove stain or residue in the center of the pass-through, some screws still noted to be discolored and rusted on rivets/threshold in between the ante area and buffer room. The rusty nail was fixed during the inspection as well as threshold cleaner. There is a cart with slightly rusted legs visible and somewhat comes off when wiped off. Cleanroom has ledges in this modular unit-ledges are not recommended by USP.*	No

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63. The surfaces of ceilings, walls, floors, fixtures, shelving, counters, and cabinets in the buffer area are smooth, impervious, free from cracks and crevices, and non-shedding, thereby promoting cleanability, and minimizing spaces in which microorganisms and other contaminants may accumulate. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
64. Ceiling tiles are caulked around each perimeter and to walls to seal them to the support frame. The exterior lens surface of ceiling lighting fixtures is smooth, mounted flush, and sealed. All other penetrations through the ceiling or walls are sealed. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls] *Ceiling tiles sealed and caulked*	Yes
65. The buffer area does not contain sources of water (sinks) or floor drains. Work surfaces are constructed of smooth, impervious materials, such as stainless steel or molded plastic, so that they are easily cleaned and disinfected. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
66. Storage shelving, counters, cabinets and carts/casters in the buffer area are smooth, impervious, free from cracks and crevices, non-shedding, non-porous, cleanable, and disinfectable. [ENVIRONMENTAL QUALITY AND CONTROL : Facility Design and Environmental Controls]	Yes
67. When devices (e.g., computers and printers) and objects (e.g., carts and cabinets) are placed in buffer areas, air quality is verified by particle counts on certification. [ENVIRONMENTAL QUALITY AND CONTROL : ISO Class 5 Air Sources, Buffer Areas, and Ante-Areas] *Repeater pump placed outside the hood.*	Yes

QUALITY AND CONTROL

68. An appropriate environmental sampling plan has been developed for airborne viable particles based on a risk assessment of compounding activities performed. Volumetric air sampling is conducted every six months and sites include locations within each ISO Class 5 environment and in the ISO Class 7 and 8 areas, and the areas at greatest risk of contamination (e.g., work areas near the ISO Class 5 environment, counters near doors, pass-through boxes). The plan includes sample locations, method of collection, frequency of sampling, volume of air sampled, and time of day as related to activity in the compounding area and action levels. [ENVIRONMENTAL QUALITY AND CONTROL : Environmental Viable Airborne Particle Testing Program—Sampling Plan] *VAS conducted by MTA Feb 15, 2022, Aug 9, 2021.*	Yes
69. Evaluation of airborne microorganisms using volumetric collection methods in the controlled air environments is performed by properly trained individuals for all compounding risk levels. [ENVIRONMENTAL QUALITY AND CONTROL : Viable Air Sampling] *Feb 15, 2022*	Yes
70. Volumetric air sampling using malt extract agar (MEA) or some other media that supports the growth of fungi is used in high-risk level compounding environments. [ENVIRONMENTAL QUALITY AND CONTROL : Growth Media]	Yes
71. For low-risk level CSPs with 12-hour or less BUD, air sampling is performed at locations inside the ISO Class 5 environment and other areas that are in close proximity to the ISO class 5 environment. [ENVIRONMENTAL QUALITY AND CONTROL : Viable Air Sampling]	N/A
72. The number of discrete colonies of microorganisms is counted and reported as colony-forming units (cfu) and documented on an environmental monitoring form. Counts from air monitoring are transformed into cfu/cubic meter of air and evaluated for adverse trends. [ENVIRONMENTAL QUALITY AND CONTROL : Incubation Period] *Trended by MTA for air and surface samples every 6 months*	Yes
73. Surface sampling is accomplished in all ISO classified areas on a periodic basis using TSA contact plates with lecithin and polysorbate 80 and/or swabs and is done at the conclusion of compounding. [ENVIRONMENTAL QUALITY AND CONTROL : Surface Cleaning and Disinfection Sampling and Assessment] *Pharmacy does monthly surface sampling.*	Yes
74. Sampling data is collected and reviewed on a periodic basis as a means of evaluating the overall state of control of the compounding environment. [ENVIRONMENTAL QUALITY AND CONTROL : Action Levels, Documentation and Data Evaluation] *Policy on surface sampling states 1st choice to conduct ss with every single compound.*	Yes
75. Competent microbiology personnel are consulted if an environmental sampling consistently shows elevated levels of microbial growth. If any mold, yeast, coagulase positive staphylococcus, or gram negative rods are detected immediate remediation and investigation into the cause and source was conducted. [ENVIRONMENTAL QUALITY AND CONTROL : Action Levels, Documentation and Data Evaluation]	N/A
76. Surfaces in the LAFWs, BSCs, CAIs, and CACIs are cleaned and disinfected frequently, including at the beginning of each work shift, before each batch preparation is started, every 30 minutes during continuous compounding periods of individual CSPs, when there are spills, and when surface contamination is known or suspected from procedural breaches. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
77. Cleaning and disinfecting occurs before compounding is performed. Items are removed from all areas to be cleaned, and surfaces are cleaned by removing loose material and residue from spills, e.g., water-soluble solid residues are removed with Sterile Water and low-shedding wipes. This shall be followed by wiping with a residue-free disinfecting agent, such as sterile 70% IPA, which is allowed to dry before compounding begins. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
78. Cleaning and disinfecting agents and methods of application are in accordance with written SOPs and followed by custodial and/or compounding personnel. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas] *Daily cleaning log reviewed -demonstrates Hyp-chlor followed by Peridox RTU and SIPA, however documents show hypochlor is used, but none in cleanroom, Decon spore used. Each PEC is listed and Lyophilizer listed. Cleaning documentation -procedure does not match policy.*	No
79. Cleaning materials, such as wipes, sponges, and mops, are non-shedding, preferably composed of synthetic micro fibers, and dedicated to use in the buffer area, ante-area, and segregated compounding areas and are not removed from these areas except for disposal. If cleaning materials are reused (e.g., mops), there are procedures based on manufacturer recommendations that ensure that the effectiveness of the cleaning device is maintained and repeated use does not add to the bioburden of the area being cleaned. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas] *Mop covers from Contec and foam are sterilized using the autoclave*	Yes
80. Supplies and equipment removed from shipping cartons are wiped with a suitable disinfecting agent (e.g., sterile 70% IPA). [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
81. Disinfectant sprayed or wiped on a surface to be disinfected is allowed to dry, and during this time the item is not be used for compounding purposes. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
82. Sterile 70% IPA pads are used to disinfect the sterile entry points of packages and devices. Wetted gauze pads or other particle-generating material are not appropriate. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes

QUALITY AND CONTROL (Secondary Engineering Controls)

83. Work surfaces in ISO Class 7 and 8 areas and segregated compounding areas are cleaned at least daily. IPA (70% isopropyl alcohol) remains on surfaces to be disinfected for at least 30 seconds before such surfaces are used to prepare CSPs. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
84. Floors in ISO Class 7 and 8 areas are mopped daily by trained personnel at a time when no aseptic operations are in progress using approved agents and procedures described in written SOP's. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes

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85. Shelving, walls, and ceilings in ante-areas and buffer areas are cleaned and disinfected at least monthly. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas] *For months of Feb, used Peridox and SIPA, however, only documented a disinfecting agent for monthly cleaning using Decon-Ahol and IPA*	No

PERSONNEL CLEANSING, GARBING & COMPETENCY EVALUATION

86. Personnel preparing CSP's are free from rashes, sunburn, weeping sores, conjunctivitis, and active respiratory infections. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
87. Compounding personnel remove personal outer garments; cosmetics; artificial nails; hand, wrist, and body jewelry that can interfere with the fit of gowns and gloves; and visible body piercing above the neck. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
88. Facility has adequate supplies to meet PPE requirements of USP<797>. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
89. Garbing and hand hygiene are accomplished in the ante-area in order of dirtiest to cleanest: shoes or shoe covers, head and facial hair covers, face mask, fingernail cleansing, hand and forearm washing and drying; non-shedding gown. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing] *Nail cleansers inside sealed brush/sponge kit*	Yes
90. Sterile gloves are donned in the buffer room/isolator after hand cleansing with an alcohol-based product with persistent activity and hands are allowed to dry. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing] *Non HD cleanroom-Purell Waterless Surgical Scrub, HD cleanroom: Avagard donned prior to donning sterile gloves.*	Yes
91. Gloves are routinely disinfected with sterile 70% IPA after contacting nonsterile objects. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	Yes
92. Personnel repeat garbing and hand hygiene after they are exposed to direct contact contamination or worse than ISO Class 8 air. Gowns may be hung in the anteroom and reused during the same workshift. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Cleansing and Garbing]	N/A
93. Low/Medium Risk media-fill tests that closely simulate the most challenging or stressful conditions encountered during compounding are completed at least annually by compounding personnel. Media-filled vials are appropriately incubated for 14 days. [CSP MICROBIAL CONTAMINATION RISK LEVELS : Medium-Risk Level CSPs]	N/A
94. High Risk Media-fill tests that closely simulate the most challenging or stressful conditions encountered during compounding have been completed at least semiannually by compounding personnel. Media-filled vials are appropriately incubated for 14 days. [CSP MICROBIAL CONTAMINATION RISK LEVELS : High-Risk Level CSPs] *JB completed media fill 4/20/22 (still incubating) representing HD lyo. Inspector noted 179 media fill vials lying on the shelf in the back room incubating all 14 days at 20-25 degrees -pharmacy has these temps documented-these represent the batch for the compounding pharmacist JB who is new to the role.* *DH completed media fill 2-2-22 and 300 vials of 10ml and 8/13/21 simulating HD compounding, MH completed media fill for sterile non -HD 300 vials of 10ml, GH completed media fill simulating aqueous solutions 4/5/2022 (qty 155 vials 10ml representing non-HD Oct 8, 2021, MS completed media fill 4-22-22 and 10/15/21.*	Yes
95. Documentation indicates compounding personnel have successfully completed didactic training, passed written competency assessments, undergone skill assessment using observational audit tools (hand hygiene, garbing, aseptic technique) and media-fill testing annually or semiannually (high risk) and before any compounding personnel begin to prepare CSPs . [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures] *Documents of observational assessments for hand hygiene and garbing do not assess process for specific donning of coveralls to completely cover all exposed skin during lyophilization process.* *Documentation of written and didactic assessments available from Critical Point.*	No
96. Compounding personnel who fail written tests, observational audits, or whose media-fill test vials have one or more units showing visible microbial contamination, are reinstructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic work practice deficiencies. Corrective action is documented. Compounding personnel pass all evaluations prior to resuming compounding of sterile preparations. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures]	Yes
97. Other cleaning personnel performing cleaning and disinfecting procedures (e.g. environmental) are thoroughly trained in proper hand hygiene, and garbing, cleaning, and disinfection procedures by a qualified aseptic compounding expert. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures]	N/A
98. Compounding personnel and other personnel responsible for cleaning routinely undergo performance evaluation of proper hand hygiene, garbing, and all applicable cleaning and disinfecting procedures conducted by a qualified aseptic compounding expert. Visual observation of hand hygiene, garbing and cleaning is documented and maintained to provide a permanent record and long-term assessment of personnel competency. [ENVIRONMENTAL QUALITY AND CONTROL : Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures]	Yes
99. Immediataly after the compounder completes the hand hygiene and garbing procedure, the evaluator collects a gloved fingertip and thumb sample from both hands of the compounder onto appropriate agar plates. The plates are incubated at 30-35° for 2–3 days. All compounding personnel have successfully completed an initial competency evaluation and gloved fingertip/thumb sampling procedure (0 cfu) no less than three times before initially being allowed to compound CSPs for human use. [ENVIRONMENTAL QUALITY AND CONTROL : Gloved Fingertip Sampling] *Temps for MEA plates not properly documented for RPT MH-these indicate they are incubated at 30-33 degrees C on test date of 11-3-21. It is not documented the plates used for GFS have L&T.*	No
100. Re-evaluation of glove fingertip testing onto appropriate agar plates (Trypticase soy agar (TSA) with lecithin and polysorbate 80) for all compounding personnel occurs at least annually for low- and medium-risk level CSPs and semiannually for high-risk level CSPs before being allowed to continue compounding CSPs. Gloves shall not be disinfected with sterile 70% IPA prior to testing. The cfu action level is based on the total number of cfu on both gloves and not per hand. [ENVIRONMENTAL QUALITY AND CONTROL : Gloved Fingertip Sampling] *See comments in #99.*	No

VERIFICATION

101. Labels of CSPs contain name and address of pharmacy, correct names and amounts or concentrations of ingredients, total volumes, beyond-use dates, storage conditions, and route(s) of administration. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Identity and Strength Verification of Ingredients] *Labels do not contain Benzyl Benzoate preservative lot 04132022@15 on the label, also noted on Lipo C lot 03112022@16 Benzyl Alcohol not listed as a preservative.* *Several vials such as Myers Cocktail do not contain the Federal Legend, specifically lot 04252022@5 or Magnesium Chloride/Taurine compound lot 03232022@19. These vials were noted to have black and white labels.*	No
102. Facility has documentation that procedures have been followed to ensure sterility, purity, correct identities and amounts of ingredients, and stability. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Inspection of Solution Dosage Forms and Review of Compounding Procedures]	Yes
103. CSP's are visually inspected for abnormal particulate matter and color, and intact containers and seals. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Inspection of Solution Dosage Forms and Review of Compounding Procedures]	Yes
104. Beyond Use Dates are assigned using direct stability-indicating assays or authoritative literature that supports the assigned BUD. [STORAGE AND BEYOND-USE DATING : Determining Beyond-Use Dates]	Yes

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105. Storage time of assembled bag and vial systems are according to the manufacturer recommendations. (eg Minibag plus, Addvantage, Add-ease) [STORAGE AND BEYOND-USE DATING : Proprietary Bag and Vial Systems]	N/A

DISPENSING/DISTRIBUTION

106. Facility has written procedures for proper packaging, storage, and transportation conditions to maintain sterility, quality, purity, and strength of CSPs. [MAINTAINING STERILITY, PURITY, AND STABILITY OF DISPENSED AND DISTRIBUTED CSPs :]	Yes
107. Modes of transport are used that maintain appropriate temperatures and prevent damage to CSPs. [MAINTAINING STERILITY, PURITY, AND STABILITY OF DISPENSED AND DISTRIBUTED CSPs : Packaging and Transporting CSPs]	Yes
108. Facility provides a multiple component formal training program to ensure patients and caregivers understand the proper storage, handling, use, and disposal of CSPs. [PATIENT OR CAREGIVER TRAINING] *Lyophilized peptides do not have any drug information provided to the patient.*	No

POLICY/PROCEDURE

109. Written procedures detail cleaning and disinfecting the sterile compounding areas including cleansers, disinfectants, and non-shedding wipe and mop materials. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas] *Reviewed SOP 304.7*	Yes
110. A written procedure is in place for cleaning and disinfecting the Direct Compounding Areas. [ENVIRONMENTAL QUALITY AND CONTROL : Cleaning and Disinfecting the Sterile Compounding Areas]	Yes
111. Facility has written procedures to verify correct identity, quality, amounts, and purities of ingredients used in CSPs. [FINISHED PREPARATION RELEASE CHECKS AND TESTS : Identity and Strength Verification of Ingredients]	Yes
112. Policies address packaging to maintain physical integrity, sterility, stability, and purity of CSPs. [MAINTAINING STERILITY, PURITY, AND STABILITY OF DISPENSED AND DISTRIBUTED CSPs : Packaging and Transporting CSPs]	Yes
113. Written standard procedures describe means for patients to ask questions and report concerns and adverse events with CSPs, and for compounding pharmacists to correct and prevent future problems. [PATIENT MONITORING AND ADVERSE EVENTS REPORTING] *Documented on a QRE form*	Yes

RADIOPHARMACEUTICALS

114. Facility has appropriate primary engineering controls and radioactivity containment and shielding. Location of primary engineering controls permitted in ISO Class 8 controlled environment. [RADIOPHARMACEUTICALS AS CSPs]	
115. Radiopharmaceuticals prepared as low-risk level CSPs with 12-hour or less BUD are prepared in a segregated compounding area. Segregated compounding area is designated with a line of demarcation. [RADIOPHARMACEUTICALS AS CSPs]	
116. Technetium-99m/Molybdenum-99 generators are eluted in ISO Class 8 conditions. [RADIOPHARMACEUTICALS AS CSPs]	

MISCELLANEOUS

117. Facility engaged in office use sterile compounding for human use is registered with FDA as an outsourcing facility. [FAC 64B16-27.700 (3)(g] *Pharmacy has Titan Medical (name of clinic) on top left of label vials of Hercules injection compound lot 02182022@21 stored at room temperature, vials were observed in the quarantine area-LG21820 Life File records demonstrate not dispensed. Batch record reviewed demonstrates 23 vials compounded.*	No
118. Compounding records are properly maintained. [FAC 64B16-28.140(4)] *Compounding records reviewed for Ipamorelin/Sermorelin PF 15mg/15mg Inj lot 01262022@15 shows hood as LFH1, however the drug was compounded in the BSC where the lyophilizer is attached, Bremlanotide PF 20mg Inj lot 03142022@15, batch record shows it was compounded in LFH1, however this drug was compounded in the BSC where the lyophilizer is attached. Documented theoretical yield is missing for Amino Acid #1 lot 04132022@15 -2250ml was the intended batch yield, actual yield was documented as 74 vials volume of 30ml,*	No
119. When compounding activities require the manipulation of a patient's blood-derived or other biological material, the manipulations are clearly separated from routine material-handling procedures and equipment used in CSP preparation activities, and they are controlled by specific standard operating procedures in order to avoid any cross-contamination. [ENVIRONMENTAL QUALITY AND CONTROL : Placement of Primary Engineering Controls Within ISO Class 7 Buffer Areas]	N/A

SPECIAL PARENTERAL ENTERAL & EXTENDED SCOPE

120. Pharmacy technicians properly identified and supervised. [64B16-27.420, F.A.C.]	
121. Medication properly labeled. [465.0255, F.S.] [64B16-28.108, F.A.C.]	
122. Expired medications removed from the shelves. [64B16-28.110, F.A.C.]	
123. CQI Policy and Procedures and quarterly meetings. [766.101, F.S.] [64B16-27.300, F.A.C.]	
124. Prescriptions have the date dispensed and dispensing pharmacists. [893.04(1)(c) 6, F.S.] [64B16-28.140(3)(b), F.A.C.]	
125. Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	
126. All controlled substance prescriptions contain information required. [893.04, F.S.]	
127. Prescriptions for controlled substances are on counterfeit-proof prescription pads or blanks purchased from a Department-approved vendor and the quantity and date meet the requirements of [456.42(2), F.S.].	
128. Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a), F.S.]	
129. DEA 222 order forms properly completed. [893.07, F.S.]	
130. Controlled substance records and Rx information in computer system is retrievable. [21CFR 1306.22] [64B16-28.140, F.A.C.]	
131. Controlled substance records maintained for 4 years. [465.022(12)(b), F.S.]	
132. Certified daily log OR printout maintained. [21CFR 1306.22(b)(3)] [64B16-28.140(3)(b), F.A.C.]	
133. Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4), F.S.]	
134. Pharmacy maintains invoices documenting that medicinal drugs were obtained from a Florida licensed distributor. 499.005 (14)	

LYOPHILIZATION

INV797-Sterile Compounding

Insp # 178092 | POPE SHENOUDA LLC | File # 22731

135. Sterile products prepared for lyophilization are maintained in ISO 5 unidirectional laminar flow air throughout sterilization, filling and transport to the lyophilizer. [64B16-27.797(5) F.A.C.]	Yes
136. A recorded smoke study is available and demonstrates that transport from the PEC to the lyophilizer is accomplished in ISO 5 laminar flow air at all times. [64B16-27.797(5) F.A.C.] *available for Feb 2022-performed by MTA*	Yes
137.The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product. [64B16-27.797(5) F.A.C.] *Contact time not adhered to based on study from Pharmetric*	No
138. The pharmacy validated the high-level disinfection procedure initially, and after changes to the cleaning process or agents. Documentation of studies is available for inspection. [64B16-27.797(5) F.A.C.] *Performed by Pharmetric on stainless steel; borosilicate glass (door) of the lyophilizer on Aug 17, 2020 : Cleaning agents documented are Peridox (contact time studied 10 mins), Decon-Phene 10 mins, SIPA 10 mins.*	Yes
139. Validation studies for high level disinfection are performed with the 5-aerobic bacterial and fungal ATCC organisms referenced in USP<71> are conducted by an external vendor unless the firm has an internal laboratory capable of performing the studies. An internal laboratory is separate from the compounding and work areas of the pharmacy to prevent contamination in the pharmacy. [64B16-27.797(5) F.A.C.] *Pharmetric conducted an evaluation on the stainless steel and borosilicate glass of the SP Scientific Lyophilizer SN SN 325488. attached to Esco HD vertical flow Class II A2 BSC on Aug 17, 2020*	Yes
140. Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection. [64B16-27.797(5) F.A.C.] *Procedures for use of Cleaning agents for the lyophilizer and dwell times used are not according the study done by Pharmetric lab on Aug 17, 2020 which documents a dwell time of 10 mins for Peridox and Decon Phene as well as SIPA. Infact only Hypo Chlor listed on cleaning log which has not been studied, Peridox and SIPA (no dwell times specified)* *The pharmacy has a cleaning document "Daily Cleaning Log for Controlled Sterile Compounding Environments & Adjacent Areas" which has documented daily cleaning stating "Lyophilize (if no compound inside)", and reviewed "Maintenance and check the Lyophilizer" which has documented on production days March 2022 as "Weekly Inside the ISO 5" activity of cleaning Gaskets, Trays and shelves, Door and the handle", however this latter document only states "Wipe the lyo with SIPA" for outside the lyp.*	No
141. Policies and procedures are established for the maintenance of the lyophilizer and at a minimum include the manufacturers recommendations. [64B16-27.797(5) F.A.C.] *Pharmacy provided Intrutech Vacuum Geuge Celibration Certificate dated 10/6/21, Air Eze Scientific services did preventative maintenance for SP Scientific Freeze Dryer on 4-5-21.*	Yes
142. The maintenance schedule includes provisions for periodic testing of the chamber for leaks and all other recommended procedures described by the equipment manufacturer. Documentation of routine maintenance is available for inspection. [64B16-27.797(5) F.A.C.] *Testing for chamber leaks occurs monthly and is documented.*	Yes
143.SOPs and quality assurance program established to include validation of the filling process, container closure integrity, frequent monitoring of fill volumes, identification of over fills and underfills, assessment of personnel involved in compounding for lyophilization, equipment qualification, formula verification, and evaluation of finished product for conformance to specifications. [64B16-27.797(5) F.A.C.]	Yes
144. The pharmacy has provisions for sterilizing, with filters, the inert gas or air used for backfilling during the vacuum release phase. These Sterilizing filters undergo the manufacturers recommended integrity test. [64B16-27.797(5) F.A.C.] *Documented on the batch record for lyophilized compounds.*	Yes
145. Media fills are conducted every six months using the maximum batch size and demonstrate the filling, transport to the lyophilizer, loading and stoppering operations. Media is NOT frozen during the media fill operation. [64B16-27.797(5) F.A.C.] *Media fills are approximately the representative batch size for compounded peptides.*	Yes
146. Personnel preparing sterile compounds for lyophilization wear sterile Personal Protective Equipment that covers all exposed skin.[64B16-27.797(5) F.A.C.]	Yes
147. Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record. [64B16-27.797(5) F.A.C.] *Documented on batch record for all Peptides, specifically noted to be TSA+ and MEA+ but does not specify L&T for compound Ipamorelin/Sermorelin PF 15mg/15mg Inj lot 01262022@15, compounding technician was DH. SOP 613 "Cleaning and maintenance of a SP Scientific Lyophilizer" does not specify the TSA plates for surface sampling.-see line 15. Observed correct TSA with L&T and MEA with L&T plates in refrigerator. Incubation temps are incorrect for MEA plates used-stated to be 30-33 degrees C.*	No
148. In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product.[64B16-27.797(5) F.A.C.] *Inspector identified vials of lyophilized compound which appear to be product ejection, specifically BPC-157 Acetate lot 01102022@16. This may impact product quality attributes. Other CSP's noted to have this visual defect: Semaglutide 5mg inj (not released).* *In process criteria for rejection of different cake quality such as color, moisture, cake appearance not fully established to allow the inspector of the cake to reject or accept the end product.*	No
149. A 100% visual examination of the finished product is conducted to determine that the product conforms to the established visual criteria and is incorporated into the batch record. [64B16-27.797(5) F.A.C.] *See note above in #148- rejection criteria not established for some vials in this lot and has been released to patient.*	No
150. Finished product testing is conducted on all batches. Procedures have been established for selecting test samples from the batch and are written and followed. Such procedures may include location of vials in the lyophilizer and positions in the fill line. [64B16-27.797(5) F.A.C.] *On each batch record but not in SOP 613*	Yes
151. Finished product testing includes sterility testing using a USP<71> method unless an alternative test method has been validated and shown to be equivalent or better. Diluents used to reconstitute the sample vials for testing are preservative free. [64B16-27.797(5) F.A.C.]	Yes
152. Each batch of lyophilized product with a beyond use date that falls within the USP<797> guidelines and is not tested for sterility, has viable air and surface sampling that is collected in critical areas of ISO 5 locations as well as sampling of the gloves and sleeves of personnel documented in the batch record. [64B16-27.797(5) F.A.C.]	Yes
153. Every lyophilized product has established endotoxin levels Each batch of lyophilized product is tested for endotoxin in accordance with USP<85> and confirmed to fall within the set limits and documented in the batch record. [64B16-27.797(5) F.A.C.]	Yes
154. Potency, radiochemical purity or applicable test to assure label claim is conducted on every batch and documented in the batch record. In lieu of potency testing, weight based verification may occur based on formula verification. Potency testing shall be based on the USP monograph if one is available. [64B16-27.797(5) F.A.C.]	Yes

CORRECTIVE ACTION PLAN

155. A corrective action plan is required to be submitted within 30 days for the non-compliant items listed above.	No

Remarks:

The relail pharmacy inventory is no longer at this location-medicinal drugs are missing and have been moved to Cross pharmacy. According to the PDM, the medicinal drugs were sold to MMG Pharma. The pharmacy compounds non-sterile and sterile compounds at this location.
Inspectors were informed, the pharmacy is not licensed in Texas or California but ships patient specific CSP to the physician clinic who then mails it to the patient. The pharmacy does document decontamination with cleaning agents after each batch.
Inspection conducted with Mina Shenouda, Pharmacy Intern and George Hanna, PDM and Joseph Bishay, pharmacist.
3 computer systems: PK for compounding, Life file (e-prescribed) and Prime (retail which has been discontinued).

INV797-Sterile Compounding

Insp # 178092

POPE SHENOUDA LLC

File # 22731

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

CULLIPHER, MALA

Date:4/28/2022

Representative:

George Hanna

Date:4/28/2022

1st Choice Pharmacy

May 15th, 2022

Florida Department of Health
Division of Medical Quality Assurance
The Board of Pharmacy
4052 Bald Cypress Way, Bin #C-04
Tallahassee, FL 32399-3254

RE: State of Florida Department of Health Investigative Services INV797 – Sterile Compounding, File # 22731, Insp # 178902, Date 4/28/2022, Pharmacy Permit 20208

The State of Florida Department of Health Investigative Services, represented by Ms. Mala Cullipher, Completed an inspection on April 28th, 2022. Although no Corrective Action Plan or follow-up was requested by inspector, 1st Choice Compounding Pharmacy submits the following Corrective Actions for deficiencies that were listed on the INV797 – Sterile Compounding:

Item #	Type	Inspection Item	Inspection Notes	Facility Response/Corrective Action/Comments
45	[HAZARDOUS DRUGS AS CSPs]	Hazardous drugs are prepared in an ISO Class 5 environment (BSC or CACI) with protective engineering controls in place, following aseptic practices specified for the appropriate contamination risk levels.	HD's such as Testosterone and Nandrolone compounded in the same BSC where Peptides such as Semaglutide, Sermorelin, Ipamorelin and CJC combinations are compounded. These HD's may pose a risk of contamination to the non-HD peptide where partially stoppered vials are lyophilized over several hours and then removed and crimped in the BSC. The pharmacy is decontaminating the BSC after each batch with Peridox.	The pharmacy, as noted by the inspector, is decontaminating the BSC after each batch using an approved operating procedure and the approved materials including Peridox RTU. Peridox RTU has been demonstrated to be an effective decontaminate when used as directed, thereby eliminating the cross-contamination risk between batches of drugs.
62	[ENVIRONMENTAL QUALITY AND CONTROL: Facility Design and Environmental Controls]	Surfaces and essential furniture in buffer rooms or zones and clean rooms are nonporous, smooth, non-shedding, impermeable, cleanable, and resistant to disinfectants.	Peridox applied in pass through of non-HD IV room did not remove stain or residue in the center of the pass-through, some screws still noted to be discolored and rusted on rivets/threshold in between the ante area and buffer room. The rusty nail was fixed during the inspection as well as threshold cleaner. There is a cart with	All discolored rivets and screws have been coated with an oxidizer and then coated with silicone. The cart legs have also been coated with oxidizer and sealed using enamel paint. All horizontal surfaces required for structural stability and safety meet all requirements of USP, including being non-porous,

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			slightly rusted legs visible and somewhat comes off when wiped off. Cleanroom has ledges in this modular unit-ledges are not recommended by USP.	smooth, non-shedding, impermeable, cleanable, and resistant to disinfectants. As noted by inspector, recommendations are not requirements.
78	[ENVIRONMENTAL QUALITY AND CONTROL: Cleaning and Disinfecting the Sterile Compounding Areas]	Cleaning and disinfecting agents and methods of application are in accordance with written SOPs and followed by custodial and/or compounding personnel.	Daily cleaning log reviewed - demonstrates Hyp-chlor followed by Peridox RTU and SIPA, however documents show hypochlor is used, but none in cleanroom, Decon spore used. Each PEC is listed and Lyophilizer listed. Cleaning documentation - procedure does not match policy.	Policy & Procedure (SOP 304.8) has been updated to include only Sterile Water for irrigation, Peridox RTU as cleaning agents, and Sterile IPA as the disinfectant.
85	[ENVIRONMENTAL QUALITY AND CONTROL: Cleaning and Disinfecting the Sterile Compounding Areas]	Shelving, walls, and ceilings in ante-areas and buffer areas are cleaned and disinfected at least monthly.	For months of Feb, used Peridox and SIPA, however, only documented a disinfecting agent for monthly cleaning using Decon-Ahol and IPA	Please see response to #78
95	[ENVIRONMENTAL QUALITY AND CONTROL: Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices and Cleaning/Disinfection Procedures]	Documentation indicates compounding personnel have successfully completed didactic training, passed written competency assessments, undergone skill assessment using observational audit tools (hand hygiene, garbing, aseptic technique) and media-fill testing annually or semiannually (high risk) and before any compounding personnel begin to prepare CSPs .	Documents of observational assessments for hand hygiene and garbing do not assess process for specific donning of coveralls to completely cover all exposed skin during lyophilization process. Documentation of written and didactic assessments available from Critical Point.	Policy & Procedure SOP F-410.a - Gowning and Gloving has been updated to include measures to minimize the potential to create external contamination when garbing using sterile hoods which cover all exposed skin when using sterile goggles.

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99	[ENVIRONMENTAL QUALITY AND CONTROL: Gloved Fingertip Sampling]	Immediately after the compounder completes the hand hygiene and garbing procedure, the evaluator collects a gloved fingertip and thumb sample from both hands of the compounder onto appropriate agar plates. The plates are incubated at 30-35° for 2–3 days. All compounding personnel have successfully completed an initial competency evaluation and gloved fingertip/thumb sampling procedure (0 cfu) no less than three times before initially being allowed to compound CSPs for human use.	Temps for MEA plates not properly documented for RPT MH-these indicate they are incubated at 30-33 degrees C on test date of 11-3-21. It is not documented the plates used for GFS have L&T.	SOP F-202.b has been updated to reflect that all plates used for GFS contain lecithin and polysorbate 80
100	[ENVIRONMENTAL QUALITY AND CONTROL: Gloved Fingertip Sampling]	Re-evaluation of glove fingertip testing onto appropriate agar plates (Trypticase soy agar (TSA) with lecithin and polysorbate 80) for all compounding personnel occurs at least annually for low- and medium-risk level CSPs and semiannually for high-risk level CSPs before being allowed to continue compounding CSPs. Gloves shall not be disinfected with sterile 70% IPA prior to testing. The cfu action level is based on the total number of cfu on	See comments in #99.	Please see the reply for #99.

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		both gloves and not per hand.		
101	[FINISHED PREPARATION RELEASE CHECKS AND TESTS: Identity and Strength Verification of Ingredients]	Labels of CSPs contain name and address of pharmacy, correct names and amounts or concentrations of ingredients, total volumes, beyond-use dates, storage conditions, and route(s) of administration.	Labels do not contain Benzyl Benzoate preservative lot 04132022@15 on the label, also noted on Lipo C lot 03112022@16 Benzyl Alcohol not listed as a preservative. Several vials such as Myers Cocktail do not contain the Federal Legend, specifically lot 04252022@5 or Magnesium Chloride/Taurine compound lot 03232022@19. These vials were noted to have black and white labels.	All printed dispensing labels shall be updated to include preservative content, federal legend and shall be printed in color.
108	[PATIENT OR CAREGIVER TRAINING]	Facility provides a multiple component formal training program to ensure patients and caregivers understand the proper storage, handling, use, and disposal of CSPs.	Lyophilized peptides do not have any drug information provided to the patient	Package inserts have been updated for all peptides.
117	[FAC 64B16-27.700 (3)(g]	Facility engaged in office use sterile compounding for human use is registered with FDA as an outsourcing facility.	Pharmacy has Titan Medical (name of clinic) on top left of label vials of Hercules injection compound lot 02182022@21 stored at room temperature; vials were observed in the quarantine area-LG21820 Life File records demonstrate not dispensed. Batch record reviewed demonstrates 23 vials compounded.	All vials quarantined for disposal have been disposed of. No vials dispensed.
118	[FAC 64B16-28.140(4)]	Compounding records are properly maintained.	Compounding records reviewed for Ipamorelin/Sermorelin PF 15mg/15mg Inj lot 01262022@15 shows hood as LFH1, however the drug was compounded in the BSC where	Compounding records have been updated to reflect the correct hood. Batch Amino Acid #1 Lot 04132022@15 batch yield of 74 vials (2220mL) was within the

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			the lyophilizer is attached, Bremlanotide PF 20mg Inj lot 03142022@15, batch record shows it was compounded in LFH1, however this drug was compounded in the BSC where the lyophilizer is attached. Documented theoretical yield is missing for Amino Acid #1 lot 04132022@15 -2250ml was the intended batch yield, actual yield was documented as 74 vials volume of 30ml,	tolerance to allow for fluid retention and/or cohesion in tubing, sterilizing filter and beaker.
137	[64B16-27.797(5) F.A.C.]	The pharmacy has established and follows policies and procedures for the high-level disinfection of the lyophilizer chamber, piping, and all other areas of the unit which pose a potential risk for contamination of the product.	Contact time not adhered to based on study from Pharmetric	SOP 613.1updated to correct contact time.
140	[64B16-27.797(5) F.A.C.]	Policies and procedures are established and followed for cleaning the lyophilizer prior to disinfection and include cleaning agents and schedules. Documentation of cleaning is maintained and available for inspection.	Procedures for use of Cleaning agents for the lyophilizer and dwell times used are not according the study done by Pharmetric lab on Aug 17, 2020 which documents a dwell time of 10 mins for Peridox and Decon Phene as well as SIPA. Infact only Hypo Chlor listed on cleaning log which has not been studied, Peridox and SIPA (no dwell times specified) The pharmacy has a cleaning document "Daily Cleaning Log for Controlled Sterile Compounding Environments & Adjacent Areas" which has documented daily cleaning stating "Lyophilize (if no compound inside)", and reviewed "Maintenance and check the Lyophilizer" which has documented on production days March 2022 as "Weekly Inside	Please see reply for #137.

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			the ISO 5" activity of cleaning Gaskets, Trays and shelves, Door and the handle", however this latter document only states "Wipe the lyo with SIPA" for outside the lyp.	
147	[64B16-27.797(5) F.A.C.]	Glove Fingertip Sampling is performed with every batch after fill and transport into the lyophilizer on all personnel compounding for lyophilization. The results are incorporated into the batch record.	Documented on batch record for all Peptides, specifically noted to be TSA+ and MEA+ but does not specify L&T for compound Ipamorelin/Sermorelin PF 15mg/15mg Inj lot 01262022@15, compounding technician was DH. SOP 613 "Cleaning and maintenance of a SP Scientific Lyophilizer" does not specify the TSA plates for surface sampling. -see line 15. Observed correct TSA with L&T and MEA with L&T plates in refrigerator. Incubation temps are incorrect for MEA plates used-stated to be 30-33 degrees C.	Please see reply for #99.
148	[64B16-27.797(5) F.A.C.]	In-process acceptance criteria such as color, moisture limits and visual appearance are established for each lyophilized product.	Inspector identified vials of lyophilized compound which appear to be product ejection, specifically BPC-157 Acetate lot 01102022@16. This may impact product quality attributes. Other CSP's noted to have this visual defect: Semaglutide 5mg inj (not released). In process criteria for rejection of different cake quality such as color, moisture, cake appearance not fully established to allow the inspector of the cake to reject or accept the end product	The lyophilized product labeled by the inspector "which appear to be product ejection" are, in fact, not product ejection but are actually just droplets from the fill process which splash and collect on the inner surface of the vial and sublimate. "Visual defects" in this case do NOT affect the product quality attributes based on potency testing and beyond use date testing. SOP 616.1 has been updated to establish criteria for rejection of different cake qualities.
149	[64B16-27.797(5) F.A.C.]	A 100% visual examination of the finished product is conducted to	See note above in #148-rejection criteria not established for some vials in this lot and has been released to patient.	Please see reply for #148.

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		determine that the product conforms to the established visual criteria and is incorporated into the batch record.		

If there are any questions or to request additional information, please do not hesitate to contact me.

Respectfully,



George Hanna
Owner/Pharmacist in Charge
1st Choice Compounding Pharmacy

2228 US HWY 19 HOLIDAY, FLORIDA 34691
PHONE: (727) 934-1300 FAX: (727)-934-1313

1st CHOICE PHARMACY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pope Shenouda LLC dba 1st Choice Pharmacy

Physical Address 2228 US Hwy 19 N

City Holiday State FL Zip 34691

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 727-934-1300 Website 1stchoicepharmacy.net

Licensing Company Email firstchoicepharmacy@yahoo.com

Section 2: Personal Information

First Joseph Middle Kyrillos Last Bishay

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Brighton Lake Rd

City Land O Lakes State FL Zip 34638

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials JB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida A & M University		08/08-05/14	
Address	**City**	**State**	**Zip**
1601 S Martin Luther King Jr Blvd	Tallahassee	FL	32307
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Gaither High School		08/04-05/08	
Address	**City**	**State**	**Zip**
16200 N Dale Mabry Hwy	Tampa	FL	33618
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/20- Current	[redacted] Brighton Lake Rd	Land O Lakes	FL	34638
11/18-09/20	[redacted] Hallandale Loop Apt [redacted]	Land O Lakes	FL	34638
09/16-11/18	[redacted] Trevally Loop Apt [redacted]	Trinity	FL	34655
04/15-04/16	[redacted] Oyster Bayou Way	Clearwater	FL	33759
09/13-04/15	[redacted] Basuto Drive	Trinity	FL	34655
01/11-05/13	[redacted] Midyette rd	Tallahassee	FL	32301
08/08-01/11	[redacted] Castelview Ct Apt [redacted]	Tallahassee	FL	32301
07/90-08/08	[redacted] Dawnview Drive	Tampa	FL	33624
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
1st Choice Pharmacy			01/22-Current	
Business Address		City	State	Zip
2228 US HWY 19 N		Holiday	FL	34691
Phone	Title		Number of Employed Hours	
727-304-6079	Pharmacist in Charge		Approx 2,500 to date	
Description of Duties				
PIC, Oversee all day to day operations inside the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Fusion Pharmuceuticals			10/19-12/21	
Business Address		City	State	Zip
28821 US HWY 19 N		Clearwater	FL	33761
Phone	Title		Number of Employed Hours	
201-240-8487	Pharmacist in Charge		4,500	
Description of Duties				
PIC, Oversaw all day to day operations in the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
MP Pharmacy			11/18-10/19	
Business Address		City	State	Zip
28813 US Hwy 19 N		Clearwater	FL	33761
Phone	Title		Number of Employed Hours	
201-240-8487	Staff Pharmacist		2,000	
Description of Duties				
Managing Techs/Interns, Final verification				

Business Name			From - To (MM/YY – MM/YY)	
Tampa Family Health Centers			12/18-Current	
Business Address		City	State	Zip
302 W Fletcher Ave #2		Tampa	FL	33612
Phone	Title		Number of Employed Hours	
813-397-5300	PRN Pharmacist		500	
Description of Duties				
PRN Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
Benzer Pharmacy/Tampa Specialty Pharmacy			02/18-11/18	
Business Address		City	State	Zip
5908 Brekenridge Parkway		Tampa	FL	33610
Phone	Title		Number of Employed Hours	
813-644-7277	PRN/Staff/PIC		1,500	
Description of Duties				
Final Verification, managing techs and interns				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JB

I, Joseph Bishay, **certify that as the designated representative for**

Pope Shenouda LLC dba 1st Choice Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Joseph Bishay

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Bishay

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/07/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pasco

I, Jamie Kristofik, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-7-2022

Date

Subscribed and Sworn to before me this 7th day of Dec.

Notary Public Signature

JAMIE KRISTOFIK
Notary Public
State of Florida
Comm# HH305030
Expires 8/24/2026

(Seal)

Applicant's initials JB

BISHAY, JOSEPH // TRANSCRIPT

Print

Course	Credits	Course Status	Date Completed	Lesson	Status	Score
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#15840020)	1	Completed	Jan 1, 2022 9:06 PM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#15840020)	1	Completed	Jan 1, 2022 9:06 PM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Completed, Passed	90%
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#15840021)	2	Completed	Jan 1, 2022 10:47 PM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#15840021)	2	Completed	Jan 1, 2022 10:47 PM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	80%

(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#15840031)	2	Completed	Jan 1, 2022 11:11 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#15840031)	2	Completed	Jan 1, 2022 11:11 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	90%
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#15840019)	1	Completed	Jan 1, 2022 11:26 PM	Personnel Competency Testing in Aseptic Manipulation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#15840019)	1	Completed	Jan 1, 2022 11:26 PM	Personnel Competency Testing in Aseptic Manipulation Post Test	Completed, Passed	90%

(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#15840017)	2	*Completed*	Jan 2, 2022 12:29 AM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	*Completed*	-
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#15840017)	2	Completed	Jan 2, 2022 12:29 AM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	83.32%
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#15840028)	1	Completed	May 11, 2022 9:54 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#15840028)	1	Completed	May 11, 2022 9:54 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Post Test	Completed, Passed	80%

(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#15840018)	1	Completed	Jan 2, 2022 12:39 AM	Overview of Environmental Monitoring Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#15840018)	1	Completed	Jan 2, 2022 12:39 AM	Overview of Environmental Monitoring Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#15840022)	0.5	Completed	Jan 2, 2022 12:50 AM	Viable Air and Surface Sampling Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#15840022)	0.5	Completed	Jan 2, 2022 12:50 AM	Viable Air and Surface Sampling Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#15840026)	1	Completed	May 3, 2022 9:06 PM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#15840026)	1	Completed	May 3, 2022 9:06 PM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	90%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#15840025)	1	Completed	May 3, 2022 9:31 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#15840025)	1	Completed	May 3, 2022 9:31 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#15840014)	1	Completed	May 3, 2022 9:47 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#15840014)	1	Completed	May 3, 2022 9:47 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	100%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#15840016)	1	Completed	May 3, 2022 10:00 PM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#15840016)	1	Completed	May 3, 2022 10:00 PM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	80%
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#15840024)	1	Completed	May 3, 2022 10:25 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Lesson	Completed	-

(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#15840024)	1	Completed	May 3, 2022 10:25 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Post Test	Passed	90%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#15840027)	1	Completed	May 3, 2022 10:42 PM	Hazardous Drug Introduction and Overview Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#15840027)	1	Completed	May 3, 2022 10:42 PM	Hazardous Drug Introduction and Overview Post Test	Completed, Passed	86.66%
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#15840015)	1	Completed	May 3, 2022 11:02 PM	Hazardous Drug Primary and Secondary Engineering Controls Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#15840015)	1	Completed	May 3, 2022 11:02 PM	Hazardous Drug Primary and Secondary Engineering Controls Post Test	Completed, Passed	80%
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#15840023)	1	Completed	May 4, 2022 7:27 AM	Hazardous Drug Use of Personal Protective Equipment Lesson	Completed	-
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#15840023)	1	Completed	May 4, 2022 7:27 AM	Hazardous Drug Use of Personal Protective Equipment Post Test	Completed, Passed	90%

1st Choice Pharmacy is a Limited Liability Company (LLC) owned by Pope Shenouda, LLC.

This LLC has one sole 100% owner named George Hanna. His information is as follows:

George Hanna
[redacted]Moonbeam Way
Clearwater, FL 33759
DOB: [redacted]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Pope Shenouda LLC DBA 1st Choice Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 2228 US HWY 19 N

City: Holiday State: FL Zip: 34691

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 727-934-1300 Website: www.1stchoicepharmacy.net

Licensing Company Email: firstchoicepharmacy@yahoo.com

Section 2: Personal Information

First: George Middle: Last: Hanna

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Moonbeam Way

City: Clearwater State: FL Zip: 33759

Telephone: [redacted] Email: firstchoicepharmacy@yahoo.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Florida A & M University		2001 - 4/2005	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Pharm D			

School Name		From - To (MM/YY – MM/YY)	
St Pete College		8/97 - 5/2001	
Address	City	State	Zip
Diploma/Degree obtained, if any			
AA			

School Name		From - To (MM/YY – MM/YY)	
Pinellas High School		11/95 - 5/97	
Address	City	State	Zip
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Moonbeam Way	Clearwater	FL	33759
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Country Trails Dr	Safety Harbor	FL	34695
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Pope Shenouda LLC DBA 1st Choice Pharmacy				
Business Address		**City**	**State**	**Zip**
2228 US HWY 19 N		Holiday	FL	34691
Phone	**Title**			
727-934-1300	Owner/Pharmacist			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
A and E of Tampa Bay LLC DBA 1st Choice LTC Pharmacy				
Business Address		**City**	**State**	**Zip**
2049 Welbilt Blvd		Trinity	FL	34655
Phone	**Title**			
727-940-3521	Owner			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?	X	X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.	X	
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

George Hanna

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/22/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pasco

I, Jamie Kristofik, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/22/2022

Date

Subscribed and Sworn to before me this 22 day of Dec

Notary Public Signature

JAMIE KRISTOFIK
Notary Public
State of Florida
Comm# HH305030
Expires 8/24/2026

(Seal)

HANNA, GEORGE // TRANSCRIPT

Print

Course	Credits	Course Status	Date Completed	Lesson	Status	Score
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#10142397)	1	Completed	Aug 7, 2020 12:33 PM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#10142397)	1	Completed	Aug 7, 2020 12:33 PM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Completed, Passed	80%
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#13398761)	1	Completed	Feb 24, 2022 2:29 PM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#13398761)	1	Completed	Feb 24, 2022 2:29 PM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Completed, Passed	90%
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#7903114)	1	Completed	Aug 8, 2019 12:11 PM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-

(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#7903114)	1	Completed	Aug 8, 2019 12:11 PM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Passed	80%
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#10142398)	2	Completed	Aug 7, 2020 4:42 PM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#10142398)	2	Completed	Aug 7, 2020 4:42 PM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	93.33%
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#13398762)	2	Completed	Feb 24, 2022 3:16 PM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#13398762)	2	Completed	Feb 24, 2022 3:16 PM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	93.33%

(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#7903115)	2	Completed	Aug 8, 2019 2:10 PM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#7903115)	2	Completed	Aug 8, 2019 2:10 PM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Passed	80%
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#10142399)	2	Completed	Aug 16, 2020 3:20 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#10142399)	2	Completed	Aug 16, 2020 3:20 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	90%

(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#13398763)	2	Completed	Feb 25, 2022 12:48 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#13398763)	2	Completed	Feb 25, 2022 12:48 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	80%
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#7903116)	2	Completed	May 15, 2020 12:55 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#7903116)	2	Completed	May 15, 2020 12:55 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Passed	80%
(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#10142400)	2	Completed	Aug 16, 2020 10:34 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-

(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#10142400)	2	Completed	Aug 16, 2020 10:34 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	83.32%
(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#7903117)	2	Completed	May 15, 2020 2:55 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-
(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#7903117)	2	Completed	May 15, 2020 2:55 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	83.32%
(3) Personnel Sampling Metrics - Personnel Aseptic Media Fill and Competency Evaluation (#7903118)	1	Completed	May 15, 2020 3:15 PM	Personnel Aseptic Media Fill and Competency Evaluation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Aseptic Media Fill and Competency Evaluation (#7903118)	1	Completed	May 15, 2020 3:15 PM	Personnel Aseptic Media Fill and Competency Evaluation Post Test	Completed, Passed	80%
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#10142401)	1	Completed	Aug 16, 2020 10:54 PM	Personnel Competency Testing in Aseptic Manipulation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#10142401)	1	Completed	Aug 16, 2020 10:54 PM	Personnel Competency Testing in Aseptic Manipulation Post Test	Completed, Passed	100%

(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#13398765)	1	Completed	Feb 25, 2022 1:02 PM	Personnel Competency Testing in Aseptic Manipulation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#13398765)	1	Completed	Feb 25, 2022 1:02 PM	Personnel Competency Testing in Aseptic Manipulation Post Test	Completed, Passed	80%
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#13398764)	2	Completed	Feb 28, 2022 1:39 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#13398764)	2	Completed	Feb 28, 2022 1:39 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	100%
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362473)	1	Completed	Nov 20, 2020 11:40 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362473)	1	Completed	Nov 20, 2020 11:40 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Post Test	Completed, Passed	100%

(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362497)	1	Completed	Mar 10, 2022 11:52 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362497)	1	Completed	Mar 10, 2022 11:52 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#10142406)	1	Completed	Aug 17, 2020 8:42 PM	Overview of Environmental Monitoring Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#10142406)	1	Completed	Aug 17, 2020 8:42 PM	Overview of Environmental Monitoring Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#13398770)	1	Completed	Feb 28, 2022 2:23 PM	Overview of Environmental Monitoring Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#13398770)	1	Completed	Feb 28, 2022 2:23 PM	Overview of Environmental Monitoring Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Surface Sampling (#7903123)	1	Completed	May 15, 2020 4:21 PM	Surface Sampling Lesson	Completed	-

(4) Viable Facility Sampling Metrics - Surface Sampling (#7903123)	1	Completed	May 15, 2020 4:21 PM	Surface Sampling Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#10142402)	0.5	Completed	Aug 17, 2020 9:05 PM	Viable Air and Surface Sampling Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#10142402)	0.5	Completed	Aug 17, 2020 9:05 PM	Viable Air and Surface Sampling Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#13398766)	0.5	Completed	Feb 28, 2022 2:45 PM	Viable Air and Surface Sampling Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#13398766)	0.5	Completed	Feb 28, 2022 2:45 PM	Viable Air and Surface Sampling Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Volumetric Air Sampling (#7903119)	1	Completed	May 28, 2020 9:26 PM	Volumetric Air Sampling Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Volumetric Air Sampling (#7903119)	1	Completed	May 28, 2020 9:26 PM	Volumetric Air Sampling Post Test	Completed, Passed	90%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#10142408)	1	Completed	Aug 17, 2020 9:25 PM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#10142408)	1	Completed	Aug 17, 2020 9:25 PM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#13398772)	1	Completed	Mar 1, 2022 1:20 PM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#13398772)	1	Completed	Mar 1, 2022 1:20 PM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	100%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#7903125)	1	Completed	May 28, 2020 9:58 PM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#7903125)	1	Completed	May 28, 2020 9:58 PM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	80%

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#10142409)	1	Completed	Aug 17, 2020 9:46 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#10142409)	1	Completed	Aug 17, 2020 9:46 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#13398773)	1	Completed	Mar 1, 2022 1:37 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#13398773)	1	Completed	Mar 1, 2022 1:37 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Post Test	Completed, Passed	100%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas (#7903126)	1	Completed	May 29, 2020 9:44 AM	Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas (#7903126)	1	Completed	May 29, 2020 9:44 AM	Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#10142407)	1	Completed	Aug 17, 2020 11:14 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#10142407)	1	Completed	Aug 17, 2020 11:14 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	90%
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#13398771)	1	Completed	Mar 1, 2022 1:53 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#13398771)	1	Completed	Mar 1, 2022 1:53 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	100%
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#7903124)	1	Completed	May 29, 2020 10:54 AM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#7903124)	1	Completed	May 29, 2020 10:54 AM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	80%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#10142410)	1	Completed	Aug 18, 2020 12:00 AM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#10142410)	1	Completed	Aug 18, 2020 12:00 AM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	100%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#13398774)	1	Completed	Mar 1, 2022 2:22 PM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#13398774)	1	Completed	Mar 1, 2022 2:22 PM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	80%

(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#7903127)	1	Completed	May 29, 2020 11:11 AM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#7903127)	1	Completed	May 29, 2020 11:11 AM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	100%
(6) Aseptic Technique and Related Work Practices - Sterile Compounding on Patient Units (#7903128)	1	Completed	May 29, 2020 2:00 PM	Sterile Compounding on Patient Units Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding on Patient Units (#7903128)	1	Completed	May 29, 2020 2:00 PM	Sterile Compounding on Patient Units Post Test	Passed	80%
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#10142411)	1	Completed	Aug 18, 2020 12:18 AM	Sterile Compounding Outside of SCAs and Cleanroom Suites Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#10142411)	1	Completed	Aug 18, 2020 12:18 AM	Sterile Compounding Outside of SCAs and Cleanroom Suites Post Test	Passed	100%

(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#13398775)	1	Completed	Mar 3, 2022 2:56 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#13398775)	1	Completed	Mar 3, 2022 2:56 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Post Test	Passed	90%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#10142403)	1	Completed	Aug 17, 2020 10:14 PM	Hazardous Drug Introduction and Overview Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#10142403)	1	Completed	Aug 17, 2020 10:14 PM	Hazardous Drug Introduction and Overview Post Test	Completed, Passed	100%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#13398767)	1	Completed	Mar 3, 2022 3:40 PM	Hazardous Drug Introduction and Overview Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#13398767)	1	Completed	Mar 3, 2022 3:40 PM	Hazardous Drug Introduction and Overview Post Test	Completed, Passed	93.33%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#7903120)	1	Completed	Jun 1, 2020 3:37 PM	Hazardous Drug Introduction and Overview Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#7903120)	1	Completed	Jun 1, 2020 3:37 PM	Hazardous Drug Introduction and Overview Post Test	Passed	90%
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#10142405)	1	Completed	Aug 17, 2020 10:59 PM	Hazardous Drug Primary and Secondary Engineering Controls Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#10142405)	1	Completed	Aug 17, 2020 10:59 PM	Hazardous Drug Primary and Secondary Engineering Controls Post Test	Completed, Passed	80%

(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#13398769)	1	Completed	Mar 3, 2022 4:14 PM	Hazardous Drug Primary and Secondary Engineering Controls Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#13398769)	1	Completed	Mar 3, 2022 4:14 PM	Hazardous Drug Primary and Secondary Engineering Controls Post Test	Completed, Passed	90%
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Work Practice Strategies (#7903122)	2	Completed	Jun 3, 2020 1:25 PM	Hazardous Drug Work Practice Strategies Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Work Practice Strategies (#7903122)	2	Completed	Jun 3, 2020 1:25 PM	Hazardous Drug Work Practice Strategies Post Test	Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362475)	1	Completed	Nov 20, 2020 12:13 PM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362475)	1	Completed	Nov 20, 2020 12:13 PM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Post Test	Completed, Passed	91.66%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362499)	1	Completed	Mar 10, 2022 12:40 PM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362499)	1	Completed	Mar 10, 2022 12:40 PM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Post Test	Completed, Passed	91.66%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362474)	1	Completed	Nov 20, 2020 1:10 PM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362474)	1	Completed	Nov 20, 2020 1:10 PM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Post Test	Completed, Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362498)	1	Completed	Mar 10, 2022 1:08 PM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362498)	1	Completed	Mar 10, 2022 1:08 PM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Post Test	Completed, Passed	100%
(8) Requirements and Best Practices Hazardous Drug Compounding – Engineering Controls and Personal Protective Equipment (#7903121)	2	Completed	Jun 3, 2020 2:46 PM	Engineering Controls and Personal Protective Equipment Lesson	Completed	-

(8) Requirements and Best Practices Hazardous Drug Compounding – Engineering Controls and Personal Protective Equipment (#7903121)	2	Completed	Jun 3, 2020 2:46 PM	Engineering Controls and Personal Protective Equipment Post Test	Passed	90%
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#10142404)	1	Completed	Aug 17, 2020 10:36 PM	Hazardous Drug Use of Personal Protective Equipment Lesson	Completed	-
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#10142404)	1	Completed	Aug 17, 2020 10:36 PM.	Hazardous Drug Use of Personal Protective Equipment Post Test	Completed, Passed	80%
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#13398768)	1	Completed	Mar 10, 2022 10:08 AM	Hazardous Drug Use of Personal Protective Equipment Lesson	Completed	-
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#13398768)	1	Completed	Mar 10, 2022 10:08 AM	Hazardous Drug Use of Personal Protective Equipment Post Test	Completed, Passed	90%

(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#16982472)	1	Completed	Jul 27, 2022 1:05 AM	Hazardous Drug Use of Personal Protective Equipment Lesson	Completed	-
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#16982472)	1	Completed	Jul 27, 2022 1:05 AM	Hazardous Drug Use of Personal Protective Equipment Post Test	Completed, Passed	80%

(8) Requirements and Best Practices Hazardous Drug Compounding – Engineering Controls and Personal Protective Equipment (#7896620)	2	Completed	Aug 22, 2019 4:58 PM	Engineering Controls and Personal Protective Equipment Post Test	Passed	90%
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#10142389)	1	Completed	Nov 16, 2020 9:54 AM	Hazardous Drug Use of Personal Protective Equipment Lesson	Completed	-
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#10142389)	1	Completed	Nov 16, 2020 9:54 AM	Hazardous Drug Use of Personal Protective Equipment Post Test	Completed, Passed	100%
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#13398753)	1	Completed	Jan 4, 2022 11:14 PM	Hazardous Drug Use of Personal Protective Equipment Lesson	Completed	-
(8) Requirements and Best Practices Hazardous Drug Compounding – Hazardous Personal Protective Equipment (#13398753)	1	Completed	Jan 4, 2022 11:14 PM	Hazardous Drug Use of Personal Protective Equipment Post Test	Completed, Passed	90%

(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362492)	1	Completed	Jan 4, 2022 11:47 PM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Post Test	Completed, Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#16982547)	1	Completed	Jul 27, 2022 1:13 AM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#16982547)	1	Completed	Jul 27, 2022 1:13 AM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Post Test	Completed, Passed	80%
(8) Requirements and Best Practices Hazardous Drug Compounding – Engineering Controls and Personal Protective Equipment (#7896620)	2	Completed	Aug 22, 2019 4:58 PM	Engineering Controls and Personal Protective Equipment Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#16982548)	1	Completed	Jul 27, 2022 1:10 AM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Post Test	Completed, Passed	83.33%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362468)	1	Completed	Nov 17, 2020 11:10 AM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362468)	1	Completed	Nov 17, 2020 11:10 AM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Post Test	Completed, Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport (#11362492)	1	Completed	Jan 4, 2022 11:47 PM	Work Practice Strategies: Receiving, Storage, Compounding, Labeling, Packaging, and Transport Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362469)	1	Completed	Nov 17, 2020 11:14 AM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Post Test	Completed, Passed	100%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362493)	1	Completed	Jan 4, 2022 11:36 PM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362493)	1	Completed	Jan 4, 2022 11:36 PM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Post Test	Completed, Passed	91.66%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#16982548)	1	Completed	Jul 27, 2022 1:10 AM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#16982473)	1	Completed	Jul 27, 2022 1:03 AM	Hazardous Drug Primary and Secondary Engineering Controls Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#16982473)	1	Completed	Jul 27, 2022 1:03 AM	Hazardous Drug Primary and Secondary Engineering Controls Post Test	Completed, Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Work Practice Strategies (#7896621)	2	Completed	Aug 22, 2019 3:08 PM	Hazardous Drug Work Practice Strategies Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Work Practice Strategies (#7896621)	2	Completed	Aug 22, 2019 3:08 PM	Hazardous Drug Work Practice Strategies Post Test	Passed	85%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training (#11362469)	1	Completed	Nov 17, 2020 11:14 AM	Work Practice Strategies: Decontamination of HD Spaces, Management of Spills, and Staff Training Lesson	Completed	-

(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#10142390)	1	Completed	Nov 16, 2020 10:05 AM	Hazardous Drug Primary and Secondary Engineering Controls Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#10142390)	1	Completed	Nov 16, 2020 10:05 AM	Hazardous Drug Primary and Secondary Engineering Controls Post Test	Completed, Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#13398754)	1	Completed	Jan 4, 2022 11:03 PM	Hazardous Drug Primary and Secondary Engineering Controls Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding – Hazardous Drug Primary and Secondary Engineering Controls (#13398754)	1	Completed	Jan 4, 2022 11:03 PM	Hazardous Drug Primary and Secondary Engineering Controls Post Test	Completed, Passed	80%

(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#13398752)	1	Completed	Jan 4, 2022 10:37 PM	Hazardous Drug Introduction and Overview Post Test	Completed, Passed	80%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#16982471)	1	Completed	Jul 27, 2022 12:59 AM	Hazardous Drug Introduction and Overview Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#16982471)	1	Completed	Jul 27, 2022 12:59 AM	Hazardous Drug Introduction and Overview Post Test	Completed, Passed	86.66%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#7896619)	1	Completed	Aug 22, 2019 1:31 PM	Hazardous Drug Introduction and Overview Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#7896619)	1	Completed	Aug 22, 2019 1:31 PM	Hazardous Drug Introduction and Overview Post Test	Passed	90%

(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#16982479)	1	Completed	Jul 27, 2022 12:56 AM	Sterile Compounding Outside of SCAs and Cleanroom Suites Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#16982479)	1	Completed	Jul 27, 2022 12:56 AM	Sterile Compounding Outside of SCAs and Cleanroom Suites Post Test	Passed	100%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#10142388)	1	Completed	Nov 16, 2020 10:09 AM	Hazardous Drug Introduction and Overview Lesson	Completed	-
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#10142388)	1	Completed	Nov 16, 2020 10:09 AM	Hazardous Drug Introduction and Overview Post Test	Completed, Passed	86.66%
(8) Requirements and Best Practices for Hazardous Drug Compounding - Hazardous Drug Introduction and Overview (#13398752)	1	Completed	Jan 4, 2022 10:37 PM	Hazardous Drug Introduction and Overview Lesson	Completed	-

(6) Aseptic Technique and Related Work Practices - Sterile Compounding on Patient Units (#7896627)	1	Completed	Aug 21, 2019 3:44 PM	Sterile Compounding on Patient Units Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding on Patient Units (#7896627)	1	Completed	Aug 21, 2019 3:44 PM	Sterile Compounding on Patient Units Post Test	Passed	90%
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#10142396)	1	Completed	Nov 16, 2020 4:14 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#10142396)	1	Completed	Nov 16, 2020 4:14 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Post Test	Passed	100%
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#13398760)	1	Completed	Jan 4, 2022 10:27 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Sterile Compounding Outside of SCAs and Cleanroom Suites (#13398760)	1	Completed	Jan 4, 2022 10:27 PM	Sterile Compounding Outside of SCAs and Cleanroom Suites Post Test	Passed	90%

(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#13398759)	1	Completed	Jan 4, 2022 10:11 PM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	90%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#16982478)	1	Completed	Jul 27, 2022 12:53 AM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#16982478)	1	Completed	Jul 27, 2022 12:53 AM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	90%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#7896626)	1	Completed	Aug 21, 2019 3:27 PM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#7896626)	1	Completed	Aug 21, 2019 3:27 PM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	80.95%

(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#7896623)	1	Completed	Aug 21, 2019 3:07 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#7896623)	1	Completed	Aug 21, 2019 3:07 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Passed	90%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#10142395)	1	Completed	Nov 16, 2020 4:19 PM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#10142395)	1	Completed	Nov 16, 2020 4:19 PM	Aseptic Technique and Conduct in Controlled Environments Post Test	Passed	100%
(6) Aseptic Technique and Related Work Practices - Aseptic Technique and Conduct in Controlled Environments (#13398759)	1	Completed	Jan 4, 2022 10:11 PM	Aseptic Technique and Conduct in Controlled Environments Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#13398756)	1	Completed	Jan 4, 2022 9:52 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#13398756)	1	Completed	Jan 4, 2022 9:52 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	100%
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#16982475)	1	Completed	Jul 27, 2022 12:51 AM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#16982475)	1	Completed	Jul 27, 2022 12:51 AM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	80%

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas (#7896625)	1	Completed	Aug 21, 2019 2:19 PM	Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas (#7896625)	1	Completed	Aug 21, 2019 2:19 PM	Cleaning and Disinfection of Secondary Engineering Controls and Segregated Compounding Areas Post Test	Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#10142392)	1	Completed	Nov 16, 2020 4:24 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Overview of Cleaning and Disinfection of Pharmacy Controlled Environments (#10142392)	1	Completed	Nov 16, 2020 4:24 PM	Overview of Cleaning and Disinfection of Pharmacy Controlled Environments Post Test	Completed, Passed	100%

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#13398758)	1	Completed	Jan 4, 2022 1:37 AM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#16982477)	1	Completed	Jul 27, 2022 12:48 AM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#16982477)	1	Completed	Jul 27, 2022 12:48 AM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Post Test	Completed, Passed	90%

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#10142394)	1	Completed	Nov 16, 2020 4:27 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#10142394)	1	Completed	Nov 16, 2020 4:27 PM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Post Test	Completed, Passed	90%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) (#13398758)	1	Completed	Jan 4, 2022 1:37 AM	Cleaning and Disinfection of Secondary Engineering Controls (Cleanroom Suites and Segregated Compounding Areas) Lesson	Completed	-

(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#16982476)	1	Completed	Jul 27, 2022 12:46 AM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#16982476)	1	Completed	Jul 27, 2022 12:46 AM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#7896624)	1	Completed	Aug 8, 2019 3:23 PM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#7896624)	1	Completed	Aug 8, 2019 3:23 PM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Passed	100%

(4) Viable Facility Sampling Metrics - Volumetric Air Sampling (#7896618)	1	Completed	Aug 8, 2019 2:58 PM	Volumetric Air Sampling Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Volumetric Air Sampling (#7896618)	1	Completed	Aug 8, 2019 2:58 PM	Volumetric Air Sampling Post Test	Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#10142393)	1	Completed	Nov 16, 2020 4:36 PM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#10142393)	1	Completed	Nov 16, 2020 4:36 PM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	80%
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#13398757)	1	Completed	Jan 4, 2022 1:18 AM	Cleaning and Disinfection of Primary Engineering Controls Lesson	Completed	-
(5) Sanitization of Pharmacy Controlled Environments - Cleaning and Disinfection of Primary Engineering Controls (#13398757)	1	Completed	Jan 4, 2022 1:18 AM	Cleaning and Disinfection of Primary Engineering Controls Post Test	Completed, Passed	90%

(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#16982474)	1	Completed	Jul 27, 2022 12:41 AM	Overview of Environmental Monitoring Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Surface Sampling (#7896622)	1	Completed	Aug 8, 2019 1:57 PM	Surface Sampling Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Surface Sampling (#7896622)	1	Completed	Aug 8, 2019 1:57 PM	Surface Sampling Post Test	Passed	90%
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#10142387)	0.5	Completed	Nov 16, 2020 4:39 PM	Viable Air and Surface Sampling Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#10142387)	0.5	Completed	Nov 16, 2020 4:39 PM	Viable Air and Surface Sampling Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#13398751)	0.5	Completed	Jan 3, 2022 11:14 PM	Viable Air and Surface Sampling Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#13398751)	0.5	Completed	Jan 3, 2022 11:14 PM	Viable Air and Surface Sampling Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#16982470)	0.5	Completed	Jul 27, 2022 12:43 AM	Viable Air and Surface Sampling Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Viable Air and Surface Sampling (#16982470)	0.5	Completed	Jul 27, 2022 12:43 AM	Viable Air and Surface Sampling Post Test	Completed, Passed	80%

(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#16982546)	1	Completed	Jul 27, 2022 1:07 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#16982546)	1	Completed	Jul 27, 2022 1:07 AM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#10142391)	1	Completed	Nov 16, 2020 4:43 PM	Overview of Environmental Monitoring Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#10142391)	1	Completed	Nov 16, 2020 4:43 PM	Overview of Environmental Monitoring Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#13398755)	1	Completed	Jan 3, 2022 11:05 PM	Overview of Environmental Monitoring Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#13398755)	1	Completed	Jan 3, 2022 11:05 PM	Overview of Environmental Monitoring Post Test	Completed, Passed	80%
(4) Viable Facility Sampling Metrics - Overview of Environmental Monitoring (#16982474)	1	Completed	Jul 27, 2022 12:41 AM	Overview of Environmental Monitoring Lesson	Completed	-

(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362467)	1	Completed	Nov 20, 2020 4:13 PM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Lesson	Completed, Passed	-
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362467)	1	Completed	Nov 20, 2020 4:13 PM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Post Test	Completed, Passed	90%
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362491)	1	Completed	Jan 4, 2022 11:22 PM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Lesson	Completed	-
(4) Viable Facility Sampling Metrics - Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions (#11362491)	1	Completed	Jan 4, 2022 11:22 PM	Investigation and Remediation of Viable Environmental Monitoring and Personnel Sampling Excursions Post Test	Completed, Passed	80%

(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#16982469)	1	Completed	Jul 27, 2022 12:34 AM	Personnel Competency Testing in Aseptic Manipulation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#16982469)	1	Completed	Jul 27, 2022 12:34 AM	Personnel Competency Testing in Aseptic Manipulation Post Test	Completed, Passed	90%
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#13398749)	2	Completed	Jan 3, 2022 10:54 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#13398749)	2	Completed	Jan 3, 2022 10:54 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	83.32%
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#16982468)	2	Completed	Jul 27, 2022 12:38 AM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#16982468)	2	Completed	Jul 27, 2022 12:38 AM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	83.32%

(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#7896616)	2	Completed	Aug 8, 2019 12:53 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Passed	80%
(3) Personnel Sampling Metrics - Personnel Aseptic Media Fill and Competency Evaluation (#7896617)	1	Completed	Aug 8, 2019 1:42 PM	Personnel Aseptic Media Fill and Competency Evaluation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Aseptic Media Fill and Competency Evaluation (#7896617)	1	Completed	Aug 8, 2019 1:42 PM	Personnel Aseptic Media Fill and Competency Evaluation Post Test	Passed	80%
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#10142386)	1	Completed	Nov 16, 2020 4:44 PM	Personnel Competency Testing in Aseptic Manipulation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#10142386)	1	Completed	Nov 16, 2020 4:44 PM	Personnel Competency Testing in Aseptic Manipulation Post Test	Completed, Passed	80%
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#13398750)	1	Completed	Jan 3, 2022 9:51 PM	Personnel Competency Testing in Aseptic Manipulation Lesson	Completed	-
(3) Personnel Sampling Metrics - Personnel Competency Testing in Aseptic Manipulation (#13398750)	1	Completed	Jan 3, 2022 9:51 PM	Personnel Competency Testing in Aseptic Manipulation Post Test	Completed, Passed	80%

(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#7896615)	2	Completed	Aug 7, 2019 1:18 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#7896615)	2	Completed	Aug 7, 2019 1:18 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Passed	86.66%
(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#10142385)	2	Completed	Nov 16, 2020 4:49 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-
(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#10142385)	2	Completed	Nov 16, 2020 4:49 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Post Test	Completed, Passed	83.32%
(3) Personal Sampling Metrics - Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling (#7896616)	2	Completed	Aug 8, 2019 12:53 PM	Personnel Hand Hygiene, Garbing and Gloved Fingertip Sampling Lesson	Completed	-

(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#13398748)	2	Completed	Jan 3, 2022 9:40 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#13398748)	2	Completed	Jan 3, 2022 9:40 PM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	80%
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#16982467)	2	Completed	Jul 27, 2022 12:32 AM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#16982467)	2	Completed	Jul 27, 2022 12:32 AM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	80%

(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#7896614)	2	Completed	Aug 7, 2019 11:56 AM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#7896614)	2	Completed	Aug 7, 2019 11:56 AM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Passed	80%
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#10142384)	2	Completed	Nov 17, 2020 11:09 AM	Secondary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Secondary Engineering Controls: Function, Use, Testing and Certification (#10142384)	2	Completed	Nov 17, 2020 11:09 AM	Secondary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	100%

(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#13398747)	2	Completed	Jan 3, 2022 9:31 PM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#13398747)	2	Completed	Jan 3, 2022 9:31 PM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	86.66%
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#16982466)	2	Completed	Jul 27, 2022 12:28 AM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#16982466)	2	Completed	Jul 27, 2022 12:28 AM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	100%

(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#16982465)	1	Completed	Jul 27, 2022 12:25 AM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Completed, Passed	80%
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#7896613)	1	Completed	Aug 7, 2019 8:41 AM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#7896613)	1	Completed	Aug 7, 2019 8:41 AM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Passed	90%
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#10142383)	2	Completed	Sep 3, 2020 2:44 PM	Primary Engineering Controls: Function, Use, Testing and Certification Lesson	Completed	-
(2) Engineering Controls for Sterile Compounding - Primary Engineering Controls: Function, Use, Testing and Certification (#10142383)	2	Completed	Sep 3, 2020 2:44 PM	Primary Engineering Controls: Function, Use, Testing and Certification Post Test	Completed, Passed	93.33%

SHENOUDA, MINA // TRANSCRIPT

Print

Course	Credits	Course Status	Date Completed	Lesson	Status	Score
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#10142382)	1	Completed	Sep 3, 2020 2:20 PM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#10142382)	1	Completed	Sep 3, 2020 2:20 PM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Completed, Passed	90%
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#13398746)	1	Completed	Jan 3, 2022 9:17 PM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#13398746)	1	Completed	Jan 3, 2022 9:17 PM	The History of Compounding and USP Sterile Compounding Chapters Post Test	Completed, Passed	90%
(1) Fundamentals of Sterile Compounding - The History of Compounding and USP Sterile Compounding Chapters (#16982465)	1	Completed	Jul 27, 2022 12:25 AM	The History of Compounding and USP Sterile Compounding Chapters Lesson	Completed	-

State of Florida
Department of State

I certify from the records of this office that POPE SHENOUDA LLC is a limited liability company organized under the laws of the State of Florida, filed on December 10, 2007, effective December 7, 2007.

The document number of this limited liability company is L07000122168.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on April 25, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-seventh day of May, 2022



Secretary of State

Tracking Number: 9527925942CU

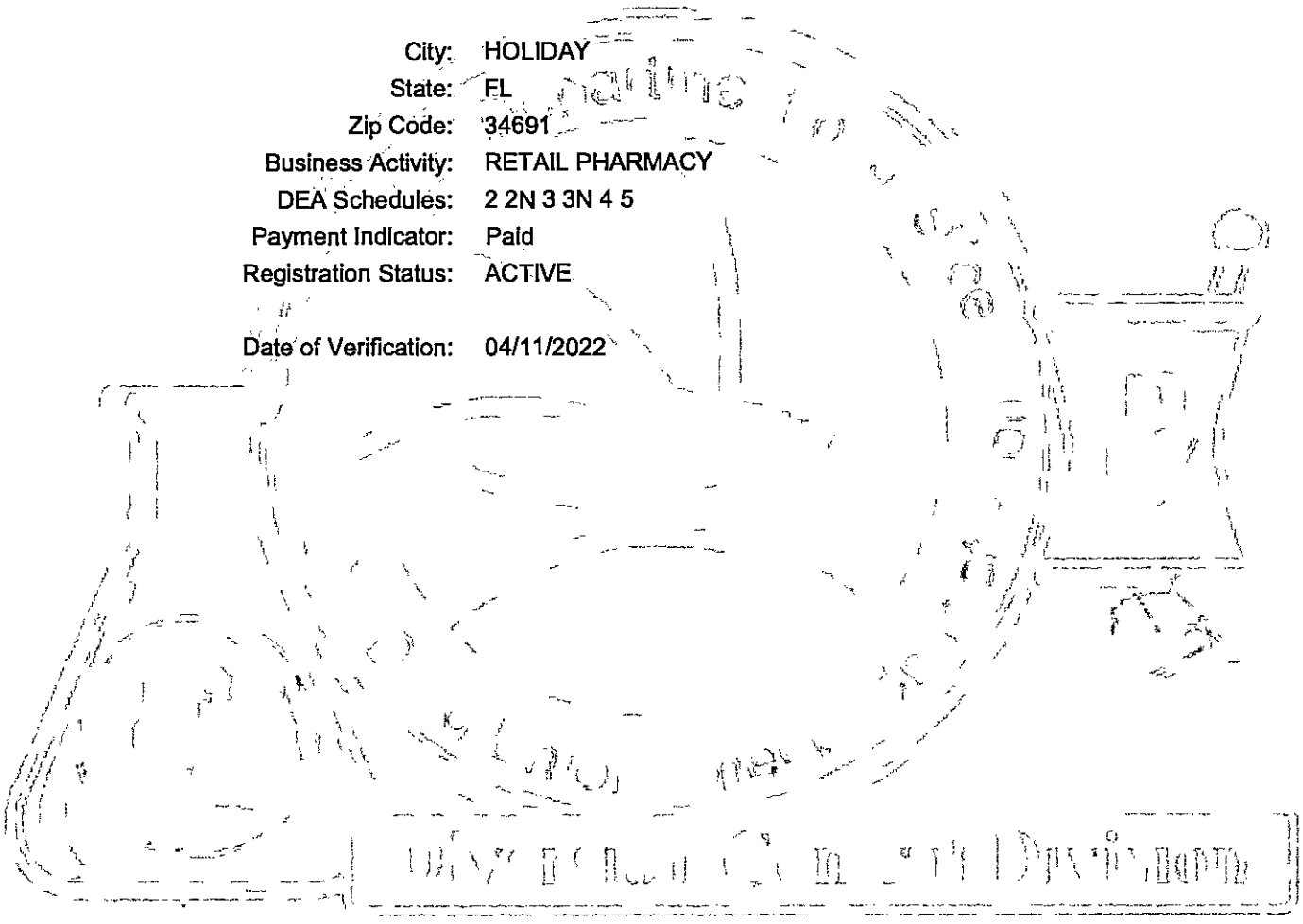
To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

Registrant Verification For

POPE SHENOUDA, LLC

DEA Number:	FP0721123
Expiration Date:	03/31/2023
Additional Company Info:	1ST CHOICE PHARMACY
Registered Address:	2228 US HIGHWAY 19
City:	HOLIDAY
State:	FL
Zip Code:	34691
Business Activity:	RETAIL PHARMACY
DEA Schedules:	2 2N 3 3N 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	04/11/2022



This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

Department of Health

License Number: PH23208

Data As Of 11/12/2022

Profession	Pharmacy
License	PH23208
License Status	CLEAR/
Qualifications	Community PharmacySchedule II & III
License Expiration Date	2/28/2025
License Original Issue Date	02/20/2008
Address of Record	2228 US Hwy 19 HOLIDAY, FL 34691
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

10B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☑ Out-of-State	☐ New Pharmacy ☑ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH 02874	☑ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☑ Other: Compounding	☑ Retail/Community ☑ Non-sterile Compounding ☑ Sterile Compounding ☑ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☑ Saturday (on call)	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

Physical Address: 3510 North Ridge Road, Suite 900

City: Wichita State: Kansas Zip: 67205

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: 316-721-2626 Toll Free # (NAC 639.708, NRS 639.23286): 855-287-6879

Fax: 316-721-4823 Contact Email: michelle.violi@belmarpharma.com

Website: https://www.customrx.net/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicolas Branam

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22119

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicolas Branam	NV Pharmacist Registration #: 22119
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required. *See attached explanation and order.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Kansas

Parent Company (if any): Belmar MidCo, Inc.

Corporation/Organization Name: Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

Mailing Address: 3510 North Ridge Road, Suite 900

City: Wichita State: KS Zip: 67205

Telephone: 316-721-2626 Email: michelle.violi@belmarpharma.com

Contact Person Name: Michelle Violi

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO and President (title) for Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Robert J. Kilgore

Print Name of Authorized Person

Robert J Kilgore

Original signature of Authorized Person (copies or stamps not accepted)

3/1/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert J. Kilgore

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Robert J Kilgore

Original signature of Authorized Person (copies or stamps not accepted)

3/1/23

Date

Board Use Only	Date Received: 3-27-23	Amount: 500.00 CK-9801

Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

Disciplinary Action Explanation

On November 7, 2017, Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts ("*Custom Rx*") and the Texas State Board of Pharmacy ("*Texas Board*") entered into an Agreed Board Order for two counts of alleged misconduct that resulted in a discipline and an administrative fine of $1,000. A copy of the Order is attached hereto. Custom Rx paid the fine in full and its Texas license is currently active and in good standing.

AGREED BOARD ORDER #K-17-007

RE: IN THE MATTER OF
CUSTOM RX PHARMACY AND
WELLNESS CONCEPTS
(PHARMACY LICENSE #29144)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 29144 issued to Custom Rx Pharmacy and Wellness Concepts (Respondent), 3510 North Ridge Road, Suite 900, Wichita, Kansas 67205.

By letter dated June 26, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 560.001(b); 561.002; 561.003(b); 561.0031; 561.005; 562.101(f); 565.002(a)(3) and (4) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 291.14; 291.103; and 291.104(a)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

COUNTS

(1) From on or about May 13, 2016, through on or about July 12, 2016, Custom Rx Pharmacy and Wellness Concepts, 3510 North Ridge Road, Suite 900, Wichita, Kansas 67205, was unlawfully operating, in that the pharmacy shipped 9 prescriptions into Texas with an expired license. On or about April 14, 2016, Custom Rx Pharmacy and Wellness Concepts submitted a renewal application for a non-resident pharmacy indicating that the pharmacy was engaged in sterile compounding, but failed to provide an inspection report. On or about June 22, 2016, an inspection was conducted by an approved vendor and the report was subsequently submitted to the Texas State Board of Pharmacy (Board). On or about July 13, 2016, the pharmacy submitted an application to change non-resident pharmacy license classification to compounding sterile preparations, which was approved by the Board, and the pharmacy's license was renewed on the same day.

(2) On or about September 1, 2016, through on or about August 29, 2017, Custom Rx Pharmacy and Wellness Concepts, 3510 North Ridge Road, Suite 900, Wichita, Kansas 67205, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

An informal conference was held in the Board's office on September 13, 2017. Respondent was not in attendance; however, Nicolas Levi Branam, Pharmacist-in-Charge, on behalf of

Respondent, submitted a written statement. The informal conference was heard by a Board panel comprised of: Christopher M. Dembny, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Mary Martha Murphy, Staff Attorney, was also in attendance.

By appearing via written statement, Jan Gerber, Corporate President, Custom Rx, LLC, waived the right to be represented by legal counsel. By signing this Order, Jan Gerber neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall develop and implement policies and procedures for the verification of valid licensure and registration status for pharmacists, pharmacist interns, and pharmacy technicians during the hiring process and on an on-going basis, and to ensure compliance with pharmacy and pharmacist licensure requirements from licensing entities in states where Respondent operates or seeks to operate as a pharmacy or wholesale facility. A written report of such policies and procedures shall be submitted to Board staff within one hundred twenty (120) days after the entry of this Order.

(3) Respondent shall be responsible for all costs relating to compliance with the requirements of this Order.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 7th day of November, 2017.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Jan Gerber, Corporate President, Custom Rx, LLC
For and on behalf of Custom Rx Pharmacy and Wellness Concepts

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4516084

Entity Name: CUSTOM RX, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on May 31, 2011, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 14, 2023

Scott Schwab

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1256698 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

Search Again

Facility/Provider Information

Board of Pharmacy Home | License Verification | Exam Scores | Submit a Complaint

The Kansas Board of Pharmacy certifies that it maintains the information for the credential verification function of this website, as well as performing hourly updates to the information represented. Therefore, the website is a secure and primary source of credential verification information, as authentic as a direct inquiry to the Board. Note Pharmacy Technicians issued after January 1, 2019 will now have a 24- prefix for their registration number until they provide proof of passage of the PTCB or ExCPT certification examination.

General

License #:	2-118557	Status:	Active
Name or Business:	Custom Rx Pharmacy and Wellness Concepts	Issue Date:	9/7/2022
Business Owner:	Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts		
Address:	3510 N RIDGE RD, STE 900 WICHITA, KS 67205	Expiration Date:	6/30/2023
Classification:	Pharmacy/Facility	On Probation:	**No**
License Type:	Pharmacy	Discipline on File:	**No** Submit Complaint

Licenses

L/P/R #	Description	Effective	Issued	Expires	Status
2-118557	Pharmacy Permit	9/21/2022	9/7/2022	6/30/2023	Active

Notes

Kansas State Board of Pharmacy

800 SW Jackson St. Suite 1414
Topeka, Kansas 66612-1244
Phone (785) 296-4056
Fax (785) 296-8420

email pharmacy@pharmacy.ks.gov
www.pharmacy.ks.gov

2-118557
PENNER, CRAIG
Custom Rx Pharmacy and Wellness Concepts
3510 N RIDGE RD, STE 900
WICHITA, KS 67205

Schedules 2, 2n, 3, 3n, 4, 5

STATE OF KANSAS
STATE BOARD OF PHARMACY

N° 2-118557

PHARMACY REGISTRATION

This registration Must Be Renewed Annually by **June 30th.**

Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts *as owner*

and PENNER, CRAIG *as P.I.C.*

has complied with the Pharmacy Act of the State of Kansas providing for the registration or licensing of ***Pharmacies or Drug Store*** *within the State of Kansas, and is hereby granted a registration to establish and maintain a pharmacy*

to be known as **Custom Rx Pharmacy and Wellness Concepts**

at **3510 N RIDGE RD, STE 900** **WICHITA** **KANSAS**

from this date until **6/30/2023** *, unless this registration is surrendered, or revoked or suspended by the Kansas State Board of Pharmacy.*

The original registration issued **September 7, 2022.**

LICENSED PHARMACIST IN CHARGE

Name PENNER, CRAIG *Certificate No.* 1-16099

Date of Change: **9/21/2022**

KANSAS STATE BOARD OF PHARMACY

By _____ Executive Secretary

THIS REGISTRATION MUST BE POSTED IN A CONSIPICUOUS PLACE - NOT TRANSFERABLE
DO NOT DESTROY - Return to Secretary for change in ownership, location or pharmacist in charge

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC7261655	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-05-2022

CUSTOM RX LLC
CUSTOM RX PHARMACY AND WELLNESS CONCEPTS
3510 N RIDGE RD. STE 900
SUITE 900
WICHITA, KS 672056720

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC7261655	08-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	07-05-2022

CUSTOM RX LLC
CUSTOM RX PHARMACY AND WELLNESS CONCEPTS
3510 N RIDGE RD. STE 900
SUITE 900
WICHITA, KS 672056720

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

Ownership Information

Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts
3510 North Ridge Road, Suite 900
Wichita, Kansas 67205

Officers of Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

- Robert J. Kilgore, CEO and President
  [redacted] Avalanche Street
  Littleton, Colorado 80125
  [redacted]
  SSN: [redacted]
  DOB: [redacted]

- David P. Malm, Secretary and Treasurer
  [redacted] Boylston Street, [redacted]
  Boston, Massachusetts 02116
  [redacted]
  SSN: [redacted]
  DOB: [redacted]

Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts will be wholly owned by Belmar MidCo, Inc.

Belmar MidCo, Inc.
231 Violet Street, Suite 140
Golden, Colorado 80401
720-531-5364

Officers and Director of Belmar MidCo, Inc.:

- Robert J. Kilgore, CEO and President
- David P. Malm, Secretary, Treasurer, and Director

Kansas
Pharmacy Board

INSPECTION INFORMATION

Pharmacy
2-09867 / 1.2
Custom Rx Pharmacy and Wellness Concepts

Inspector: Carly Haynes
Inspection Date: 7/21/2021
Inspection Staus: Inspection Closed

C-Compliant | N/I-Needs Improvement | N/C-Not Compliant
U-Unassessed | N/A-Not Applicable
Asterisk * denotes Pharmacist In Charge responsibility

PRACTICE SETTING

Compounder(s) on duty: **Craig Penner**

Facility compounds nonsterile products: Yes / No

Nonsterile Compounding Observed: Yes / No

Facility compounds sterile product: Yes / No

Sterile Compounding Observed: Yes / No

Sterile risk levels: High / Medium / Low / Immediate Use

Type of compounding area: Cleanroom Suite / HD Cleanroom Suite / SCA / C-SCA / Other

Type of primary engineering controls (PEC): LAFW / CAI / CACI / BSC / CVE / IVLFZ / Other

Compounded products shipped out of Kansas: Yes / No

If yes, what states: **30-40% leaves state**

Practice Setting Notes:

GENERAL COMPOUNDING INFORMATION

Compounding components meet standards (FDA, monograph, compendium) —K.A.R. 68-13-3(d) & K.A.R. 68-13-4(p): C / N/I / N/C / U / N/A

Component suppliers:

Advance compounding limited to routine prescribing patterns—K.A.R. 68-13-3(e) & 68-13-4(j): C / N/I / N/C / U / N/A

Veterinary compounds meet same requirements as human compounds—K.A.R. 68-13-3(f) & 68-13-4(k)

	C	N/I	N/C	U	N/A
Compounding with bulk chemicals for food-producing animals does not occur —K.A.R. 68-13-3(f) & 68-13-4(k)	C	N/I	N/C	U	N/A
Office use compounds labeled: "For Office Use Only – Not for Resale" —K.A.R. 68-13-3(g)&(h) & K.A.R. 68-13-4(l)	C	N/I	N/C	U	N/A

General Compounding Notes: **12% Sterile AND 82% Non-Sterile**

RECORDS

Documentation maintained showing preparations of products that are commercially available are compounded in accordance with allowed conditions—K.A.R. 68-13-2(r), K.A.R. 68-13-3(c) & K.A.R. 68-13-4(o)	C	N/I	N/C	U	N/A
UFR maintained at the pharmacy for 5 years—K.A.R. 68-13-3(n) & 68-13-4(t)	C	N/I	N/C	U	N/A
Compounding record maintained at the pharmacy for 5 years—K.A.R. 68-13-3(n) & 68-13-4(t)	C	N/I	N/C	U	N/A
Certificates of analysis maintained at the pharmacy for 5 years—K.A.R. 68-13-4(x)(3)	C	N/I	N/C	U	N/A
Certification documents maintained at the pharmacy for last 5 years—K.A.R. 68-13-4(q)(1)	C	N/I	N/C	U	N/A
Environmental documents maintained at the pharmacy for 5 years—K.A.R. 68-13-4(ee)	C	N/I	N/C	U	N/A
Documentation of daily checks and recordings of cleanroom suite pressures—K.A.R. 68-13-4(cc)	C	N/I	N/C	U	N/A
HEPA filter maintenance and installation records for past 5 years—K.A.R. 68-13-4(q)(1)	C	N/I	N/C	U	N/A
Cleaning and disinfecting documented & records maintained for the past year —K.A.R. 68-13-4(q)(1)&(bb)	C	N/I	N/C	U	N/A
Compounding training documented and maintained at the pharmacy for 5 years—K.A.R. 68-13-4(aa)	C	N/I	N/C	U	N/A
Invoices for office use sale to practitioner documented (name/address, drug name, lot, BUD, quantity, & date) and readily retrievable—K.A.R. 68-13-3(i)	C	N/I	N/C	U	N/A

Records Notes:

UNIFORM FORMULATION RECORD (UFR) INFORMATION—K.A.R. 68-13-3(l) & 68-13-4(r) & 68-13-4(u)*

UFR for each compounded preparation (procedural document)	C	N/I	N/C.	U	N/A
Medical care facilities have UFR for batch compounds or when assigning sterile BUD>7d	C	N/I	N/C	U	N/A

Ingredients, quantities, strength and dosage form for drug to be compounded

	C	N/I	N/C	U	N/A
Equipment to be used	C	N/I	N/C	U	N/A
Mixing instructions	C	N/I	N/C	U	N/A
Container to be used for dispensing	C	N/I	N/C	U	N/A
Storage requirements	C	N/I	N/C	U	N/A
Beyond-use date to be assigned	C	N/I	N/C	U	N/A
Source of formulation (person, entity, publication)	C	N/I	N/C	U	N/A
Name of pharmacist verifying UFR and date established	C	N/I	N/C	U	N/A
Quality control procedures with allowable variances (uniformity, clarity, color, pH, etc.)	C	N/I	N/C	U	N/A
Sterilization method – if applicable	C	N/I	N/C	U	N/A

UFR Notes:

COMPOUNDING RECORD INFORMATION—K.A.R. 68-13-3(m) & 68-13-4(s) & 68-13-4(u)*

CR for each compounded preparation	C	N/I	N/C	U	N/A
Medical care facilities have CR for batch compounds or when assigning sterile BUD>7d	C	N/I	N/C	U	N/A
Name and strength of preparation	C	N/I	N/C	U	N/A
Reference UFR documented	C	N/I	N/C	U	N/A
Components documented - manufacturer/repackager, lot number, and expiration date	C	N/I	N/C	U	N/A
Total number of dosage units or quantity compounded	C	N/I	N/C	U	N/A
Name of each person involved in the compounding procedure	C	N/I	N/C	U	N/A

Name of pharmacist who verified the preparation

C N/I N/C U N/A

Date of compounding

C N/I N/C U N/A

Prescription number or internal number – if assigned

C N/I N/C U N/A

Quality control results

C N/I N/C U N/A

Documentation of beyond-use date (BUD) assigned

C N/I N/C U N/A

Compounding Record Notes:

NON-STERILE COMPOUNDING—K.A.R. 68-13-3

Compounding with components meeting requirements of the official compendium

C N/I N/C U N/A

Purified water is used for compounding

C N/I N/C U N/A

Assignment of appropriate beyond-use dates

C N/I N/C U N/A

Documentation of stability information for use of extended BUD's

C N/I N/C U N/A

Support personnel trained and can successfully demonstrate compounding techniques

C N/I N/C U N/A

Policy and procedure manual with standard operating procedures of non-sterile compounding

C N/I N/C U N/A

Non-Sterile Compounding Notes:

DESIGNATED COMPOUNDING AREA—K.A.R. 68-13-3(j)

Well-lighted

C N/I N/C U N/A

Well-ventilated

C N/I N/C U N/A

Clean and sanitary

C N/I N/C U N/A

Free of food and beverages

C N/I N/C U N/A

Provides protections to maintain drug integrity and security

C N/I N/C U N/A

Provides refrigeration, If required

C N/I N/C U N/A

Sink with hot and cold running water for hand and equipment washing

C N/I N/C U N/A

Designated Compounding Area Notes:

STERILE COMPOUNDING—K.A.R. 68-13-4 CERTIFICATION & ENVIRONMENTAL TESTING OF ISO AREAS

Antearea - ISO 8 or better -- certification up to date

C N/I N/C U N/A

Buffer area - ISO 7 or better -- certification up to date

C N/I N/C U N/A

PEC - ISO 5 or better – certified within last 6 months—K.A.R. 68-13-4 (q)(1)

C N/I N/C U N/A

Certification date:

Air pressure of the antearea maintained at 5 pascals—K.A.R. 68-13-4(cc)*

C N/I N/C U N/A

Air flow of the antearea maintained at 0.2 meters per second—K.A.R . 68-13-4(cc)*

C N/I N/C U N/A

Environmental sampling is performed at least every 6 months—K.A.R. 68-13-4(dd)*

C N/I N/C U N/A

Environmental sampling performed in PEC, buffer area, and antearea—K.A.R. 68-13-4(dd)*

C N/I N/C U N/A

Viable air sampling within acceptable range for PEC (1CFU), buffer area (10CFU), & antearea (100CFU)—K.A.R.68-13-4(ff)

C N/I N/C U N/A

Viable surface sampling within acceptable range for PEC (3CFU), buffer area (5CFU) and antearea (100CFU)—K.A.R.68-13-4(ff)

C N/I N/C U N/A

Nonviable particle counts were performed for PEC, buffer area and antearea—K.A.R.68-13-4(ff)

C N/I N/C U N/A

Investigation, triple cleaning, and reevaluation of ISO areas occur for microbial growth above acceptable levels—K.A.R.68-13-4(ff)

C N/I N/C U N/A

Certification & Environmental Testing Notes:

FACILITIES

PEC has unidirectional airflow—K.A.R. 68-13-4(e)

C N/I N/C U N/A

Clean room suite/area void of all extraneous activities and materials—K.A.R. 68-13-4(e)

C N/I N/C U N/A

Segregated compounding area is designated, demarcated, void of extraneous materials, and restricted to

compounding activities—K.A.R. 68-13-2(oo)	C	N/I	N/C	U	N/A
SCA restricted to compounding of low risk or immediate use preparations—K.A.R. 68-13-2(oo)	C	N/I	N/C	U	N/A
Sink with hot and cold running water—K.A.R. 68-13-4(q)(2)	C	N/I	N/C	U	N/A
Refrigerator/freezer with temperatures recorded daily or electronic monitoring system —K.A.R. 68-13-4(q)(3) & 68-13-2(b)	C	N/I	N/C	U	N/A

Facility Refrigerator temperature: **within range** (36° to 46°F or 2° to 8°C)

Facility Freezer temperature: **within range** (32° to -4°F or 0° to -20°C or colder)

Medium and low risk, if frozen are maintained at -20°C or colder—K.A.R. 68-13-4(b)	C	N/I	N/C	U	N/A
High risk, if frozen, are maintained at 0°C to -20°C or colder—K.A.R. 68-13-4(b)	C	N/I	N/C	U	N/A
Reference material (incompatibilities, stabilities) or electronic access to reference—K.A.R. 68-13-4(q)(4)	C	N/I	N/C	U	N/A

Facilities Notes:

POLICY AND PROCEDURES—K.A.R. 68-13-4(q)(5)*

Sanitation	C	N/I	N/C	U	N/A
Storage	C	N/I	N/C	U	N/A
Dispensing	C	N/I	N/C	U	N/A
Labeling	C	N/I	N/C	U	N/A
Destruction and return of controlled substances	C	N/I	N/C	U	N/A
Recordkeeping	C	N/I	N/C	U	N/A
Recall procedures	C	N/I	N/C	U	N/A
Responsibilities and duties of support personnel	C	N/I	N/C	U	N/A
Aseptic compounding techniques	C	N/I	N/C	U	N/A

Ongoing evaluation of all staff compounding sterile preparations

	C	N/I	N/C	U	N/A
Supplies necessary for compounding sterile preparations—K.A.R. 68-13-4(q)(6)	C	N/I	N/C	U	N/A
Storage and delivery methods maintain product stability and sterility—K.A.R. 68-13-4(w)	C	N/I	N/C	U	N/A
Non-sterile components for sterile compounding have a certificate of analysis—K.A.R. 68-13-4(x)(3)	C	N/I	N/C	U	N/A
Policy and procedure manual updated at least every 2 years—K.A.R. 68-13-4(q)(5)*	C	N/I	N/C	U	N/A

Policy and Procedures Notes:

TRAINING OF PERSONNEL—K.A.R. 68-13-4(z) & K.A.R. 68-13-2(t)*

	C	N/I	N/C	U	N/A
Required personnel have practical or academic training in sterile compounding techniques, clean room & laminar flow technology, quality assurance techniques, standard operating procedures, and documentation requirements	C	N/I	N/C	U	N/A
Initial media fill test documented for each sterile compounder	C	N/I	N/C	U	N/A
Annual media fill test documented for each sterile compounder	C	N/I	N/C	U	N/A
Media fill test documented for each sterile compounder every 6 months if compounding high risk	C	N/I	N/C	U	N/A
Initial glove fingertip tests documented for each sterile compounder (3 separate tests with 0CFU)	C	N/I	N/C	U	N/A
Annual glove fingertip test documented for each sterile compounder (no more than 3CFU)	C	N/I	N/C	U	N/A
Glove fingertip test documented for each sterile compounder every 6 months if compounding high risk	C	N/I	N/C	U	N/A
All personnel are trained before performing any sterile compounding	C	N/I	N/C	U	N/A

Training of Personnel Notes:

GARBING (excludes CAI compounding)—K.A.R. 68-13-4(v)

	C	N/I	N/C	U	N/A
Garbing policy and procedure follows required order	C	N/I	N/C	U	N/A
Staff appropriately garbed (direct observation of garbed staff or garbing procadure)	C	N/I	N/C	U	N/A
Garbing is required and occurs for entry into SCA, anteareas, buffer areas, and PEC	C	N/I	N/C	U	N/A
Outer garments, cosmetics, jewelry, and artificial nails are removed					

	C	N/I	N/C	U	N/A
Shoe covers or dedicated shoes are used	C	N/I	N/C	U	N/A
Head (hair/mask) and facial hair covers are used	C	N/I	N/C	U	N/A
Hands are washed for 20 seconds with soap and water or antiseptic hand scrub is used	C	N/I	N/C	U	N/A
Non-shedding/low-linting gown is used	C	N/I	N/C	U	N/A
Alcohol-based surgical hand scrub is applied upon entry into work area	C	N/I	N/C	U	N/A
Sterile, powder-free gloves are used	C	N/I	N/C	U	N/A
Gloves are disinfected after touching any nonsterile area	C	N/I	N/C	U	N/A

Garbing Notes:

ISO 5 ENVIRONMENT CLEANING AND DISINFECTING—K.A.R. 68-13-4(bb)*

PEC cleaning observed for adherence to facility procedures	C	N/I	N/C	U	N/A
At the beginning of each shift	C	N/I	N/C	U	N/A
Every 30 minutes during continuous periods of individual sterile preparations	C	N/I	N/C	U	N/A
Before each batch	C	N/I	N/C	U	N/A
After a spill or known contamination	C	N/I	N/C	U	N/A

ISO 5 Cleaning and Disinfecting Notes:

CLEAN ROOM SUITE & SCA CLEANING AND DISINFECTING—K.A.R. 68-13-4(bb)*

Cleaning observed for adherence to facility procedures	C	N/I	N/C	U	N/A
Exterior walls and surfaces of PEC cleaned monthly	C	N/I	N/C	U	N/A
All counters, work surfaces and floor cleaned daily in buffer area, antearea & SCA	C	N/I	N/C	U	N/A
Walls, ceilings, and storage shelves cleaned monthly in buffer area, antearea & SCA					

	C	N/I	N/C	U	N/A

Clean Room Suite & SCA Cleaning and Disinfecting Notes:

PRESCRIPTION LABELS—K.A.R. 68-7-14 & K.A.R. 68-13-4(y)

	C	N/I	N/C	U	N/A
Name, address, and telephone number of the dispensing pharmacy					
Name of the prescriber					
Full name of the patient					
Identification number – prescription number					
Date the prescription was filled or refilled					
Adequate directions for use of the drug					
Beyond-use date					
Brand or generic name, strength, and quantity of each component					
Name of manufacturer or distributor for generic products					
Total quantity dispensed					
Auxiliary labels if necessary					
Flow rate					
Name or initials of every person participating in the compounding of the prescription					
Special storage instructions					

Prescription Labels Notes:

ASSIGNMENT OF APPROPRIATE BEYOND-USE-DATES (BUD)—K.A.R. 68-13-4(s)(12)*

	C	N/I	N/C	U	N/A
Maximum BUDs are not exceeded without sterility testing—K.A.R. 68-13-4(b)					
Immediate use sterile product—K.A.R. 68-13-4(c)					

	C	N/I	N/C	U	N/A
Sterile, low risk—K.A.R. 68-13-4(b)	C	N/I	N/C	U	N/A
Sterile, medium risk—K.A.R. 68-13-4(b)	C	N/I	N/C	U	N/A
Sterile, high risk—K.A.R. 68-13-4(b)&(gg)	C	N/I	N/C	U	N/A
Segregated compounding area not more than 12 hours—K.A.R. 68-13-4(f)	C	N/I	N/C	U	N/A
During re-testing for above acceptable levels of microbial growth—K.A.R. 68-13-4(ff)&(gg)	C	N/I	N/C	U	N/A
Multi-dose containers with preservatives (28 days or per mfg)—K.A.R. 68-13-4(d)	C	N/I	N/C	U	N/A
Single-dose containers not used in ISO 5 environment (1 hour)—K.A.R. 68-13-4(h)	C	N/I	N/C	U	N/A
Single-dose containers used in ISO 5 environment (6 hours)—K.A.R. 68-13-4(j)	C	N/I	N/C	U	N/A

Assignment of Appropriate BUD Notes:

Kansas
Pharmacy Board

INSPECTION INFORMATION

Pharmacy
2-09867 / 1.2
Custom Rx Pharmacy and Wellness Concepts

Inspector Carly Haynes

Inspection Date: 7/21/2021

Inspection Staus: Inspection Closed

C-Compliant | N/I-Needs Improvement | N/C-Not Compliant
U-Unassessed | N/A-Not Applicable
Asterisk * denotes Pharmacist in Charge responsibility

GENERAL INFORMATION

Pharmacist(s) on duty: **Craig**

Pharmacist in Charge: **PENNER, CRAIG**

Pharmacy registration displayed—K.S.A. 65-1645(e) C N/I N/C U N/A

DEA number: **BC7261655** —21 C.F.R. 1301.11 C N/I N/C U N/A

Combat Meth Self-Certification—21 C.F.R. 1314.35 & 21 C.F.R. 1314.40 C N/I N/C U N/A

K-TRACS poster—K.A.R. 68-21-4(a) C N/I N/C U N/A

Pharmacist license(s) posted—K.S.A. 65-1641 C N/I N/C U N/A

Pharmacists: **Craig Penner Nick Branam Andi Roths Jan Gerber Brooke Lowe Jordan Kolb Judy Johnson**

Pharmacist intern registration(s) posted—K.S.A. 65-1676(h) C N/I N/C U N/A

Interns:

Technician registration(s) posted—K.S.A. 65-1663(j)

C N/I N/C U N/A

Technicians:

All personnel registered or licensed—K.S.A. 65-1631 & K.S.A. 65-1663 * ◉ C ○ N/I ○ N/C ○ U ○ N/A

Name tags—K.A.R. 68-2-15 ◉ C ○ N/I ○ N/C ○ U ○ N/A

General Information Notes:

PRACTICE SETTING

Specialty pharmacy: ◉ Yes ○ No

Type: **Compounding**

Is the facility accredited by a national accreditation organization: ◉ Yes ○ No

If so, by whom:

Participates in 340B: ○ Yes ◉ No

Qualifying 340B entity:

Dispensing oxygen: ○ Yes ◉ No

Transfilled by:

Facility compounds sterile product: ◉ Yes ○ No

If facility compounds sterile product: ○ not inspected at this visit ○ see separate form

Facility compounds nonsterile products: ◉ Yes ○ No

If facility compounds nonsterile product: ○ not inspected at this visit ○ see separate form

Practice Setting Notes: **FDA was inspecting facility.**

FACILITIES

Pharmacy clean, well-lit, etc.—K.S.A. 65-1642(a) & K.S.A. 65-668(a) & K.S.A. 65-656(m) ◉ C ○ N/I ○ N/C ○ U ○ N/A

Drugs stored per manufacturer—K.S.A. 65-1634 ◉ ○ ○ ○ ○

	C	N/I	N/C	U	N/A
Room temperature: **within range**					
Refrigerator temperature: **within range**					
Freezer temperature: **within range**					
Outdated, mislabeled, or adulterated drugs have been removed from stock —K.S.A. 65-1634 & K.S.A. 65-657(a)	◉	○	○	○	○
Reference material available—K.S.A. 65-1642 & K.A.R. 68-2-12a	◉	○	○	○	○
Access to current KS Pharmacy Laws/Regulations—K.S.A. 65-1642 & K.A.R. 68-2-12a	◉	○	○	○	○
Policy and procedures—K.A.R. 68-7-12(c) *	◎	○	○	○	○
Necessary equipment and supplies—K.S.A. 65-1642 & K.A.R. 68-2-12a	◉	○	○	○	○

Facilities Notes:

SECURITY

	C	N/I	N/C	U	N/A
Secure when pharmacist is not on duty—K.A.R. 68-2-11	◉	○	○	○	○
Prepackaging/Repackaging area secure when pharmacist is not in attendance in area—K.A.R. 68-7-15(e)	○	○	○	○	◉
Keys only with pharmacist(s)—K.A.R. 68-2-11	◉	○	○	○	○
Controlled drugs locked or dispersed—21 C.F.R. 1301.75	◉	○	○	○	○

Security Notes:

RECORDS

	C	N/I	N/C	U	N/A
Documentation of staff training for Combat Meth Self-Certification—21 C.F.R. 1314.35	○	○	○	○	◉
K-TRACS reporting—K.S.A. 65-1683	○	○	○	◉	○

Initial notification and DEA 106 loss or theft reported to Board—K.A.R. 68-

	C	N/I	N/C	U	N/A
20-15b	◉	○	○	○	○
Duration of record keeping—K.S.A. 65-1642(b)&(c)(3) & K.A.R. 68-20-16(a)	◉	○	○	○	○
Central record keeping—21 C.F.R. 1304.04(b)(3)	○	○	○	○	◉

Location:

	C	N/I	N/C	U	N/A
Records readily retrievable—21 C.F.R. 1300.01(b)(38) & K.S.A 65-1626(iii) & 65-4101(oo)	◉	○	○	○	○

Records Notes:

ELECTRONIC DATA STORAGE SYSTEMS—K.A.R. 68-9-1 & 21 C.F.R. 1306.22(f)(3) *

Type of automation:

	C	N/I	N/C	U	N/A
Daily back-up of system	◉	○	○	○	○
Maintain the original prescription	◉	○	○	○	○
Prevent modification or manipulation	◉	○	○	○	○
Daily print-outs or log book (requires signature)	◉	○	○	○	○

EDSS Notes:

C-V OTC SALES

	C	N/I	N/C	U	N/A
Log book for C-V OTC products (ex. cough syrups)—K.A.R. 68-20-22	○	○	○	○	◉
Appropriate ID used/obtained/accepted for sale of C-V OTC products — K.S.A. 65-1643(j)(1)(b) & K.A.R. 68-20-22(d)	○	○	○	○	◉
Documentation of C-V OTC pseudoephedrine/ephedrine sales—K.S.A. 65-1643(j)(1)(B) & K.A.R. 65-16,102	○	○	○	○	◉
Lawful prescription for C-V pseudoephedrine—K.S.A. 65-1643(j)(2)	○	○	○	○	◉

C-V OTC Sales Notes:

VACCINATIONS/IMMUNIZATIONS

	C	N/I	N/C	U	N/A
Vaccination protocol—K.S.A. 65-1626(vvv)	○	○	○	○	◉
Documentation of study & training—K.S.A. 65-1635a(a)	○	○	○	○	◉
Current CPR certificate—K.S.A. 65-1635a(a)	○	○	○	○	◉
Written immunization record—K.S.A. 65-1635a(b)	○	○	○	○	◉
Review of vaccination records					
Record reported—K.S.A. 65-1635a(b)	○	○	○	○	◉

To whom:

Vacc./Immun. Notes:

INCIDENT REPORTS—K.A.R. 68-7-21(b)(4) & K.A.R. 68-7-12b(c)

	C	N/I	N/C	U	N/A
Timely preparation	◉	○	○	○	○
Name, address, age, & phone number of complainant	◉	○	○	○	○
Name of all employees involved	◉	○	○	○	○
License/Registration number of all employees involved	○	◉	○	○	○
Signature of all employees involved	○	◉	○	○	○
Date of incident	◉	○	○	○	○
Date of report	◉	○	○	○	○
Description of the incident	◉	○	○	○	○

	C	N/I	N/C	U	N/A
Prescriber's name	◉	○	○	○	○
Prescriber contacted	◉	○	○	○	○

Incident Report Notes:

CQI REPORTS—K.A.R. 68-19-1

	C	N/I	N/C	U	N/A
Meet each quarter of each calendar year, every 90 days	◉	○	○	○	○
PIC in attendance at the meeting *	◉	○	○	○	○
List of persons in attendance	◉	○	○	○	○
List all reportable incident reports	◉	○	○	○	○
Review all reportable incident reports	◉	○	○	○	○
List newsletters reviewed	◉	○	○	○	○
Description of preventative steps for each incident reviewed	◉	○	○	○	○

CQI Notes:

REVIEW OF INVENTORY AND INVOICE RECORDS

	C	N/I	N/C	U	N/A
Annual inventory of controlled substances—K.A.R. 68-20-16	○	○	○	◉	○

Date:

	C	N/I	N/C	U	N/A
Change of PIC controlled substances inventory—K.A.R. 68-7-12(e)&(f) *	○	○	○	○	◉

Date(s):

C-II inventory filed separately—K.A.R. 68-20-16

○	○	○	◉	○

	C	N/I	N/C	U	N/A
C-II invoices filed separately—K.A.R. 68-20-16	○	○	○	◉	○
CIII-V invoices filed separately or readily retrievable—K.A.R. 68-20-16	○	○	○	◉	○
Drugs received from registered sources—K.S.A. 65-1643(c)	○	○	○	◎	○
DEA 222 forms completed—21 C.F.R. 1305.12 & 1305.13	○	○	○	◉	○
DEA 222 forms for C-II transfers—K.A.R. 68-20-17	○	○	○	◉	○
Controlled substance ordering system—21 C.F.R. 1305.21	○	○	○	◉	○
Power of attorney—21 C.F.R. 1305.05	○	○	○	◉	○

Review of Inventory and Invoice Notes:

REVIEW OF PRESCRIPTION FILES

	C	N/I	N/C	U	N/A
Files (C-II separate)—21 C.F.R. 1304.04(h) & K.A.R. 68-20-16(a)	◉	○	○	○	○
Controlled substance files are void of preprinted prescriptions—K.A.R. 68-20-18(c)	◉	○	○	○	○
C-II prescriptions properly canceled—K.A.R. 68-20-19(e)	◉	○	○	○	○
Controlled substances filled prior to expiration of prescriptions—K.A.R. 68-20-19 & K.A.R. 68-20-20	◎	○	○	○	○
Dating on C-II scripts is compliant (no changes)	◉	○	○	○	○
Issuance of multiple C-II prescriptions—21 C.F.R. 1306.12	○	○	○	○	◉

Dispensing in strict conformity—K.S.A. 65-1637(g)&(h) & K.S.A. 65-657(n)

	C	N/I	N/C	U	N/A
Review of prescription records					
Controlled substance prescriptions have full address of patient (no PO Boxes)—K.A.R. 68-20-18(c)	◉	○	○	○	○
Controlled substance prescriptions have address and DEA number of prescriber—K.A.R. 68-20-18(c)	◉	○	○	○	○
Fax number or agent ID—K.S.A. 65-1637(b) & K.A.R. 68-20-18(d)(1)	◉	○	○	○	○
First and last name of the agent—K.S.A. 65-1637(b)	◉	○	○	○	○
Supervising doctor for APRN/PA —K.S.A. 65-28a08(b), K.S.A. 65-1130(d), K.A.R.100-28a-13(f), & K.A.R. 60-11-104a(c)	◉	○	○	○	○
LTCF/Hospice identified—21 C.F.R .1306.11(f)&(g)	◉	○	○	○	○
Storage of electronic prescriptions—K.A.R. 68-9-1	◉	○	○	○	○
Review of electronic prescription records					
Format:	○ electronic	◉ electronic and printed			
Review of Prescription Files Notes:					

PRESCRIPTION LABELS—K.A.R. 68-7-14

	C	N/I	N/C	U	N/A
Name, address, & telephone number of dispensing pharmacy	◉	○	○	○	○
Name of prescriber or PA/APRN & physician	◉	○	○	○	○
Full name of patient	◉	○	○	○	○
Prescription number	◉	○	○	○	○
Date filled or refilled					

	C	N/I	N/C	U	N/A
Adequate directions for use	◉	○	○	○	○
Beyond-use date	◉	○	○	○	○
Brand name or generic name of the drug or device	◉	○	○	○	○
Name of manufacturer or distributor	◉	○	○	○	○
Strength of drug	◉	○	○	○	○
Quantity dispensed	◉	○	○	○	○
Auxiliary labels if needed	◉	○	○	○	○

Prescription Labels Notes:

PHARMACY PROCESSES

	C	N/I	N/C	U	N/A
Provides FDA required medication guides with all new & refill prescriptions —21 C.F.R. 208.24	○	○	○	◉	○
Provides side effect statement with all new and refill prescriptions—21 C.F.R. 209.11	◉	○	○	○	○
Child proof packaging—FDA Poison Prevention Packaging Act*	◉	○	○	○	○
Observation of counseling—K.A.R. 68-2-20(b)(5)	◉	○	○	○	○
Medication profile review—K.S.A. 65-1642(c) & K.A.R. 68-2-20(b)(9)	◉	○	○	○	○
Provides direct supervision—K.S.A. 65-1626(n)	◉	○	○	○	○

Documentation of pharmacist performing prescription verification—K.A.R. 68-2-20(b) — C ◉ N/I ○ N/C ○ U ○ N/A ○

Resale of medication prohibited except for limited exceptions—K.A.R. 68-12-2 — C ◉ N/I ○ N/C ○ U ○ N/A ○

Pharmacy Processes Notes:

TECHNICIANS

Ratio of pharmacy technicians to pharmacists—K.A.R. 68-5-16 — C ◉ N/I ○ N/C ○ U ○ N/A ○

Ratio during inspection: **2:1**

Maintain a list of the names of pharmacy technicians—K.S.A. 65-1663(i) — C ◉ N/I ○ N/C ○ U ○ N/A ○

Technician training—K.A.R. 68-5-15(d)(2) * — C ◉ N/I ○ N/C ○ U ○ N/A ○

Annual review of technician training course—K.A.R. 68-5-15(d)(1) * — C ○ N/I ○ N/C ○ U ◉ N/A ○

Supervision of technicians—K.S.A. 65-1626(n) — C ◉ N/I ○ N/C ○ U ○ N/A ○

Technicians Notes:

LTC FACILITY

Drug distribution to LTC facilities—K.A.R. 68-7-10 — C ○ N/I ○ N/C ○ U ○ N/A ◉

E-Kit supply and maintenance—K.A.R. 68-7-10(d) — C ○ N/I ○ N/C ○ U ○ N/A ◉

Automation housed at LTC facilities—K.A.R. 68-9-3 * — C ○ N/I ○ N/C ○ U ○ N/A ◉

Stocked by:

Controlled substance in automation at LTC facilities—21 C.F.R. 1301.27 * — C ○ N/I ○ N/C ○ U ○ N/A ◉

DEA number of automation:

LTC Notes:

PREPACKAGING/REPACKAGING—K.A.R. 68-7-15

Type of packaging used:

	C	N/I	N/C	U	N/A
Stored according to manufacturer's recommendation	○	○	○	○	◉
Proper control system for recall purposes	○	○	○	○	◉
Expiration date not to exceed the shorter of 12 months, manufacturer's exp. date, or packaging limitations	○	○	○	○	◉

Prepackaging/Repackaging Notes:

PREPACKAGING/REPACKAGING LABELS—K.A.R. 68-7-16

	C	N/I	N/C	U	N/A
Brand or generic name	○	○	○	○	◉
Name of manufacturer or distributor for generic drugs (may be kept in a repackaging log)	○	○	○	○	◉
Strength and quantity	○	○	○	○	◉
Lot number (may be kept in a repackaging log)	○	○	○	○	◉
Date repackaged (may be kept in a repackaging log)	○	○	○	○	◉
Person responsible for packaging (may be kept in a repackaging log)	○	○	○	○	◉
Expiration date	○	○	○	○	◉
Auxiliary labels if necessary	○	○	○	○	◉

Prepackaging/Repackaging Labels Notes:

AUTOMATED DRUG DELIVERY SYSTEMS—K.A.R. 68-9-2 *

Type of automated drug delivery system:

	C	N/I	N/C	U	N/A
Good working order with accuracy in selection	○	○	○	○	◉

All drugs removed and returned are secure and accounted for

C ○ N/I ○ N/C ○ U ◉ N/A

All wasted/discarded drugs are secure and accounted for

C ○ N/I ○ N/C ◎ U ○ N/A

Loaded accurately

C ○ N/I ○ N/C ○ U ◉ N/A

Medications stored per manufacturers storage requirements

C ○ N/I ○ N/C ○ U ◉ N/A

Loading and unloading limited to R. Ph, Pharm. Intern, Pharm. Tech or Licensed Nurse

C ○ N/I ○ N/C ○ U ◉ N/A

Maintain a current list of approved individuals to unload any drug

C ○ N/I ○ N/C ○ U ◉ N/A

All drugs are compliantly packaged

C ○ N/I ○ N/C ○ U ◉ N/A

Track lot numbers and expiration date of containers

C ○ N/I ○ N/C ○ U ◎ N/A

Preventive maintenance and sanitation

C ○ N/I ○ N/C ○ U ◉ N/A

Automated Drug Delivery System Notes:

SHARED SERVICES—K.A.R. 68-7-20

Shared order processing pharmacy:

Shared order filling pharmacy: **Custom Rx (East)**

Common electronic file or appropriate technology

C ◉ N/I ○ N/C ○ U ○ N/A

Same owner or written contract

C ◉ N/I ○ N/C ○ U ○ N/A

Joint policies and procedures manual

C ◉ N/I ○ N/C ○ U ○ N/A

Maintain records identifying each R. Ph, Pharm. Intern, Pharm. Tech in all pharmacy processes

C ◉ N/I ○ N/C ○ U ○ N/A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

Pharmacy/MDEG/Wholesaler License # (if applicable): PH02874 (NV)

Physical Address: 3510 North Ridge Road, Suite 900

City: Wichita State: KS Zip: 67205

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 316-721-2626 Website: https://www.customrx.net/

Licensing Company Email: michelle.violi@belmarpharma.com

Section 2: Personal Information

First: Robert Middle: James Last: Kilgore

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Avalanche Street

City: Littleton State: Colorado Zip: 80125

Telephone: [redacted] Email: rob@belmarpharma.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)		
University of Michigan - Stephen M. Ross School of Business	[8]/1988 - [5]/1991		
Address	City	State	Zip
701 Tappan Avenue	Ann Arbor	Michigan	48109
Diploma/Degree obtained, if any			
Master of Business Administration (Finance)			

School Name	From - To (MM/YY – MM/YY)		
University of Michigan Law School	[8]/1987 - [5]/1991		
Address	City	State	Zip
625 South State Street	Ann Arbor	Michigan	48109
Diploma/Degree obtained, if any			
Juris Doctor			

School Name	From - To (MM/YY – MM/YY)		
University of Michigan	[9]/1983 - [5]/1987		
Address	City	State	Zip
500 South State Street	Ann Arbor	Michigan	48109
Diploma/Degree obtained, if any			
Bachelor of Economics			

School Name	From - To (MM/YY – MM/YY)		
JENISON HIGH SCHOOL	9/81 - 6/83		
Address	City	State	Zip
2140 Bauer Rd	JENISON	MI	49428
Diploma/Degree obtained, if any			
HIGH SCHOOL			

School Name	From - To (MM/YY – MM/YY)		
FOREST HILLS CENTRAL HIGH SCHOOL	9/1979 - 6/1981		
Address	City	State	Zip
5901 Hall St. SE	ADA	MI	49546
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2019 - Present	[redacted] Avalanche Street	Littleton	Colorado	80125
[09/2016] - 06/2019	[redacted] Garfield Street	Denver	Colorado	80206
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Custom Rx, LLC d/b/a Custom Rx Pharmacy and Wellness Concepts			09/2022 – Present
Business Address	**City**	**State**	**Zip**
3510 North Ridge Road, Suite 900	Wichita	Kansas	67205
Phone	**Title**		
316-721-2626	CEO and President		
Description of Duties			
Managing the company's overall business strategy and ensuring its strong growth and performance.			

Business Name			From - To (MM/YY – MM/YY)
RCR East, LLC d/b/a Custom Rx Pharmacy and Wellness Concepts			09/2022 – Present
Business Address	**City**	**State**	**Zip**
2350 North Greenwich Road, Suite 1000	Wichita	Kansas	67226
Phone	**Title**		
306-636-9595	CEO and President		
Description of Duties			
Managing the company's overall business strategy and ensuring its strong growth and performance.			

Business Name			From - To (MM/YY – MM/YY)
Pharmaceutical Care Solutions, Inc. d/b/a Pharmacy Solutions			09/2022 – Present
Business Address	**City**	**State**	**Zip**
5204 Jackson Rd STE C	Ann Arbor	Michigan	48103
Phone	**Title**		
734-821-8000	CEO and President		
Description of Duties			
Managing the company's overall business strategy and ensuring its strong growth and performance.			

Business Name			From - To (MM/YY – MM/YY)
Women's International Pharmacy, Inc.			09/2022 – Present
Business Address	**City**	**State**	**Zip**
2 Marsh Court	Madison	Wisconsin	53718
Phone	**Title**		
608-221-7800	CEO and President		
Description of Duties			
Managing the company's overall business strategy and ensuring its strong growth and performance.			

Business Name			From - To (MM/YY – MM/YY)
Drug Depot, LLC d/b/a APS Pharmacy			09/2022 – Present
Business Address	**City**	**State**	**Zip**
34911 US Highway 19 North, Suite 600	Palm Harbor	Florida	34684
Phone	**Title**		
727-787-4137	CEO and President		
Description of Duties			
Managing the company's overall business strategy and ensuring its strong growth and performance.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
BLA Enterprises, LLC d/b/a Green Mountain Pharmaceuticals			03/2019 – Present	
Business Address		City	State	Zip
12860 West Cedar Drive, Suite 201		Lakewood	Colorado	80228
Phone	Title			
303-963-5488	CEO and President (06/2022 – Present); CFO and Vice President (03/2019 - 06/2022)			
Description of Duties				
Managing the company's overall business strategy and ensuring its strong growth and performance.				

Business Name			From - To (MM/YY – MM/YY)	
BSO, LLC d/b/a Belmar Select Outsourcing			03/2019 – Present	
Business Address		City	State	Zip
12860 West Cedar Drive Suite 211		Lakewood	Colorado	80228
Phone	Title			
303-963-5488	CEO and President (06/2022 – Present); CFO and Vice President (03/2019 - 06/2022)			
Description of Duties				
Managing the company's overall business strategy and ensuring its strong growth and performance.				

Business Name			From - To (MM/YY – MM/YY)	
KEBD Enterprises, LLC d/b/a Belmar Pharmacy			03/2019 – Present	
Business Address		City	State	Zip
2350 S. Clayton Street, Suite 210		Denver	Colorado	80210
Phone	Title			
303-763-5533	CEO and President (06/2022 – Present); CFO and Vice President (03/2019 - 06/2022)			
Description of Duties				
Managing the company's overall business strategy and ensuring its strong growth and performance.				

Business Name			From - To (MM/YY – MM/YY)	
Absio Corporation			10/2014 – 12/2018	
Business Address		City	State	Zip
4600 S Syracuse St 9th Floor		Denver	Colorado	80237
Phone	Title			
720-836-1222	CEO			
Description of Duties				
Managing the company's overall business strategy and ensuring its strong growth and performance.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert J. Kilgore

Print Name (First, Last)

Robert J Kilgore

Original Signature (electronic, copies or stamps not accepted)

3-20-2023

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Jefferson

I, Robert J. Kilgore, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Robert J Kilgore

Original Signature

3-20-2023

Date

Subscribed and Sworn to before me this 20th day of March.

Jessica A. Michieli

Notary Public Signature

JESSICA A. MICHIELI
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20204010293
MY COMMISSION EXPIRES NOVEMBER 16, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

Pharmacy/Wholesaler License # (if applicable): PH02874 (NV)

Physical Address: 3510 North Ridge Road, Suite 900

City: Wichita State: Kansas Zip: 67205

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 316-721-2626 Website: https://www.customrx.net/

Licensing Company Email: michelle.violi@belmarpharma.com

Section 2: Personal Information

First: Nicolas Middle: Last: Branam

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] North Ridge Road, Suite [redacted]

City: Wichita State: Kansas Zip: 67205

Telephone: [redacted] Email: https://www.customrx.net/

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Kansas			[8/1999] - 05/2003	
Address		City	State	Zip
2010 Becker Drive		Lawrence	Kansas	66047
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Tabor College			[8/1994] - 05/1998	
Address		City	State	Zip
400 South Jefferson Street		Hillsboro	Kansas	67063
Diploma/Degree obtained, if any				
Bachelor of Arts, Chemistry				
School Name			From - To (MM/YY – MM/YY)	
Wichita North High School			08/90 - 05/94	
Address		City	State	Zip
1437 N Rochester St		Wichita	KS	67203
Diploma/Degree obtained, if any				
High School				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
[06/12] - Present	[redacted] North Rutland Street	Wichita	Kansas	67206
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts			10/2003 - Present
Business Address	**City**	**State**	**Zip**
3510 North Ridge Road, Suite 900	Wichita	Kansas	67205
Phone	**Title**	**Number of Employed Hours**	
316-721-2626	Pharmacist	40-50 hr/wk	

Description of Duties

- Ensure proper storage, handling, and preparation of medications in the pharmacy.
- Ensure appropriate dispensing of medications to patients.

Business Name			From - To (MM/YY – MM/YY)
Dillon's Pharmacy			05/2002 - 10/2003
Business Address	**City**	**State**	**Zip**
10222 West 21st Street	Wichita	Kansas	67205
Phone	**Title**	**Number of Employed Hours**	
316-729-1535	Pharmacist and Pharmacy Intern	varied, up to 40 hr/wk	

Description of Duties

- Ensure proper storage, handling, and preparation of medications in the pharmacy.
- Ensure appropriate dispensing of medications to patients.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

N/A 5457

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, Nicolas Branam, **certify that as the designated representative for**

Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. ___X___ I am at least 21 years of age;
3. ___X___ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ___X___ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ___X___ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ___X___ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ___X___ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicolas Branam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/6/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicolas Branam

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/6/23

Date

Please have this section completed in the presence of a Notary Public.

State of Kansas, ss. County of Sedgwick

I, NICOLAS L BRANAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/6/23

Date

Subscribed and Sworn to before me this 6th day of March 2023.

Notary Public Signature

MICHALLE D KING
Notary Public, State of Kansas
My Appointment Expires
June 17, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Custom Rx, LLC DBA Custom Rx Pharmacy and Wellness Concepts

NV Pharmacy or Outsourcing facility license # (if applicable): PH02874

Physical Address: 3510 North Ridge Road, Suite 900

City: Wichita State: Kansas Zip: 67205

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 316-721-2626 Toll Free # (NAC 639.708, NRS 639.23286): 855-287-6879

Fax: 316-721-4823 Contact Email: michelle.violi@belmarpharma.com

Website: https://www.customrx.net/

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicolas Branam

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22119

Name of Person with direct knowledge of compounding procedures: Nicolas Branam

Email of Person with direct knowledge of compounding procedures: nick@customrx.net

Telephone of Person with direct knowledge of compounding procedures: 316-721-2626

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ■ Low ■ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Testosterone Cypionate/Propionate 45/5 mg/mL - 1mL; Ascorbic acid (PF, corn free) 50ml Vial 500mg/ml injectable; glutathione (L) injection - 10ml vial 200mg/ml soln;progesterone in oil 100mg/ml injectable; testosterone cyp/testosterone prop (GS) 195/5 mg/ml injectable; trimix 30/1/0.01 mg/ml injectable; Methylcobalamin 1mg/ml injectable;edetate disodium injectable (PF) 20mg vial 150mg/ml solution; hydroxocobalamin - 10ml vial 1mg/ml injectable

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ■ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
See SOP ST-4.050, Finished Preparation & Testing Requirements

10.3 Physical Testing requirements
- 10.3.1 The end product will be visually inspected for:
  - 10.3.1.1 Container leaks
  - 10.3.1.2 Integrity
  - 10.3.1.3 Solution cloudiness or phase separation
  - 10.3.1.4 Appropriate color
  - 10.3.1.5 Volume
- 10.3.2 Particulate Testing
  - 10.3.2.1 All units should be examined after production and, if stored as inventory, immediately before shipping.
  - 10.3.2.2 A damp, non-linting wipe shall be used to remove any external particles.
  - 10.3.2.3 With powder-free gloves the compounder will hold the container by its top and swirl the contents by rotating the wrist in a circular motion.
  - 10.3.2.4 Holding the container horizontally about four inches below the light source against a white and/or black background and move the container back and forth.
  - 10.3.2.5 If no particles are observed the container will be slowly inverted to watch for heavy particles that may be on the bottom on the container and slide down the container walls.

8. How often do you perform glove fingertip and medial fill testing?
Semi-Annually (twice a year)

9. What is your policy if an employee fails a glove fingertip or media-fill test?
See SOP ST-2.010 Personnel - Training and Competence
10.5 Failed Media Fill Tests or Fingertip Testing will result in a cessation of compounding by that person.
The test should be repeated until a passing result is achieved and documented.
10.5.1 One or more of the following may also be performed as deemed appropriate by the Pharmacist-In-Charge (PIC):
10.5.1.1 Retraining
10.5.1.2 Observation
10.5.1.3 Interview
10.5.1.4 Didactic Examination
10.5.1.5 Root Cause Analysis

10. Describe your initial and annual training program for all personnel performing sterile compounding:
See SOP ST-2.010 Personnel - Training and Competence

9.1 Before working independently in the sterile lab, personnel should complete the training required.
9.2 All personnel must successfully complete 3 gloved fingertip test post-garb before compounding.
9.2.1 See SOP ST 2.020 – Personnel Validation – Aseptic Media Fill
9.2.2 For these initial fingertip tests, any growth will constitute failure. Personnel must achieve 0 CFUs on all 5 plates, instead of the usual action level of 3 CFUs per plate.
9.3 All personnel must successfully complete a Media Fill Test appropriate to the type of compounding they will be performing.
9.3.1 See SOP ST 2.020 – Personnel Validation – Aseptic Media Fill
9.3.2 A Standard Media Fill may be completed for individual prescription compounding, or small batch compounding.
9.3.3 A Large Batch Media Fill should be completed for large batch compounding.
9.3.4 Cloudiness or turbidity in containers shows that the container did not achieve or maintain sterility.
9.3.4.1 Any containers not part of the control group that demonstrate cloudiness or turbidity will constitute a failed test.
10.0 Procedure – Competency
10.1 Personnel must successfully complete a Media Fill Test appropriate to the type(s) of compounding they perform; at least semi-annually.
10.2 Personnel must successfully complete both post-garb and post-compound gloved fingertip testing semi-annually.
10.3 Personnel must successfully complete didactic training and/or written testing covering the theory and practice of aseptic manipulations.
10.4 Personnel must successfully complete the following Observational Audits at least semi-annually:
10.4.1 Hand hygiene and garbing
10.4.2 Aseptic manipulations
10.4.3 Cleaning
10.4.4 Filtration integrity testing

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
See SOP ST-3.040 - Cleaning and Maintenance of the <797> Compounding Area

8.1 Cleaners for the clean room consist of Sterile 70% Isopropyl Alcohol (70%IPA), and Peridox RTU.
8.2 NOTE: Peridox RTU is sporicidal and does not require a cleaning rotation.
Peridox should maintain site contact for 3 minutes on all non-porous surfaces to retain sporicidal activity. See product documentation for more information

9.1 Daily Cleaning
9.1.1 Each area will be cleaned after each compound (scale, powder hood, workstation, and isolator) using the Sterile 70%IPA
9.1.1.1 The Deck of the ISO 5 PEC shall be cleaned before and after every compound, and every 30 minutes during continuous compounding activity.
9.1.1.2 Peridox RTU can and should be used for excessive soiling or any potential contamination
9.1.2 The entire lab will be cleaned at the end of each day when the sterile lab is in use with Peridox RTU.
9.1.2.1 This includes all counter tops, cart tops, cabinet handles, keyboard, mouse, phone, powder hood, scales, stir plates, outside of the autoclave, incubator, oven, stool, fridge, and floor.

9.2 Monthly cleaning
9.2.1 The monthly clean is a complete, detailed clean with Peridox RTU, and should include all surfaces not cleaned during normal daily cleaning.

12. Who performs the sterile compounding process at your facility?
Ashley Robb, CPhT
Cindy Jacks, CPhT

13. Who is responsible and accountable for the sterile compounding process at your facility?
Nicolas Branam, Pharm.D.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Compounded medications are labeled with the correct auxiliary labels if they have special storage instructions, i.e. refrigeration. Shipping procedure is chosen based on the specific storage instructions listed on the formulation record. Proper equipment is used to maintain cold chain shipping conditions, including insulated shipping containers, gel packs, cold packs, bubble mailers, etc. as required. U-line S-6710 Temperature Indicators and TEMPTIME® TransTracker® are used to verify integrity of compounded preparations that are to be stored at room temperature and in the refrigerator, respectively.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?
Esco AC2-4S9-NS BSC, Class II, Type A2
Baker Model EG-6252 LAFW Clean Bench

2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☑ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☑ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☑ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☑ No

7. If yes, list the name of the device:
N/A

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?
Handout - How to dispose of medications properly (EPA)
Handout - Safety Measures for Handling Hazardous Medicines
Website referral - Where and How to Dispose of Unused Medicines - FDA
Website referral - Dispose of Medications Safely (Kansas Board of Pharmacy)

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
See SOP ST-2.010 Personnel - Training and Competence (details on previous question)

Each compounder is also trained on SOP 1.060 - Hazardous Materials

Custom Rx is transitioning to be fully USP 800 compliant by the implementation date of 11/1/23.

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
Testosterone Cypionate/Propionate 45/5 mg/mL - 1mL; Ascorbic acid (PF, corn free) 50ml Vial 500mg/ml injectable; glutathione (L) injection - 10ml vial 200mg/ml soln;progesterone in oil 100mg/ml injectable; testosterone cyp/testosterone prop (GS) 195/5 mg/ml injectable; trimix 30/1/0.01 mg/ml injectable; Methylcobalamin 1mg/ml injectable;edetate disodium injectable (PF) 20mg vial 150mg/ml solution; hydroxocobalamin - 10ml vial 1mg/ml injectable

2. What sterilization methods are utilized at your facility?
Dry Heat Sterilization
Filtration

3. Does your facility utilize biological indicators? ☑ Yes ☐ No

4. If yes, describe how they are utilized:
With each batch of product sterilized, product is quarantined until BI results are confirmed.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicolas Branam
Name of Person who Completed the Form

Pharmacist-in-Charge
Title

Signature (copies or stamps not accepted)

3/6/23
Date

Board Use Only	Date Received: _____ Date Approved: _____ Approved By: _____

Title: Finished Preparation & Testing Requirements

Procedure No.: ST-4.050

Written by: Zach Meinhardt **Date:** 05/05/2020

Reviewed by: Nick Branam **Date:** 02/16/2023

Authorized by: Nick Branam **Date:** 05/05/2020

Date Effective: 05/05/2020

1.0 PURPOSE

1.1 The purpose of this procedure is to establish requirements and documentation for finished preparation testing.

2.0 SCOPE

2.1 This procedure applies to all compounding personnel at Custom Rx Pharmacy.

2.2 This procedure includes testing requirements for physical examination, accuracy, sterility, pyrogen and potency assay.

3.0 PERSONNEL

3.1 The pharmacist-in-charge shall supervise this procedure and document that all personnel responsible for finished preparation testing comply with this procedure.

4.0 REFERENCES

4.1 USP current version <797> "Pharmaceutical Compounding - Sterile Operations"

4.2 USP current version <71> "Sterility Testing"

4.3 USP current version <85> "Bacterial Endotoxin Testing"

4.4 SOP 4.080 – "Labeling"

4.5 SOP ST 4.070 – "Beyond-Use Dating (BUD) of Compounded Sterile Preparations"

5.0 DEFINITIONS

5.1 N/A

6.0 FREQUENCY

6.1 As required in procedure.

7.0 EQUIPMENT / MATERIALS

7.1 N/A

8.0 GENERAL INFORMATION

8.1 8.1 This procedure is designed for planned testing to verify and demonstrate effectiveness of all procedures critical to the accuracy and purity of finished compounded product.

8.1.1 8.1.1 It is Custom Rx's responsibility to review and assess the contract laboratory for appropriate regulatory compliance

Title: Finished Preparation & Testing Requirements

Procedure No.: ST-4.050

Date Effective: 05/05/2020

8.2 8.2 All compounded sterile products must be tested according to USP <797> and other referenced chapters and monographs.

8.2.1 8.2.1 Specifically, USP <71> must be followed when a sterility test is required. Within chapter <71>, the number of units and volume per unit and specific methods are discussed (see attachment 1).

8.3 8.3 USP <71> states, "The following culture media have been found to be suitable for the test for sterility. Fluid Thioglycollate Medium is primarily intended for the culture of anaerobic bacteria. However, it will also detect aerobic bacteria. Soybean-Casein Digest Medium is suitable for the culture of both fungi and aerobic bacteria."

9.0 IN PROCESS CHECKS

9.1 In-Process Checks

9.1.1 Order of Mixing

9.1.1.1 Every formula worksheet contains uniquely numbered steps, which are to occur in the numbered order written.

9.1.1.2 Such numbering should occur in a certain logical order, immediately apparent to the compounder.

9.1.1.3 For consistency and clarity, Custom Rx has trained all personnel that for any procedure in which the order of mixing isn't explicitly recorded, the ingredients are to be used/mixed in the order presented on the compounding record.

9.1.1.4 Any such ambiguous records are to be verified and updated by a pharmacist to confirm, clarify, and ensure consistent mixing order.

9.1.2 Pharmacist verification is used to confirm the following:

9.1.2.1 Correct Chemical – confirmed via barcode integration with uniquely assigned ID chemical identifier

9.1.2.2 Correct Weight – confirmed via real-time scale integration using barcode system

9.1.2.3 Analytical Weights – down to 0.1mg measured via Ohaus Explorer Analytical EX124. Weights are printed and attached to the physical copy of the compounding record (worksheet)

9.1.2.4 QA/QC for each batch, to include color, texture, consistency, weight, volume, etc as required for Pharmacist Verification

9.1.2.5 Additional Pharmacist supervision or checks during the compounding process should be used as required for anything that requires additional clarity or additional pharmacist supervision in such a way that final RPh verification would be unable to confirm.

Title: Finished Preparation & Testing Requirements

Procedure No.: ST-4.050

Date Effective: 05/05/2020

9.1.2.6 Additionally, pharmacist is to verify volumes of each quantity via syringe pullback method or direct observation of the compounding process.

9.1.2.7 The Compounding Record (CR), also known as the formula worksheet, is to record the number of unique vials/containers created, the number sent for testing, a finished product batch label, and any additional clarification as needed.

10.0 PROCEDURE

10.1 Sterility Testing

10.1.1 Sterility testing is required for all high-risk CSPs that are:

10.1.1.1 Prepared in groups of more than 25 identical individual single dose packages.

10.1.1.2 Prepared in multiple dose containers for administration to multiple patients.

10.1.1.3 Exposed longer than 12 hours at 2-8C, and longer than 6 hours at warmer than 8C before being sterilized.

10.1.2 Sterile batches are quarantined in a lockable tote using sequential uniquely-identified tamper-evident seals while sterility/endotoxin tests are performed.

10.1.2.1 Sterile batches are only to be released once sterility/endotoxin tests are received and attached to the CR as part of the batch verification process.

10.1.2.2 No products are to be "released under risk" prior to receipt of the appropriate testing.

10.1.3 Sterility testing is required for any compound with an assigned beyond use date (BUD) longer than the standard BUDs listed in USP <797>.

10.1.4 Sterility sampling requirements will follow the tables in USP <71> Sterility Testing.

10.1.5 Sterility methods will follow USP <71> membrane filtration where feasible, if not other methods outlined in USP <71> are acceptable.

10.1.6 If a rapid sterility test is used it must be demonstrated that it is at least as effective and reliable as the USP Membrane Filtration method or the Direct Inoculation of the Culture Medium method.

10.1.7 Product samples will be randomly selected from the entire batch.

10.1.7.1 Samples shall be chosen from the beginning, middle, and end of a batch run.

10.2 Endotoxin (Pyrogen) Testing

10.2.1 Endotoxin testing is required for all high-risk CSPs (except those for inhalation or ophthalmic administration) that are:

10.2.1.1 Prepared in groups of more than 25 identical individual single dose packages.

10.2.1.2 Prepared in multiple dose containers for administration to multiple patients.

10.2.1.3 Exposed longer than 12 hours at 2-8C, and longer than 6 hours at warmer than 8C before being sterilized.

10.2.2 Endotoxin testing is required for any compound with an assigned beyond use date (BUD) longer than the standard BUDs listed in USP <797>.

10.2.3 The endotoxin testing will use USP <85> Bacterial Endotoxin Test Method

10.2.4 In the absence of a bacterial endotoxin limit in the official monograph or other CSP formula source, the CSP must not exceed the amount of USP Endotoxin Units (EU per hour per kg of body weight or m2 of body surface area) specified in USP <85> for the appropriate route of administration.

10.2.5 Product samples will be randomly selected from the entire batch.

10.2.5.1 Samples shall be chosen from the beginning, middle, and end of a batch run.

10.3 **Physical Testing requirements**

10.3.1 The end product will be visually inspected for:

10.3.1.1 Container leaks

10.3.1.2 Integrity

10.3.1.3 Solution cloudiness or phase separation

10.3.1.4 Appropriate color

10.3.1.5 Volume

10.3.2 Particulate Testing

10.3.2.1 All units should be examined after production and, if stored as inventory, immediately before shipping.

10.3.2.2 A damp, non-linting wipe shall be used to remove any external particles.

10.3.2.3 With powder-free gloves the compounder will hold the container by its top and swirl the contents by rotating the wrist in a circular motion.

10.3.2.4 Holding the container horizontally about four inches below the light source against a white and/or black background and move the container back and forth.

10.3.2.5 If no particles are observed the container will be slowly inverted to watch for heavy particles that may be on the bottom on the container and slide down the container walls.

10.4 **Accuracy requirements**

10.4.1 Accuracy must meet Appropriate State Board requirements.

10.4.2 Verify all calculations and volumes on the formulation sheet.

10.4.2.1 Example: if the total volume is to be 5mL, then fill 5mL of water into the same shape and size of the container and visually compare.

10.4.3 The used additive containers and for those additives for which the entire container was not expended, the syringe(s) used to measure the additive should be quarantined with the final products until the final product check is completed.

10.5 **Potency (identity and strength) requirements**

10.5.1 Verify the label has the correct:

10.5.1.1 Names

10.5.1.2 Amounts or concentrations of ingredients

10.5.1.3 Total volume

10.5.1.4 Beyond use date

10.5.1.5 Appropriate route of administration

10.5.1.6 Storage conditions

10.5.1.7 Other safe use information as needed

10.5.2 Verify the compounding record to the original written order for correct:

10.5.2.1 Identities

10.5.2.2 Purities

10.5.2.3 Amounts of ingredients

10.5.3 Verify correct fill volumes and quantity of units were prepared.

10.5.4 If any of the steps in 9.5 cannot be confirmed accurate based on the above three inspections the preparation must be assayed by methods that are specific for the active ingredients based on USP monographs.

10.6 **pH**

Title: Finished Preparation & Testing Requirements

Procedure No.: ST-4.050

Date Effective: 05/05/2020

10.6.1 If a pH requirement exists, follow pH meter manufacturer's instructions or send to contract laboratory

10.7 If any of the finished product testing is out of specification, the product should be quarantined and an investigation should occur.

11.0 ATTACHMENTS

11.1 N/A

12.0 HISTORY

12.1 Original

12.2 V 2.0, updated to clarify in-process checking process

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Title: Personnel – Training, and Competence

Procedure No.: ST-2.010

Written by: Zach Meinhardt **Date:** 05/05/2020

Reviewed by: Nick Branam **Date:** 01/28/2022

Authorized by: Nick Branam **Date:** 05/05/2020

Date Effective: 05/05/2020

1.0 PURPOSE

1.1 This document will be used to ensure that all staff operating in the sterile lab is appropriately qualified, trained, and competent to perform the duties and responsibilities of sterile compounding.

2.0 SCOPE

2.1 This procedure applies to all personnel at Custom RX pharmacy who compound sterile preparations or oversee the compounding of sterile preparations.

3.0 PERSONNEL

3.1 The Quality Assurance Manager and/or Clean Room Supervisor shall supervise this procedure and document that all personnel working or entering the clean room facility comply with this procedure.

4.0 REFERENCES

4.1 USP <797>, "Pharmaceutical Compounding - Sterile Operations"

4.2 SOP ST 2.020 – Personnel Validation – Aseptic Media Fill

4.3 SOP ST 2.030 – Personnel Validation – Gloved Fingertip Sampling

5.0 DEFINITIONS

5.1 **CSP** – Compounded Sterile Preparation

5.2 **SCDM** – Soybean Casein Digest Medium

5.3 **CFU** – Colony Forming Unit, or a point of growth on a contact plate.

5.4 **Media Fill Test** – A compounding challenge using SCDM to assess competency in aseptic manipulation. This test should represent the most difficult or stressful conditions encountered while preparing and/or sterilizing CSPs.

6.0 FREQUENCY

6.1 Training should be completed before sterile compounding.

6.2 Competency will be assessed according to the schedules outlined in the Procedure below.

7.0 EQUIPMENT / MATERIALS

7.1 N/A

8.0 GENERAL INFORMATION

Title: Personnel – Training, and Competence

Procedure No.: ST-2.010

Date Effective: 01/03/2011

8.1 N/A

9.0 PROCEDURE – Training

9.1 Before working independently in the sterile lab, personnel should complete the training required.

9.2 All personnel must successfully complete 3 gloved fingertip test post-garb before compounding.

9.2.1 See SOP ST 2.020 – Personnel Validation – Aseptic Media Fill

9.2.2 For these initial fingertip tests, any growth will constitute failure. Personnel must achieve 0 CFUs on all 6 plates, instead of the usual action level of 3 CFUs per plate.

9.3 All personnel must successfully complete a Media Fill Test appropriate to the type of compounding they will be performing.

9.3.1 See SOP ST 2.020 – Personnel Validation – Aseptic Media Fill

9.3.2 A Standard Media Fill may be completed for individual prescription compounding, or small batch compounding.

9.3.3 A Large Batch Media Fill should be completed for large batch compounding.

9.3.4 Cloudiness or turbidity in containers shows that the container did not achieve or maintain sterility.

9.3.4.1 Any containers not part of the control group that demonstrate cloudiness or turbidity will constitute a failed test.

10.0 Procedure – Competency

10.1 Personnel must successfully complete a Media Fill Test appropriate to the type(s) of compounding they perform; at least semi-annually.

10.2 Personnel must successfully complete both post-garb and post-compound gloved fingertip testing semi-annually.

10.3 Personnel must successfully complete didactic training and/or written testing covering the theory and practice of aseptic manipulations.

10.4 Personnel must successfully complete the following Observational Audits at least semi-annually:

10.4.1 Hand hygiene and garbing

10.4.2 Aseptic manipulations

10.4.3 Cleaning

10.4.4 Filtration integrity testing

Title: Personnel – Training, and Competence

Procedure No.: ST-2.010

Date Effective: 01/03/2011

10.5 Failed Media Fill Tests will result in a cessation of compounding by that person. The test should be repeated until a passing result is achieved and documented.

10.5.1 One ore more of the following may also be performed:

10.5.1.1 Retraining

10.5.1.2 Observation

10.5.1.3 Interview

10.5.1.4 Didactic Examination

10.5.1.5 Root Cause Analysis

11.0 ATTACHMENTS

11.1 Attachment 1 – Hand Hygiene and Garbing Observation Form

11.2 Attachment 2 – Asceptic Technique Observation Form

11.3 Attachment 3 – Cleaning and Disinfection Observation Form

11.4 Attachment 4 – Sterile Employee Training Record

12.0 HISTORY

12.1 Original

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Employee Initial Training Record (Sterile)

Employee: _____

Training Completed	Methods of Verification	Trainer's Initials & Date
Orientation to Sterile Compounding Area		
LAFW Orientation/Demonstration of use		
SOP's - Read & Understand		
Fingertip Sampling pre & post-compounding		
Media Fill Kit Completed (small & large volume)		
Surface Sampling - Training & Observation		
Select & Appropriately don protective garb		
Maintain/Achieve CSP Sterility in ISO 5 PEC		
Identify, Weigh, & Measure Ingredients		
Manipulate Sterile Products Aseptically		
Sterilize High-Risk Level CSPs - Filter Selection, Filter Use, and Filter Integrity Test (bubble point for hand-held syringes and inline filters using nitrogen)		
Sterilization - Autoclave (media fill, stoppers, equipment, etc)		
Sterilize High-Risk Level CSPs - Dry Heat Oven		
Sterilize High-Risk Level CSPs - Baxa Repeater Pump, use & integrity test of inline & capsule filters		
Label & Quality Inspection of CSPs		
Didactic Training, incuding Aseptic Manipulating Skills		

Additional Training Comments: _____

_____Methods of verification may include: tour, demonstration, review of SOP, _____
_____or other training method but must include demonstration by the personnel _____
_____ being trained whenever applicable or appropriate._____

_____

Reviewed by: _____ **Date:** _____

Title: Cleaning and Maintenance of the <797> Compounding Area

Procedure No.: ST-3.040

Written by: Zach Meinhardt **Date:** 05/05/2020

Reviewed by: Nick Branam **Date:** 01/28/2022

Authorized by: Nick Branam **Date:** 05/05/2020

Date Effective: 05/05/2020

1.0 PURPOSE

1.1 This procedure specifies cleaning procedures of the sterile compounding area.

2.0 SCOPE

2.1 This procedure applies to all personnel at Custom RX pharmacy working or entering the clean room facility, as well as all items entering the clean room facility.

3.0 PERSONNEL

3.1 The Quality Assurance Manager and/or Clean Room Supervisor shall supervise this procedure and document that all personnel working or entering the clean room facility comply with this procedure

4.0 REFERENCES

4.1 USP <797>, "Pharmaceutical Compounding - Sterile Operations"

5.0 DEFINITIONS

5.1 N/A

6.0 FREQUENCY

6.1 Daily when compounding activities are scheduled.

6.2 Monthly clean should be done within 30 days of the previous clean (not once per calendar month)

7.0 EQUIPMENT / MATERIALS

7.1 N/A

8.0 GENERAL INFORMATION

8.1 Cleaners for the clean room consist of Sterile 70% Isopropyl Alcohol (70%IPA), and Peridox RTU.

8.2 NOTE: Peridox RTU is sporicidal and does not require a cleaning rotation. Peridox should maintain site contact for 3 minutes on all non-porous surfaces to retain sporicidal activity. See product documentation for more information

8.3 Alternative cleaners (must be used in a rotating manner if used):

8.3.1 Vesphene IIst,

8.3.2 LPh IIst,

Title: Cleaning and Maintenance of the <797> Compounding Area

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Date Effective: 01/03/2011

8.3.3 Acidified bleach (see formula worksheet for acidified bleach and note expiration dating).

8.4 Following any of the above cleaning agents, sterile isopropyl alcohol or sterile water may be used if necessary to remove residue buildup.

8.5 All cleaning must be performed while wearing appropriate garb for the area being cleaned. See SOP ST 3.020 – Required Garb for Cleanroom Area Access.

9.0 PROCEDURE

9.1 Daily Cleaning

9.1.1 Each area will be cleaned after each compound (scale, powder hood, workstation, and isolator) using the Sterile 70%IPA.

9.1.1.1 Peridox RTU can be used for excessive soiling or potential contamination

9.1.2 The entire lab will be cleaned at the end of each day when the sterile lab is in use with Peridox RTU.

9.1.2.1 This includes all counter tops, cart tops, cabinet handles, keyboard, mouse, phone, powder hood, scales, stir plates, outside of the autoclave, incubator, oven, stool, fridge, and floor.

9.1.3 Wet a non-linting towel with the appropriate cleaner, and wipe from back to front and top to bottom.

9.1.4 Begin from the cleanest area and work outward.

9.1.5 The PEC must be cleaned with the appropriate daily cleaning agent each day it is used. Cleaning should take place before the first use of the shift, as needed throughout the day, and again at the end of the shift.

9.1.5.1 Always directly wet the wipe you will be using, do not spray any of the hood surfaces.

9.1.5.1.1. NOTE: When using Peridox RTU, always use a controlled pour top bottle; spray bottles should not be used.

9.1.5.2 Wipes must be sterile, with the package having been opened inside the ISO 5 environment that day. At the end of the day, the opened package can be removed from the hood to be used as a NON-STERILE wipe for items being transported into the ISO 5 environment.

9.1.5.3 Use sterile cleaning agents in the ISO 5 environment. These cleaners should be opened in the hood and left inside until disposed of.

9.1.5.4 Using a sterile non-shedding wipe, clean from top to bottom and back to front (from clean air out).

9.1.5.4.1. Primary movement (first priority) should be from back to front, moving from the HEPA filter towards the front of the hood (bringing debris away from first air, towards the front of the unit).

9.1.5.4.2. Secondary movement (less priority) should be from top to bottom.

9.1.6 Dispose of towels in the appropriate waste bin.

9.1.7 For floors, place a new, clean mop head on the floor and wet with appropriate cleaner, then attach mop.

9.1.7.1 Separate mops should be used for the ISO 7 and ISO 8 areas.

9.1.7.2 The ISO 7 area should be cleaned before the ISO 8 area.

9.1.7.3 Mop from back to front, in a figure 8 pattern, making sure to allow the edge of the mop to clean the bottom edge of the walls.

9.1.7.4 Start at the HEPA filter (cleanest area) and move outward (towards the door).

9.1.7.5 Move carts and stool as appropriate, making sure to move them some distance onto the clean floor so that the wheels contact the cleaning solution.

9.1.8 Dispose of mop heads in the appropriate waste bin.

9.1.9 Tacky mats should be changed daily or more often if needed.

9.2 **Monthly cleaning**

9.2.1 The monthly clean is a complete, detailed clean with Peridox RTU, and should include all surfaces not cleaned during normal daily cleaning.

9.2.2 Any bins must be emptied and cleaned out.

9.2.3 Carts must be cleaned top to bottom, including underneath, inside the supports, and wheels.

9.2.4 Wire racks must be cleaned, including vertical supports, top and bottom of shelves, and wheels.

9.2.5 Fridge should be cleaned inside and out, including inside drawers and undersides of shelves.

9.2.6 Ceiling and walls should be cleaned using an approved mop with a new head, starting with the ceiling and moving to walls, going top to bottom and starting at the HEPA filter and moving outward.

9.2.6.1 Separate mops and mop heads are to be used for ceiling/walls and floor.

Title: Cleaning and Maintenance of the <797> Compounding Area

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9.2.7 When using Peridox RTU as the monthly cleaning agent, a full-face respirator should be used.

9.3 Any equipment from the cleaning process that is to be reused (e.g. mops) must be rinsed in clean water and sanitized using an appropriate cleaning agent.

9.3.1 This equipment should be stored in a clean location until it is needed again.

9.4 Document all cleaning on the appropriate monthly or daily form.

10.0 ATTACHMENTS

10.1 Attachment 1: Peridox RTU Product information sheet

11.0 HISTORY

11.1 Original

The rest of this page is left intentionally blank

Title: Hazardous Materials – Storage and Handling

Procedure No.: 1.060

Written by: Nick Branam **Date:** 12/15/2011

Reviewed by: Zach Meinhardt **Date:** 08/31/2021

Authorized by: Jan Gerber **Date:** 05/08/2020

Date Effective: 05/08/2020

1.0 PURPOSE

1.1 The purpose of this procedure is to establish standards for the handling and storage of hazardous chemicals. These standards are used to protect the health & safety of those working with the chemicals, as well as first responders that may respond to a fire, health, or chemical emergency.

2.0 SCOPE

2.1 This procedure applies to all personnel at Custom Rx working in the compounding laboratory.

3.0 PERSONNEL

3.1 The pharmacist-in-charge shall supervise this procedure and document that all personnel responsible for compounding are currently trained and compliant with this procedure.

4.0 REFERENCES

4.1 USP Current Version <795> "Pharmaceutical Compounding – Non-Sterile Preparations"

4.2 SOP 3.020 "Required Garb for Compounding Area Access"

4.3 NIOSH: Preventing Occupational Exposure to Antineoplastic and Other Hazardous Drugs in Health Care Settings. www.cdc.gov/niosh/docs/2004-165/

4.4 NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016

4.5 PCAB Guidance Document – Hazardous & Potent Substances Version 1 – June 2010.

4.6 IACP Hazard Alert: Compounding with Hazardous or Potent Pharmaceuticals.

4.7 Material Safety Data Sheet/Safety Data Sheet (MSDS/SDS) Binder

4.8 Certificates of Analysis

4.9 Controlling Occupational Exposure to Hazardous drugs (OSHA technical document)

4.10 USP <800> Hazardous Drugs – Handling in Healthcare Settings

4.11 Frequently asked Questions: <800> Hazardous Drugs – Handling in Healthcare Settings (guidance document from USP)

4.12 Consensus Statement on the Handling of Hazardous Drugs per USP Chapter <800> (Published March 2017 by Dillon, et al)

5.0 DEFINITIONS

5.1 **Hazardous Drug:** Any drug identified by at least one of the following six criteria:

Title: Hazardous Materials – Storage and Handling

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5.1.1 Carcinogenicity

5.1.2 Teratogenicity or developmental toxicity

5.1.3 Reproductive toxicity in humans

5.1.4 Organ toxicity at low doses in humans or animals

5.1.5 Genotoxicity

5.1.6 New Drugs that mimic existing hazardous drugs in structure or toxicity.

5.2 **Hazardous Chemical:** Any substance that has the potential to cause harm. This includes, but is not limited to the following (Chemical Hazard Codes in parentheses):

5.2.1 Poisonous Substances (P)

5.2.2 Corrosive Substances (C)

5.2.3 Irritating Substances (I)

5.2.4 Harmful Substances (H)

5.2.5 Flammable Substances (F)

5.2.6 Oxidizing Substances (O)

5.2.7 Reproductive Hazards (R)

5.2.8 May be Habit Forming (M)

5.2.9 Hazardous Chemicals may also be labeled with the NFPA (National Fire Protection Association) Label, which is a multicolored label containing numbers that indicate Health Hazards, Flammability, Instability, and/or Special Hazards. (See attachments for further explanation)

5.3 For the purposes of Custom Rx Pharmacy & Wellness Concepts, the following are considered hazardous chemicals:

5.3.1 A chemical with any Chemical Hazard Code other than "Non-Hazardous" (N)

5.3.2 A chemical with a National Fire Protection Association (NFPA) label that contains any number other than "zero"

5.3.3 Any chemical referenced on the NIOSH list as potentially hazardous.

6.0 FREQUENCY

6.1 N/A

7.0 EQUIPMENT / MATERIALS

7.1 List of Hazardous Drugs

7.2 SDS (Safety Data Sheets) for all HD's on the List of Hazardous Drugs

7.2.1 (must be easily accessible)

Title: Hazardous Materials – Storage and Handling

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7.3 Storage facilities (hazardous)

7.4 Storage facilities (non-hazardous)

7.5 Separate utensils, glassware, and equipment for hazardous and non-hazardous compounding

7.6 Separate dishwashers for hazardous and non-hazardous equipment

7.7 Required garb/PPE for compounding area access (See SOP 3.020)

7.8 Primary engineering control (PEC) appropriate for hazardous materials used in compounding. (example: powder hood, laminar airflow workstation, biological safety cabinet, glove box, etc)

7.9 Secondary engineering control (SEC) as required per USP <800>

8.0 GENERAL INFORMATION

8.1 Chemical hazard information can be found on the SDS, Certificate of Analysis, or chemical label for each item. If unable to document, consult the NIOSH list. If unable to locate hazard codes or classification, treat the chemical as hazardous.

8.2 At the time of the most recent revision of this SOP, USP <800> is informational only. See attached USP <800> Status Log for updates.

8.3 Hazardous drugs include 3 types: antineoplastic, non-antineoplastic, and reproductive risk

8.4 An Assessment of Risk should be performed prior to compounding with any hazardous drug. This assessment should consider the following elements:

8.4.1 Type of Hazardous Drug (antineoplastic, non-antineoplastic, or reproductive risk)

8.4.2 Risk of exposure

8.4.3 Packaging

8.4.4 Manipulations required to compound

9.0 PROCEDURE

9.1 General

9.1.1 Employees are to fill out Attachment 3 (Informed Consent and Assumption of Risks) annually. A current initialed copy of Attachment 3 is to be kept in each employee file.

9.1.2 Hazardous drugs shall be handled with caution at all times. Appropriate chemotherapy gloves should be worn when handling hazardous drugs for any reason, including receiving, inventory, preparation, and disposal.

9.1.3 When checking in new chemicals, the product labeling should be inspected for Chemical Hazard Codes or NFPA labels. If determined to be hazardous, the chemical shall be stored with other hazardous chemicals.

Title: Hazardous Materials – Storage and Handling

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9.1.4 Chemicals on the NIOSH list are considered hazardous.

9.1.5 If unable to determine the chemical hazard and the chemical is not on the NIOSH list, the MSDS or Certificate of Analysis should be consulted.

9.1.6 Other sources (chemical supply catalogs, merck index, etc.) may be consulted if necessary for determination.

9.1.7 If unable to determine a chemical hazard, the item shall be treated as hazardous.

9.1.8 Hazardous chemicals shall be labeled as distinct from non-hazardous chemicals.

9.1.9 Hazardous chemicals should be used for compounding only in the presence of trained personnel wearing the appropriate level of PPE/garb (see SOP 3.020 for details) and within a powder hood (at a minimum).

9.1.10 Hazardous chemicals should be compounded and handled within the appropriate PEC/SEC environment.

9.1.11 NIOSH/Hazardous chemicals are to be designated as such within the compounding software.

9.1.12 Hazardous and non-hazardous compounding are to use separate glassware, utensils, and equipment. Separate dishwashers are to be used to clean these items.

9.2 **Storage**

9.2.1 Hazardous materials are to be labeled distinctly and stored separately from non-hazardous materials in a negative pressure environment.

9.2.2 Glassware, utensils, and equipment utilized for hazardous and non-hazardous compounding are to be stored separately.

9.2.3 If it is unclear whether an item is hazardous (lack of a chemical hazard code, unclear labeling from manufacturer, etc), it shall be treated, labeled, and stored as hazardous unless documented otherwise.

10.0 ATTACHMENTS

10.1 SOP 1.060 Attachment 1 – Chemical Hazard Codes

10.2 SOP 1.060 Attachment 2 – NFPA Labeling Guide

10.3 SOP 1.060 Attachment 3 – Informed Consent and Assumption of Risks

10.4 SOP 1.060 Attachment 4 – USP <800> Status Log

11.0 HISTORY

11.1 Original

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10C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☐ New Pharmacy ☒ Ownership Change* ☐ Location Change * ☒ Name Change* * If making a change, provide license #: correction: PH01867 PH1867	☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☒ Other: Specialty/Home Infusion	☐ Retail/Community ☐ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: IgG of America L.L.C. dba CVS/specialty

Physical Address: 514 Progress Dr., Suite X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive MC1160

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: Permitinfo@cvshealth.com

Website: CVSSpecialty.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Gina W. Cohenour ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21645 ✓

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Gina W. Cohenour	NV Pharmacist Registration #: 21645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: MD

Parent Company (if any): Caremark RX, L.L.C.

Corporation/Organization Name: IgG of America L.L.C.

Mailing Address: One CVS Drive MC1160

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: Permitinfo@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Assistant Secretary/Kimberley DeSousa (title) for IgG of America L.L.C. dba CVS/specialty (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kimberley DeSousa/Assistant Secretary
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/11/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kimberley DeSousa/Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

8/11/22

Date

Board Use Only	Date Received: 9-20-22	Amount: 500.00 CK-50946298

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: IgG of America LLC dba CVS/specialty

NV Pharmacy or Outsourcing facility license # (if applicable): PH01867

Physical Address: 514 Progress Dr. Suite X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive MC1160

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: Permitinfo@cvshealth.com

Website:

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Gina Cohenour

Supervising/Managing Pharmacist NV Pharmacist Registration #: 15570

Name of Person with direct knowledge of compounding procedures: Gina Cohenour

Email of Person with direct knowledge of compounding procedures: Gina.Cohenour@cvshealth.com

Telephone of Person with direct knowledge of compounding procedures: 877-674-9700

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Sterile to sterile transfer of treprostinil to Remunity cartridges for subcutaneous infusion.

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
Each medication draw will be visually inspected in the syringe prior to adding to the cartridge. Medication name, strength, lot, exp and volume drawn up will be checked against a compunding worksheet for every cartridge. Prepared cartridge / end product will be checked again to check label and product for accuracy prior to packing for delivery. (visual inspection of the final product for leaks, cracks and overall appearance.

8. How often do you perform glove fingertip and medial fill testing?

Upon hire (fingertip x3) and then annually.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Any microbial growth identified on sampling plates or within the media fill unit shall be identified down to the genus level by a certified laboratory. The Pharmacist in Charge or Compounding Supervisor will initiate the Root Cause Analysis (RCA) process as outlined in SPO-061213 for action level results occurring during a process validation.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Initial training includes didactic training, completion of an approved aseptic training program, completion of all applicable corporate learning system courses, review of USP chapter 797: Pharmaceutical Compounding and review of all SOP's regarding aseptic technique and compounding. On an annual basis, all compounders and supervising pharmacists will complete 2 hours of ACPE-approved continuing education on non-sterile compounding and 2 hours of ACPE-approved continuing education on sterile compounding. Additionally, all compounding staff must review all SOP's regarding Aspectic Technique and compounding and complete the attestation.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Use non-linting wipes, mops must be disposable with non-shedding heads, use separate equipment for each compounding and prep area, use only approved detergent/disinfectant which are Opti-cide/Cavicide, Peridox RTU, Sterile 70% Isopropyl alcohol and bleach diluted to 1000ppm.
Cleaning schedules: Daily cleaning consists of full interior of ISO 5 work area, any equipment used for compounding, counters and easily cleanable work surfaces in the cleanroom and anteroom, collect trash in cleanroom and anteroom and mopping of the floors starting in the cleanroom outwards to the anteroom. Monthly cleaning consists of using a sporicidal agent to clean compounding room ceilings, walls, windows, and carts. clean walls from top to bottom. Clean anteroom ceilings, walls, shelving and storage bins. Clean permanent dedicated equipment in all rooms, totes or containers. Inspect wall chase return filter(s) in cleanroom and anteroom and inspect the LAFW prefilter.

12. Who performs the sterile compounding process at your facility?

Certified Compounding Technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist in Charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

All orders are shipped through a system that ensures the carrier and mode election is aligned with the needs of the specific order, which is based on the scheduled delivery timeline set with each patient.
In addition, for orders with additional temperature sensitive needs, another state of the art system ensures that specific packaging is used for each order depending upon NDC, weather, the calendar, time, etc

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour

Name of Person who Completed the Form

Pharmacist in charge / Pharmacy Manager

Title

Gina Cohenour

Signature (copies or stamps not accepted)

8/31/22

Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____

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MARYLAND
Department of Health

Larry Hogan, Governor • Boyd Rutherford, Lt. Governor • Robert R. Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M Morgan, Board President • Deena Speights-Napata, Executive Director

Sterile Compounding Inspection Form

The Maryland Board of Pharmacy developed this inspection form in coordination with NABP and other state boards of pharmacies in an attempt to apply a uniformed approach to inspection of sterile compounding pharmacies, wherever located, for compliance of USP 797 standards. Thus, this form includes requirements of other states, items related to best practices, and informational questions related to the Board's health oversight functions. These items are highlighted with an asterisk.

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.

An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

1.00 PERMITS AND LICENSES

Corporate Pharmacy Name: IgG America

Pharmacy Name-Doing Business as (d/b/a) or Trade Name: US Bioservices

Address: 514 Progress Drive, Ste X-Z, Linthicum Heights, MD 21090

Business Telephone Number: 877-974-9700 Business Fax Number: 877-402-4042

Business Email Contact: gina.cohenour@amerisourcebergen.com

Maryland Pharmacy Permit Number: PW0285 Expiration: 05/31/2022

CDS Registration Number: NA Expiration:

DEA Registration Number: NA Expiration:

Pharmacy Hours: 8:30am - 5pm M-F, Closed S,S , Clinician on call 24/7

Inspection Date: 03/17/2022 Arrival Time: 09:00 Departure Time: 10:00

Type of Inspection: Opening ○ Annual ◉ Follow-up ○ Previous Date: 7/23/2020

Name of Inspector: Jered Pasay

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2.00 PERSONNEL (COMAR 10.34.03.05)

Name of Pharmacist/Manager who is charged with ensuring compliance with all applicable laws
Gina Cohenour

Pharmacist Employees	License #	Exp. Date
See Attached		

Registered Technicians	Registration #	Exp. Date
See Attached		

Support Personnel	Title	Duties

General Operations Information

	Y	N	N/A	Follow up ☐
3.00 The pharmacy department provides service 24 hours a day.	◉	○	○	COMAR 10.34.05.
4.00 The pharmacy hours of operation are prominently displayed.	◉	○	○	COMAR 10.34.05.03B
5.00 All permits, licenses, and registrations are posted conspicuously.	◉	○	○	HO §12-311, HO §12-408(b) and HO §12-6B-08
6.00 Does the pharmacy distribute sterile compounded preparations over state lines	◉	○	○	

6.01 States in which Pharmacy is Licensed/Permitted

Staff on call after hours. Licensed in AL, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, IL, IN, IO, KY, ME, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RH, SC, SD, TN, UT, VT, VA, WA, WV, WI, WY

7.00 Are patient profiles complete, easily accessible and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	◉	○	○	COMAR 10.34.19.07A NABP 1.01

Profiles kept electronically in Scriptmed

8.00 Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	◉	○	○	NABP 1 HO § 21-220
8.01 The pharmacy fills original prescriptions received via the internet. *If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?*	○	◉	○	HG §21-220; COMAR 10.19.03.02 and .07
8.02 Are sterile compounded prescriptions picked up at the pharmacy?	○	◉	○	NABP 1.02
8.03 Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	◉	○	○	NABP 1.03
8.03A Proper in-transit storage is consistent with preparation labeling	◉	○	○	COMAR 10.34.19.06(A)(2)
8.04 A reasonable effort to provide tamper-evident packaging if appropriate to setting	◉	○	○	COMAR 10.34.19.06(A)(1)
9.00 Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	○	◉	○	COMAR 10.34.37 NABP 2

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9.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office-use?	COMAR 10.34.37 NABP 2.01
9.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	COMAR 10.34.37 NABP 2.02
9.03	Does the pharmacy distribute sterile compounded preparations to a wholesale distributor?	COMAR 10.34.37
9.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	COMAR 10.34.37 NABP 2.04
9.05	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	NABP 3
9.05A	Does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	NABP 3.01
9.06	Proper in-transit storage is consistent with preparation labeling	COMAR 10.34.19.06(A)(2)
9.07	A reasonable effort to provide tamper-evident packaging if appropriate to setting	COMAR 10.34.19.06(A)(1)
10.00	Is the pharmacy registered with the FDA as an Outsourcing Facility?	COMAR 10.34.37 NABP 2.03
11.00	Which of the following sterile compounds are prepared?	NABP 4
11.01	Allergen extracts	NABP 4.01
11.02	Parenteral solutions	NABP 4.02
11.03	Parenteral *suspensions*	NABP 4.03
11.04	Preservative-free parenterals	NABP 4.04
11.05	Ophthalmic preparations	NABP 4.05
11.06	Oral or nasal *inhalation* preparations (not topical sprays)	NABP 4.06
11.07	Baths and soaks for live organs and tissues	NABP 4.07
11.08	Irrigations for wounds and body cavities	NABP 4.08
11.09	Injectables	
11.10	Radiopharmaceuticals	
11.11	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	NABP 4.09
12.00	Does the pharmacy compound investigational drugs?	NABP *5*
13.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	NABP 6

13.01 If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing. NABP 6.01

13.02 If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. NABP 6.02
NOTE: Per FDA guidance, 503B facilities may continue to distribute for 60 days following removal from drug shortage list for existing orders.

14.00 Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump? NABP 10

15.00 Does the pharmacy perform compounding for **immediate use?** NABP 11
Indicate percentage of immediate use sterile compounding.

16.00 Does the pharmacy perform compounding with **hazardous drugs**? NABP 12
Indicate percentage of hazardous sterile compounding.
NOTE: NIOSH list of hazardous drugs including chemotherapy, hormones, etc.

16.01 Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? Describe plan. NABP 12.01

17.00 Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.* NABP 14

18.00 Does the pharmacy compound using any Federally **controlled substances I-V**? NABP 15
Indicate controlled substances used and percentage of controlled substance sterile compounding.

19.00 Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? Hazardous Drugs CSPs COMAR 10.34.07.03(E) NABP 13
Verify that personnel can access them and are familiar with the format.

Component Selection and Use

Y N N/A Follow up ☐

20.00 **APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)? NABP 16

20.01 Does the pharmacy purchase APIs directly from the manufacturer/repackager? NABP 16.01
If not, indicate the source of APIs

20.02 Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified* NABP 16.02

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20.03 Does the pharmacy use active ingredients that are not from an FDA facility? NABP 16.03
If so, indicate sources.

20.04 Are on-hand quantities of APIs used for compounding tracked by computer? *** NABP 16.04

21.00 If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct. NABP 27.00

22.00 If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas. NABP 28.00

22.01 Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)? NABP 28.01

One hood is dedicated to Biologics

23.00 **Active Pharmaceutical Ingredients (APIs), bulk drug substances:** Nonsterile Ingredients and Devices NABP 22
All bulk drug substances (APIs) used are:
1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or
2) A component of an FDA-approved human drug product; or
3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation
NOTE: Must comply with (1) or (2) above until the FDA list is issued

23.01 Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. Nonsterile Ingredients and Devices Verification of Compounding Accuracy and Sterility NABP 22.01
Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.
NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.

23.02 USP- or NF-grade substances used, if available. Nonsterile Ingredients and Devices NABP 22.02

23.03 If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities. High-Risk Level CSPs cross reference to 795, Component Selection Handling and Storage, Item number 4 NABP 22.03

23.04 APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only," "not for drug use," or are handwritten labels from other pharmacies. High-Risk Level CSPs cross reference to 795, Component Selection Handling and Storage, Item number 4 NABP 22.04
Photograph and describe if found. Request copies of the invoices for products with questionable labels

23.05 All substances and components have a complete label including a batch control or lot number, and an expiration date. Responsibility of Compounding Personnel Ingredients and Devices Storage and Beyond-Use Dating cross reference to USP Chapter 795 NABP 22.06

23.06 For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. **NOTE: purity and quality testing may be performed to extend.** Nonsterile Ingredients and Devices NABP 22.07

23.07	All APIs are labeled with the date they were received.	◯◯◉	Nonsterile Ingredients and Devices NABP 22.08
23.08	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	◯◯◉	Nonsterile Ingredients and Devices Determining BUD cross reference to USP Chapter 795 NABP 22.09
23.09	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones). ***	◯◯◉	Hazardous Drugs CSPs 22.10
24.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	◉◯◯	U.S. Food, Drug and Cosmetic Act List 21CFR216.64 COMAR 10.34.19.04 NABP 23
25.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	◉◯◯	Introduction Ingredients and Devices NABP 24
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product), using APIs, these stock solutions are categorized as high-risk compounding. ***	◯◯◉	High-Risk Level CSPs NABP 26
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.***	◯◯◉	High-Risk Level CSPs NABP 26.01
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.***	◯◯◉	High-Risk Level CSPs NABP 26.02
27.00	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.***	◯◯◉	NABP 22.05
27.01	For **animal compounding**, does the compounding meet the same standards as compounding for human patients? ***	◯◯◉	Cross reference USP Chapter 795 NABP 25
27.02	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.***	◯◯◉	Cross reference USP Chapter 795 NABP 25.01
27.03	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet. ***	◯◯◉	Cross reference USP Chapter 795 NABP 25.02
27.04	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.***	◯◯◉	Cross reference USP Chapter 795 NABP 25.03

27.05	The facility has a list of drugs and components not allowed when compounding for food-producing animals. ***	○○●	Cross reference USP Chapter 795 NABP 25.04
27.06	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)***	○○●	Cross reference USP Chapter 795 NABP 25.05

Environment

		Y	N	N/A	Follow up ☐	
28.00	The anteroom contains an eyewash station or sink design suitable for flushing an eye injury.	●	○	○		COMAR 10.34.19.09(C)(2)(c)
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	●	○	○		NABP 29.00
30.00	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	●	○	○		NABP 97.04
30.01	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	○	○	●		NABP 97.05
31.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. **NOTE: The line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.** ***	●	○	○		Additional Personnel Requirements NABP 30
31.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation. ***	●	○	○		Suggested SOPs NABP 30.01
31.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation. ***	●	○	○		Suggested SOPs NABP 30.02
32.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	●	○	○		Personnel Cleansing and Garbing COMAR 10.34.19.11(D) NABP 39
32.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. ***	○	○	●		Environmental Viable Airborne Particle Testing Program NABP 39.01
33.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	●	○	○		Additional Personnel Requirements Suggested SOPs (Item 13) COMAR 10.34.19.09 NABP 43
34.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	●	○	○		Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 31
35.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	●	○	○		Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 32

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36.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams (between tiles and where the tiles meet with the walls) shall be caulked and sealed.*	◉○○	Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 33
37.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	◉○○	Facility Design and Environmental Controls 10.34.19.09(B)(3) NABP 34
38.00	The clean/buffer room or anteroom does not have dust collecting overhangs. ***	○◉○	Facility Design and Environmental Controls NABP 35
	Recommend monitoring cleaning to ensure overhangs and sills are touched during monthly cleaning		
39.00	The exposed surfaces of:		NABP 36
39.01	PEC are free of dirt, rust, chips and particulate matter.	◉○○	Cleaning and Disinfecting the Compounding Area COMAR 10.34.19.09(B)(3) NABP 36.01
39.02	Light fixtures are smooth, mounted flush, and sealed.	◉○○	Facility Design and Environmental Controls COMAR 10.34.19.09(B)(3) NABP 36.02
40.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	◉○○	Additional Personnel Requirements COMAR 10.34.19.09(C)(2) NABP 37
41.00	The permit holder shall ensure that the clean room in the controlled environment contains no sinks or floor drains;	◉○○	Facility Design and Environmental Controls Appendix 1 COMAR 10.34.19.09(B)(2) NABP 38
42.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	◉○○	ISO Class 5 Air Sources, Buffer Areas, and Ante-Areas NABP 40
43.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.***	◉○○	Facility Design and Environmental Controls NABP 41
44.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc.), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use. ***	○○◉	ISO Class 5 Air Sources, Buffer Areas, and Ante-Areas NABP 42
45.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	○○◉	Verification of Compounding Accuracy and Sterility NABP 44
45.01	Pre-sterilization procedures for high-risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	○○◉	Placement of Primary Engineering Controls Appendix 1 NABP 44.01
46.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	◉○○	Pressure Differential Monitoring Facility Design and Environmental Controls NABP 45

46.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	◉○○	Facility Design and Environment Controls NABP 45.01
46.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	◉○○	Facility Design and Environment Controls NABP 45.02
46.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	○○◉	Hazardous Drugs CSPs NABP 45.03
46.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	◉○○	Pressure Differential Monitoring NABP 45.04
46.05	Written plan in place to detect and react to pressure differentials outside of limits.	◉○○	Facility Design and Environmental Controls Equipment NABP 45.05

Pressures monitored and recorded manually on master log sheet

47.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes):	○○◉	Facility Design and Environment Controls NABP 46
47.01	Airflow is measured across the openings.	○○◉	
47.02	Airflow is at least 40 feet per minute across the entire opening.	○○◉	Facility Design and Environment Controls NABP 46.01
47.03	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	○○◉	Pressure Differential Monitoring NABP 46.02
47.04	Written plan in place to detect and react to airflow measurements outside of limits	○○◉	Facility Design and Environmental Controls Equipment NABP 46.03
47.05	This area is used only for low- and medium-risk compounding **NOTE: HD and high-risk not allowed.**	○○◉	Facility Design and Environment Controls NABP 46.04
48.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	◉○○	Facility Design and Environment Controls Monitoring Controlled Storage Areas USP Chapter 659 COMAR 10.34.19.09(3)(b) NABP 47
48.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler). Temperature can be more restrictive if warranted by specific drug-product storage requirements. *Temperature records are maintained.* ***	◉○○	Facility Design and Environment Controls NABP 47.01
48.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.* ***	○○◉	Monitoring Controlled Storage Areas 47.02

48.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	◉○○	Nonsterile Ingredients and Devices COMAR 10.34.19.09(A), 10.34.19.15(A), 10.34.19.12(B), NABP 47.03
48.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained for at least 5 years.*	◉○○	Monitoring Controlled Storage Areas NABP 47.04
48.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	◉○○	Monitoring Controlled Storage Areas COMAR 10.34.19.10(A) NABP 47.05
48.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained for at least 5 years.*	◉○○	Monitoring Controlled Storage Areas COMAR 10.34.19.10(A), 10.34.19.15(B), 10.34.19.07(B)(1)(b) NABP 47.06
48.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	◉○○	Monitoring Controlled Storage Areas NABP 47.07
48.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained for at least 5 years.*	◉○○	Monitoring Controlled Storage Areas COMAR 10.34.19.07(B)(1)(b), 10.34.19.10(A), 10.34.19.15(B) NABP 47.08
48.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature-monitored areas. ***	◉○○	Monitoring Controlled Storage Areas NABP 47.09

Temperatures monitored electronically and recorded manually on master log sheet

49.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place," humidity is not to exceed 40%. (*General recommended range is 35-60% for performing sterile compounding.*) ***	◉○○	Nonsterile Ingredients and Devices USP Chapter 659 (definition of dry place) NABP 48
49.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained. ***	◉○○	Nonsterile Ingredients and Devices NABP 48.01
49.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity. ***	◉○○	Nonsterile Ingredients and Devices NABP 48.02
49.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas). ***	◉○○	Nonsterile Ingredients and Devices NABP 48.03

Humidity monitored and recorded manually on master log sheet

50.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours. ***	◉○○	Suggested SOPs NABP 49
51.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces. ***	◉○○	Suggested SOPs NABP 50

5505

52.00 The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*



Facility Design and Environmental Controls
NABP 51

53.00 The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*



Facility Design and Environmental Controls
NABP 52

54.00 **If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:**

54.01 BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.



Low-Risk Level CSPs
COMAR 10.34.19.15(D)
NABP 53

54.02 Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*



Low-Risk Level CSPs
NABP 53.01

54.03 All garbing requirements are adhered too.



Low-Risk Level CSPs
NABP 53.02

54.04 Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.



Low-Risk Level CSPs
NABP 53.03

54.05 Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas.



Low-Risk Level CSPs
NABP 53.04

54.06 The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).



Low-Risk Level CSPs
NABP 53.05

55.00 **If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:**

55.01 CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.



Placement of Primary Engineering Controls
Low-Risk Level CSPs
COMAR 10.34.19.15(D)
NABP 54

55.02 The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.



Placement of Primary Engineering Controls
Low-Risk Level CSPs
NABP 54.01

55.03 The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.



Placement of Primary Engineering Controls
Low-Risk Level CSPs
NABP 54.02

55.04 The sink is separated from the immediate area of the CAI or CACI (not adjacent).



Placement of Primary Engineering Controls
Low-Risk Level CSPs
NABP 54.03

55.05 For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.



Hazardous Drugs as CSPs
NABP 54.04

56.00	Supplies are stored in a manner that maintains integrity of an aseptic environment.	◉○○	
57.00	The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste.	◉○○	COMAR 10.34.19.09(B)(6), 10.34.19.15(F), 10.34.19.10(A)(3)

Cleaning and Disinfection		Y N N/A	Follow up
58.00	Are all personnel performing cleaning appropriately garbed?	◉○○	Personnel Cleansing and Garbing NABP 55
59.00	The sterile compounding area is equipped with appropriate nonshedding cleaning equipment and supplies. *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding; dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 COMAR 10.34.19.13(3) NABP 56
60.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	◉○○	Cleaning and Disinfecting the Compounding Area NABP 57
61.00	Reusable tools are appropriately labeled to prevent them from being used inappropriately. ***	◉○○	Cleaning and Disinfecting the Compounding Area NABP 58
62.00	For cleaning and sanitizing agents that are not "ready-to-use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented? ***	○○◉	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 59
63.00	Cleaning and sanitizing agents are appropriately labeled including expiration dates. *** *Verify no expired agents present.*	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 60
64.00	Appropriate cleaning agents are used that are effective for bacteria, viruses, fungi, and spores.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 COMAR 10.34.19.11(C), 10.34.19.12(4) NABP 61
65.00	The ISO 5 PEC is cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 62 COMAR 10.34.19.07B(1)(d)
65.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 62.01

66.00	Sanitizing of the ISO 5 PEC includes sanitizing with sterile 70% IPA using a non-linting wipe.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 COMAR 10.34.19.11(C) NABP 63
67.00	Daily cleaning and sanitizing include counters and easily cleanable work surfaces.	◉○○	Cleaning and Disinfecting the Compounding Area NABP 64 COMAR 10.34.19.15(e)
68.00	Daily cleaning includes the floors starting from the clean/buffer room and working outwards. *Floor cleaning is not to occur during compounding.*	◉○○	Cleaning and Disinfecting the Compounding Area NABP 65 COMAR 10.34.19.15(e)
69.00	If fatigue mats are used, are they cleaned daily and allowed to dry on both sides?	○○◉	Cleaning and Disinfecting the Compounding Area NABP 66
70.00	Is a tacky mat used, and if so, is there a procedure in place regarding replacement?	◉○○	Cleaning and Disinfecting the Compounding Area NABP 67
71.00	The ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly. (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	◉○○	Cleaning and Disinfecting the Compounding Area NABP 68 COMAR 10.34.19.15(e)
72.00	Enough time is allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents.	◉○○	Cleaning and Disinfecting the Compounding Area Appendix 2 USP General Chapter 1072 NABP 69
73.00	Cleaning is documented and retained for 5 years	◉○○	COMAR 10.34.19.07B()(1)(d)

Cavicide used daily, TexQ weely, and Peridox used monthly

Training

Y N NA Follow up ☐

74.00	Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly.	◉○○	COMAR 10.34.19.14E(1)
74.01	Personnel competency must be re-verified at least every 12 months (every 6 months for high-risk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.	◉○○	COMAR 10.34.19.14E(1)(a)
74.02	Records of training and demonstrated competence shall be available for each individual and shall be retained for five (5) years beyond the period of employment.	◉○○	COMAR 10.34.19.14(c), COMAR 10.34.19.07(B)(1)(a)
75.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, cleaning/disinfection/spills, garbing/gowning/hand hygiene, aseptic technique, and general conduct in the controlled area. **NOTE: "Compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding.** *List number of personnel training files viewed.*	◉○○	Responsibility of Compounding Personnel Personnel Training and Evaluation in Aseptic Manipulation Skills Hazardous Drugs as CSPs Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and

			Cleaning/Disinfection Procedures Appendices 3, 4, & 5 COMAR 10.34.19.14E(1) NABP 70
75.01	Equipment and closure system selection if applicable		COMAR 10.34.19.14E(1)(j)
75.02	Hazardous drug handling if applicable		
75.03	Sterilization techniques if applicable		COMAR 10.34.19.14E(1)(i)
76.00	No personnel performing compounding are allowed to compound until training and initial testing is successfully completed.		Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, 4, & 5 COMAR 10.34.19.14(B) NABP 70.01
77.00	No personnel that SUPERVISE compounding and/or perform verifications of other's compounding are allowed to supervise or verify compounding until training and initial testing is successfully completed.		Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, 4, & 5 COMAR 10.34.19.14(B) NABP 70.02
78.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs: *Teratogenicity, carcinogenicity, reproductive issues.* ***		Hazardous Drugs as CSPs NABP 71
79.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.		Personnel Training and Evaluation in Aseptic Manipulation Skills Hazardous Drugs as CSPs Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, & 5 COMAR 10.34.19.14(E)(1)(f), 10.34.19.14(E)(2) NABP 72

80.00 There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products.
Documentation needs to include training on operation, and troubleshooting



Personnel Training and Evaluation in Aseptic Manipulation Skills
Personnel Cleansing and Garbing
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendices 3, 4, & 5
COMAR 10.34.19.14E(1)(h) & (j)
NABP 73

81.00 If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified.
View documentation.



Personnel Training and Evaluation in Aseptic Manipulation Skills
Personnel Cleansing and Garbing
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendices 3, 4, & 5
NABP 74

82.00 There is documentation that **all** compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*



Personnel Training and Evaluation in Aseptic Manipulation Skills
Hazardous Drugs as CSPs
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendix 1
COMAR 10.34.19.14(B), COMAR 10.34.19.14E(3)
NABP 75

82.01 There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial pharmaceutical calculation exam, and subsequent annual pharmaceutical calculation exams.



COMAR 10.34.19.14E(1)(b)

83.00 There is documentation that **all** compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*



Personnel Training and Evaluation in Aseptic Manipulation Skills
Hazardous Drugs as CSPs
Personnel Cleansing and Garbing
Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures
Appendices 3, 4, & 5
COMAR 10.34.19.14(B)
NABP 76

84.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests. *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*		Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Action Levels, Documentation, and Data Evaluation Appendices 1, 3, 4, & 5 NABP 77
85.00	There is documentation that compounding personnel preparing low- or medium-risk level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results.* *Indicate frequency, if testing more than annually.*		Low-Risk Level CSPs Medium-Risk Level CSPs Personnel Training and Evaluation in Aseptic Manipulation Skills Hazardous Drugs as CSPs Personnel Cleansing and Garbing Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures Appendices 3, 4, & 5 NABP 78
86.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low- or medium- risk level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*		Low-Risk Level CSPs Medium-Risk Level CSPs Personnel Training and Evaluation in Aseptic Manipulation Skills Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedure (includes all sub-headings) COMAR 10.34.19.12(C)(11), 10.34.19.15(C) NABP 79
87.00	The media-fill testing procedures include:		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80
87.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.01
87.02	Fill Volume		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.02

87.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) COMAR 10.34.19.15(c) NABP 80.03
87.04	Inspection of filled units		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.04
87.05	Documentation		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.05
87.06	Interpretation of results		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.06
87.07	Action levels set with the corrective actions required		Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 80.07
88.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results.* *Indicate frequency, if testing more than every 6 months.*		High-Risk Level CSPs Appendix I COMAR 10.34.19.14(E)(1)(a) NABP 81
88.01	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high-risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding.* *Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*		High-Risk Level CSPs Appendix I COMAR 10.34.19.14(E)(1)(a) NABP 82

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89.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Y N N/A	Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) NABP 83
89.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination. ***	Y N N/A	Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) Action Levels, Documentation, and Data Evaluation NABP 83.01
89.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Y N N/A	Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning /Disinfection Procedure (includes all subheadings) Action Levels, Documentation, and Data Evaluation NABP 83.02

Fingertip testing is conducted monthly

Garbing		Y N N/A	Follow up ☐
90.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Y N N/A	Personnel Cleansing and Garbing NABP 84
91.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Y N N/A	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(7) NABP 85
92.00	Personnel are required to remove all jewelry	Y N N/A	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(5) NABP 86
93.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Y N N/A	Personnel Cleansing and Garbing NABP 87
94.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe). ***	Y N N/A	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(3), 10.34.19.13(A)(4) NABP 88
95.00	Garbing includes head and facial hair covers and masks. **NOTE: Facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.**	Y N N/A	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(3)(b), 10.34.19.13(3)(c) NABP 89
96.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Y N N/A	Personnel Cleansing and Garbing COMAR 10.34.19.13(2) NABP 90

97.00	The gown is non-shedding with sleeves that fit snugly around the wrists and enclosed at the neck.	◉○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(3) NABP 91
98.00	The gloves are sterile and made of non-shedding materials.	◉○○	COMAR 10.34.19.11(A)
99.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	◉○○	Personnel Cleansing and Garbing NABP 92
100.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands are allowed to dry.	◉○○	Personnel Cleansing and Garbing NABP 93
101.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	◉○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A)(4) NABP 94
102.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.* ***	◉○○	Personnel Cleansing and Garbing 10.34.19.13A(4) NABP 95
103.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	◉○○	Personnel Cleansing and Garbing COMAR 10.34.19.13(A) NABP 96
104.00	When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn.	○○◉	COMAR 10.34.19.12(C)(17), 10.34.19.14(B)

Environmental Monitoring

Y N N/A Follow up ☐

105.00	The most recent PEC and room certification report is available.	◉○○	Viable and Nonviable Environmental Sampling (ES) Testing NABP 97
105.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	◉○○	Viable and Nonviable ES Testing NABP 97.01
105.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	◉○○	Viable and Nonviable ES Testing COMAR 10.34.19.03(B)(5) & (10), 10.34.19.15(D) NABP 97.02
105.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated, altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	◉○○	Viable and Nonviable ES Testing COMAR 10.34.19.03(B)(5), 10.34.19.15(e) NABP 97.03

Env Services performed viable sampling and certification 9/29/2021

106.00	Certification of the testing of the sterile compounding environment is retained for 5 years	◉○○	COMAR 10.34.19.07(B)(1)(c)
107.00	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	◉○○	Viable and Nonviable ES Testing COMAR 10.34.19.07(B)(1) NABP 97.06

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108.00	The certification report includes information about the equipment used for performing each test including, identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	●○○	Viable and Nonviable ES Testing cross reference CETA guide NABP 98
108.01	The equipment used had not exceeded its calibration date at the time of certification.	●○○	Viable and Nonviable ES Testing cross reference CETA guide NABP 98.01
109.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	●○○	Facility Design and Environmental Controls NABP 99
109.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	●○○	Facility Design and Environmental Controls NABP 99.01
109.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	●○○	Facility Design and Environmental Controls NABP 99.02
109.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	○○●	Hazardous Drugs CSPs NABP 99.03
109.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	○○●	Hazardous Drugs CSPs NABP 99.04
110.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	●○○	Facility Design and Environmental Controls NABP 100
110.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	●○○	Facility Design and Environmental Controls NABP 100.01
110.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs ***	●○○	Facility Design and Environmental Controls Hazardous Drugs CSPs NABP 100.02
110.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm airflow. ***	○○●	Facility Design and Environmental Controls Viable and Nonviable ES Testing NABP 100.03
111.00	Differential air pressure between rooms was measured.	●○○	Facility Design and Environmental Controls NABP 101
111.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	●○○	Facility Design and Environmental Controls NABP 101.01
111.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	○○●	Facility Design and Environmental Controls NABP 101.02

112.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	Facility Design and Environmental Controls NABP 102
112.01	Displacement airflow (for low- and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. **NOTE: It is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.**	Facility Design and Environmental Controls NABP 102.01
113.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Facility Design and Environmental Controls NABP 103
113.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Facility Design and Environmental Controls Table 1 NABP 103.01
113.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Facility Design and Environmental Controls Table 2 NABP 103.01
113.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Facility Design and Environmental Controls Table 3 NABP 103.03
114.00	HEPA filter tests were performed.	Facility Design and Environmental Controls NABP 104
114.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Facility Design and Environmental Controls NABP 104.01
114.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Facility Design and Environmental Controls NABP 104.02
115.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Viable and Nonviable ES Testing (includes all subheadings) NABP 105
116.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Viable and Nonviable ES Testing (includes all subheadings) Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/ Disinfection Procedures (includes subheadings) COMAR 10.34.19.15(C) NABP 106
116.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high-risk compounding.*	Competency Evaluation of Garbing and Aseptic Work Practice Cross reference USP Chapter 1116 COMAR 10.34.19.15(C) NABP 106.01

116.02 Viable air sampling by active impaction using a volumetric air-sampling device.
NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.



Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.02

116.03 Air samples were taken in each ISO Class 5 PEC and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected.
NOTE: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.



Environmental Viable Airborne Particle Testing Program
10.34.19.15(C)
NABP 106.03

116.04 Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.



Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.04

116.05 Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive).

Classification	Air Sample	Surface Sample
ISO Class 5	>1 CFU/m^3	>3 CFU/plate
ISO Class 7	>10 CFU/m^3	>5 CFU/plate
ISO Class 8	>100 CFU/m^3	>100 CFU/plate

CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.



Environmental Viable Airborne Particle Testing Program, Table 2
Action Levels, Documentation, and Data Evaluation, Table 4
COMAR 10.34.19.15(C)
NABP 106.05

116.06 CFUs detected (viable air or surface sampling failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*



Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.06

116.07 If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.



Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.07

116.08 If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.



Environmental Viable Airborne Particle Testing Program
COMAR 10.34.19.15(C)
NABP 106.08

116.09 If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram-negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.



Environmental Viable Airborne Particle Testing Program
NABP 106.09

Viable surface sampling conducted monthly by pharmacy

117.00 Samples that exceed USP action levels (or internal action levels if more restrictive) or have highly pathogenic microbes detected have been reported to the Board within 5 days of receiving report.



COMAR 10.34.19.18(B)

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118.00 Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures.
Indicate the outside vendor used to verify procedures and frequency of verifications. ***

Y ○ N ◉ N/A ○

Viable and Nonviable ES Testing (includes all subheadings)
NABP 107

Recommend working with certifier to confirm environmental sampling is being performed correctly

Equipment

Y N N/A Follow up ☐

119.00 Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*

◉ ○ ○

Equipment
USP Chapter 1176
COMAR 10.34.19.10(B)
NABP 108

120.00 All environmental monitoring equipment and gauges (differential pressure gauges or probes, airflow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.

◉ ○ ○

Equipment
NABP 109

121.00 All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented

◉ ○ ○

Equipment
USP Chapter 659; USP Chapter 1079
COMAR 10.34.19.10(B)(5)
NABP 110

122.00 Does the pharmacy use scales/balances for sterile compounding?

○ ◉ ○

Accuracy
NABP 17

122.01 If so, what type of scale/balanced is used? *List manufacturer and model number.*

NABP 17.01

122.02 If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*

○ ○ ◉

NABP 17.02

123.00 Does the pharmacy have a **lyophilizer**?

○ ◉ ○

NABP 18

123.01 Where is the lyophilizer located? *Indicate location and ISO class of room.*

NABP 18.01

123.02 Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.

NABP 18.02

123.03 The lyophilizer is part of the viable air and surface sampling; media fill testing procedures, and cleaning schedules and procedures.

○ ○ ◉

NABP 18.03

124.00 Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.

○ ◉ ○

Equipment;
Verification of Automated Compounding Devices for Parenteral Nutrition Compounding (and subsections)
COMAR 10.34.19.10(B)
NABP 111

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124.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	○○●	Equipment; Verification of Automated Compounding Devices for Parenteral Nutrition Compounding (and subsections) manufacturer's guidance for tubing NABP 111.01
124.02	The ACD is used when performing media fill testing.	○○●	Equipment; Verification of Automated Compounding Devices for Parenteral Nutrition Compounding (and subsections) NABP 111.02
125.00	Does the pharmacy have an **incubator?**	●○○	
125.01	The temperature is documented at lease daily when in use	●○○	COMAR 10.34.19.10(B)(6)

Incubator temperature logged on master log sheet

Compounding Procedures	Y N N/A	Follow up ☐	
126.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	●○○	Low-Risk Level CSPs NABP 7
126.01	All low-risk compounds are assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen).	●○○	COMAR 10.34.19.06(D) NABP 7.01
126.02	If low-risk, the compounds located in segregated area are BUD 12 hours or less.	●○○	NABP 7.02
126.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NABP 7.03
126.04	If extended BUDs are used, further testing is being performed to justify the use of extended BUDs. *List the types of testing performed (potency, sterility, stability, etc.).*	○○●	NABP 7.04

90% of CSPs are low-risk, pharmacy had 1 patient in 2021, and not currently compounding due to COVID

127.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	●○○	Medium-Risk Level CSPs NABP 8
127.01	All medium-risk compounds are assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen).	●○○	COMAR 10.34.19.06(D) NABP 8.01
127.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NABP 8.02
127.03	If extended BUDs are used, further testing is being performed to justify the use of extended BUDs. *List the types of testing performed (potency, sterility, stability, etc.).*	○○●	NABP 8.03

10% of CSPs are medium-risk, all products given Medium Risk BUD

128.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	○●○	High-Risk Level CSPs NABP 9
128.01	All high-risk compounds are assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen).	○○●	COMAR 10.34.19.06 (D) NABP 9.01

128.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		NABP 9.02
128.03	If extended BUDs are used, further testing is being performed to justify the use of extended BUDs. *List the types of testing performed (potency, sterility, stability, etc.).*		NABP 9.03
129.00	Hazardous drugs are segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH. ***		NABP 12.02
129.01	Hazardous drug waste is quarantined in a designated area and disposed of in compliance with local, state, and federal regulations.		COMAR 10.34.19.12C(18), 10.34.19.09B(6) 10.34.19.15(F), 10.34.19.10(A)(3) NABP 12.03
130.00	Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs.		COMAR 10.34.19.12(17)
131.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).		Suggested SOPs Exposure of Critical Sites NABP 112
132.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads).		Suggested SOPs NABP 113
133.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.		Suggested SOPs NABP 114
134.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.		Suggested SOPs NABP 115
135.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA).* ***Compounding MUST be observed**, if compounding is not being performed at the time of survey mark item as "Non-Compliant."*		Responsibility of Compounding Personnel NABP 116
135.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "**Denial of Authorization**" form. List individual who signs the Denial of Authorization*		Competency Evaluation of Garbing and Aseptic Work Practice Observational NABP 116.01
inspection conducted virtually			
136.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.		Responsibility of Compounding Personnel Identity and Strength Verification of Ingredients and Devices (and subsections) NABP 177
137.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.		Suggested SOPs Exposure of Critical Sites NABP 118

138.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	 Single Dose and Multiple Dose Containers NABP 119
139.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any period of time.*	 Single Dose and Multiple Dose Containers NABP 120
140.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	 Single Dose and Multiple Dose Containers Determining BUD NABP 121
141.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	 Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks COMAR 10.34.19.07(B)(1) NABP 122
141.01	Official or assigned name, strength and dosage of the preparation	 Inspection of Solution Dosage Forms and Review of Compounding Procedures COMAR 10.34.19.07(B)(1) NABP 122.01
141.02	Names, lot numbers and expiration dates of all components	 Inspection of Solution Dosage Forms and Review of Compounding Procedures COMAR 10.34.19.07(B)(1) NABP 122.02
141.03	Total quantity or number of units compounded	 Inspection of Solution Dosage Forms and Review of Compounding Procedures NABP 122.03
141.04	Person compounding the preparation	 Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks NABP 122.04
141.05	Person performing the quality control procedures	 Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks NABP 122.05
141.06	Person who approved the preparation	 Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks COMAR 10.34.19.07(B)(1)(f) & (g) NABP 122.06
141.07	Date of compounding	 Inspection of Solution Dosage Forms and Review of Compounding Procedures NABP 122.07
141.08	Assigned internal identification number or prescription number	 Inspection of Solution Dosage Forms and Review of Compounding Procedures NABP 122.08

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141.09	Assigned BUD and reference if extended beyond USP guidelines	●○○	Inspection of Solution Dosage Forms and Review of Compounding ProceduresCOMAR 10.34.19.07(B)(1) NABP 122.09
141.10	Duplicate label ***	●○○	Responsibility of Compounding Personnel Inspection of Solution Dosage Forms and Review of Compounding Procedures Identity and Strength Verification of Ingredients NABP 122.1
141.11	Sterilization method (if applicable)	○○●	Inspection of Solution Dosage Forms and Review of Compounding Procedures Sterility Testing NABP 122.11
141.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	○○⊖	Inspection of Solution Dosage Forms and Review of Compounding Procedures Elements of Quality Control (and subparagraphs) COMAR 10.34.19.12C(6)(h) NABP 122.12
142.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is* ***recommended*** *to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	●○○	Responsibility of Compounding Personnel Verification of Automat4ed Compounding Devices for Parenteral Nutrition Compounding NABP 123
143.00	Preparation records including the master work sheet, the preparation work sheet and records of end-product evaluation, if applicable. (Documentation to be retained for 5 years)	●○○	COMAR 10.34.19.07(B)(1)(f)
144.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	○○●	Responsibility of Compounding Personnel Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks Identity and Strength Verification of Ingredients COMAR 10.34.19.07(B)(2) NABP 124
145.00	Labels on PATIENT-SPECIFIC compounded sterile preparations contain the following: **NOTE: Some requirements may not be applicable if items are dispensed for inpatient use only.**		Responsibility of Compounding Personnel Inspection of Solution Dosage Forms and Review of Compounding Procedures Compounding Accuracy Checks Identity and Strength Verification of Ingredients COMAR 10.34.19.06(B) NABP 125
145.01	Date of preparation unless otherwise readily retrievable from prescription records	●○○	COMAR 10.34.19.06(B)(1)
145.02	Serial number of the prescription	●○○	HG § 21-221(a)(2)

145.03	Pertinent requirements for proper storage	COMAR 10.34.19.06(B)(3)
145.04	Name of the prescriber, unless in an inpatient hospital setting	COMAR 10.34.19.06(B)(4)
145.05	Name of the patient	COMAR 10.34.19.06(B)(5)
145.06	Directions for use	COMAR 10.34.19.06(B)(6)
145.07	Name of the base solution for infusion preparations	COMAR 10.34.19.06(B)(7)
145.08	Name and concentration or amount of active drugs contained in the final sterile preparation	COMAR 10.34.19.06(B)(8)
145.09	Reviewing pharmacist and data-entry technician initials	COMAR 10.34.08.01
145.10	Name or identifying initials of the pharmacist who checked or prepared the compounded sterile preparation unless otherwise readily retrievable from prescription records	COMAR 10.34.19.06(B)(9)
145.11	Name, address, and telephone number of the pharmacy unless in an inpatient hospital facility	COMAR 10.34.19.06(B)(10)
145.12	Beyond-use/expiration dating and time of the compounded sterile preparation	COMAR 10.34.19.06(B)(11)
145.13	Ancillary and cautionary instructions as needed	COMAR 10.34.19.06(B)(12)
145.13A	Cytotoxic agents include a special label, which states: "Chemotherapy-Dispose of Properly."	COMAR 10.34.19.06(B)(13)
145.13B	Short dated preparations labeling must include: Time and Cautionary Label	COMAR 10.34.19.06(B)(2)

146.00 Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates?
If so, list the products including lot and expiration date and obtain photos (if possible).
REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.

Responsibility of Compounding Personnel
Inspection of Solution Dosage Forms and Review of Compounding Procedures
NABP 126

Pharmacy did not have any CSPs in stock

147.00 Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines.

Low Risk:	48 hours room temp,	14 days refrigerated,	45 days frozen
Medium Risk:	30 hours room temp,	9 days refrigerated,	45 days frozen
High-Risk:	24 hours room temp,	3 days refrigerated,	45 days frozen

CSP Microbial Contamination Risk Levels (and subsections)
Determining BUD
COMAR 10.34.19.06(D)
NABP 127

148.00 There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy.

COMAR 10.34.19.16

149.00 If extended BUDs are assigned, are they assigned based on stability data extrapolated from reliable literature sources?
View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.

Determining BUD
COMAR 10.34.19.12(C)(5)(e)
NABP 128

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150.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.* ***	○○◉	Determining BUD NABP 129
151.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	○○◉	Single-Dose and Multiple-Dose Containers NABP 130

Sterilization

		Y	N	N/A	Follow up ☐	
152.00	**Filter sterilization** in an ISO 5 environment and documentation includes:	○	◉	○		Verification of Compounding Accuracy and Sterility Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131
152.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	○	○	◉		Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.01
152.02	The 0.2micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	○	○	◉		Sterilization Methods Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.02
152.03	Is the appropriate capacity filter being used for the volume being filtered?	○	○	◉		Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.03
152.04	Filtering is completed rapidly without filter replacement.	○	○	◉		Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.04
152.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	○	○	◉		Sterilization of High-Risk Level CSPs by Filtration Appendix I NABP 131.05
153.00	**Steam sterilization** documentation includes:	○	◉	○		Verification of Compounding Accuracy and Sterility Sterilization of High-Risk Level CSPs by Steam NABP 132
153.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	○	○	◉		Sterilization of High-Risk Level CSPs by Steam Equipment NABP 132.01
153.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	○	○	◉		Sterilization of High-Risk Level CSPs by Steam NABP 132.02
153.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	○	○	◉		Sterilization of High-Risk Level CSPs by Steam NABP 132.03

153.04	That the CSP will not be adversely affected by the steam and heat	Sterilization of High-Risk Level CSPs by Steam NABP 132.04
153.05	The description of steam sterilization includes conditions and duration for specific CSPs	Sterilization of High-Risk Level CSPs by Steam NABP 132.05
153.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	Sterilization of High-Risk Level CSPs by Steam NABP 132.06
154.00	**Dry heat sterilization** documentation includes:	Verification of Compounding Accuracy and Sterility Sterilization Methods Sterilization of High-Risk Level CSPs by Dry Heat NABP 133
154.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	Sterilization Methods Sterilization of High-Risk Level CSPs by Dry Heat NABP 133.01
154.02	Sufficient space is left between materials to allow for air circulation	Sterilization Methods Sterilization of High-Risk Level CSPs by Dry Heat NABP 133.02
154.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	Sterilization Methods Sterilization of High-Risk Level CSPs by Dry Heat NABP 133.03
154.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	Sterilization Methods Sterilization of High-Risk Level CSPs by Dry Heat NABP 133.04
154.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	Sterilization of High-Risk Level CSPs by Dry Heat Equipment NABP 133.05
155.00	**Depyrogenation by dry heat** documentation includes:	Verification of Compounding Accuracy and Sterility Sterilization Methods Depyrogenation by Dry Heat NABP 134
155.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	Sterilization Methods Depyrogenation by Dry Heat NABP 134.01
155.02	The description of the cycle and duration for specific load items	Sterilization Methods Depyrogenation by Dry Heat NABP 134.02
155.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Sterilization Methods Depyrogenation by Dry Heat

			Equipment NABP 134.03
155.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	○○●	Sterilization Methods Depyrogenation by Dry Heat NABP 134.04
156.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	○○●	Verification of Compounding Accuracy and Sterility Equipment Appendix I NABP 135

Finished Preparation Release Checks and Tests		Y N N/A	Follow up ☐
157.00	The verification and re-verification process must be documented to be retained for 5 years	●○○	COMAR 10.34.19.07B(3)
158.00	Products are visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release.***	●○○	Physical Inspection COMAR 10.34.19.10(A)(7) NABP 136
159.00	Are there checks for container, closure integrity and any other apparent visual defects?	●○○	Physical Inspection NABP 137
160.00	Compounding accuracy is documented by verification of steps.	●○○	Compounding Accuracy Checks NABP 138
161.00	Ingredient identity and quantity is verified. *Is there a reconciliation of components?*	●○○	Identity and strength Verification of Ingredients NABP 139

RPH check vials for correctness, components are barcode scanned fro verification

162.00	Labels are verified as being correct and is a copy of the label included in the record. *Complies with regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	●○○	Responsibility of Compounding Personnel Inspection of Solution Dosage Forms and Review of Compounding Procedures Identity and Strength Verification of Ingredients NABP 140
163.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	○●○	NABP 19
164.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	●○○	NABP 20

ARL Bio Pharmalab used for sterility and stability/potency testing of two ingredient piggy backs using KCL - samples were sent monthly when pharmacy was actively compounding

165.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*	●○○	Sterility Testing COMAR 10.34.19.15(H) NABP 141
165.01	Sterility testing includes both bacterial and fungal testing.	●○○	Sterility Testing NABP 141.01
165.02	Sterility testing is performed for all CSPs that have extended BUDS.	○○●	Sterility Testing NABP 141.02

165.03 Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers.

Sterility Testing
NABP 141.03

165.04 Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized.

Sterility Testing
NABP 141.04

165.05 The appropriate quantities of units are sterility tested.
Parenterals, number of units in the batch is:

1. Not more than 100, test 10% or four units, whichever is greater
2. More than 100 but more than 500, test 10 units
3. More than 500 test 2% or 20 units, whichever is less
   For large volume parenterals: 2% or 10 containers, whichever is less.
   For non-parenterals (eye drops, inhalation, etc.):
4. Not more than 200 containers test 5% or 2 containers, whichever is greater
5. More than 200, test 10 containers
6. If the product is packaged in unit doses, use the parenteral testing above.

Sterility Testing
cross reference USP Chapter 71
NABP 141.05

165.06 For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken.
View testing records and note any products with failed results and actions taken.

Sterility Testing
NABP 141.06

165.07 If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk.
View testing records and note any products with failed results and actions taken.

Sterility Testing
NABP 141.07

166.00 **Endotoxin testing (USP <85>).**
If testing is performed to a higher standard than the minimums below, describe.

Bacterial Endotoxin (Pyrogen) Testing
COMAR 10.34.19.15(H)
NABP 142

166.01 Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)

Bacterial Endotoxin (Pyrogen) Testing
NABP 142.01

166.02 High-risk CSPs prepared in multiple dose vials for administration to multiple patients

Bacterial Endotoxin (Pyrogen) Testing
NABP 142.02

166.03 High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized

Bacterial Endotoxin (Pyrogen) Testing
NABP 142.03

166.04 For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*

Sterility Testing
NABP 142.04

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Standard Operating Procedures	Y N N/A	Follow up ☐	
167.00 The pharmacy has policies/procedures on:			
167.01 The compounding, filling, and labeling of sterile compounds.	◉○○		COMAR 10.34.19.12(C)(6)(a), (c) and (d)
167.02 Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration.	◉○○		COMAR 10.34.19.12(C)(6)(d)
167.03 Availability of equipment and supplies.	◉○○		COMAR 10.34.19.12(C)(3), 10.34.19.12(C)(17)(a)
167.04 The training of staff in the preparation of compounded sterile preparations.	◉○○		COMAR 10.34.19.12(C)(10), 10.34.19.14(B)
167.05 Staff competency evaluations.	◉○○		COMAR 10.34.19.14(E)
167.06 The Quality Assurance Program.	◉○○		COMAR 10.34.19.12(C)(9), 10.34.19.15
167.07 All record keeping requirements.	◉○○		COMAR 10.34.19.12(C)(7)
167.08 A written process, verified by a pharmacist, describing ingredients and the compounding process for each preparation.	◉○○		COMAR 10.34.19.05(B)(4), 10.34.19.07(B)(1) & (2)
167.09 Written policies and procedures for implementing the immediate use exemption for admixtures.	○○◉		
167.10 Documentation demonstrating that all personnel involved have read the policies and procedures.	◉○○		COMAR 10.34.19.12B
167.11 Documentation of communication of policy and procedure for additions and deletions.	◉○○		
167.12 The storage and handling of products and supplies.	◉○○		COMAR 10.34.19.12(C)(6)(b)
167.13 The storage and delivery of final preparation.	◉○○		COMAR 10.34.19.12(6)(b) & (f)
167.14 Media fill process verification testing.	◉○○		COMAR 10.34.19.12(C)(11)
167.15 The criteria for Beyond Use Dating (BUD).	◉○○		COMAR 10.34.19.12(C)(6)(e)
167.16 Personnel access and movement of materials into and near the compounding area.	◉○○		COMAR 10.34.19.12(C)(2)
167.17 The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar airflow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs.	◉○○		COMAR 10.34.19.12(C)(3)
167.18 A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).	◉○○		
167.19 The method used to monitor the environment for bacterial microorganisms.	◉○○		COMAR 10.34.19.12(C)(4)
167.20 The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area.	◉○○		COMAR 10.34.19.12(C)(18), 10.34.19.15(F)
167.21 Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable.	○○◉		
167.22 Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions.	◉○○		COMAR 10.34.19.12(C)(4)

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167.23	Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste.	◉○○	COMAR 10.34.19.12(C)(18)
167.24	Established sterilization procedures including documentation of results, if applicable.	○○◉	COMAR 10.34.19.12(C)(4)
167.25	End-product evaluation and testing, if applicable.	◉○○	COMAR 10.34.19.12(C)(11), 10.34.19.15(H)

Policies and procedures reviewed annually, last review July 2021

Quality Assurance and Patient Counseling		Y N N/A	Follow up ☐
168.00	**Quality Assurance/Quality Improvement**: Does the pharmacy continuous quality improvement program include sterile compounding measures?	◉○○	Quality Assurance Program COMAR 10.34.19.12(C), 10.34.19.15 NABP 21
168.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	◉○○	COMAR 10.34.19.14(E)(1), 10.34.19.12C(9), 10.34.19.17(B)(1) NABP 21.01
168.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	◉○○	NABP 21.02
168.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	◉○○	COMAR 10.34.19.15(C) NABP 21.03
168.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	◉○○	COMAR 10.34.19.14 NABP 21.04
168.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc.?	◉○○	COMAR 10.34.19.15(D), 10.34.19.10(B) NABP 21.05
168.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	○○◉	NABP 21.06
168.07	Does the pharmacy continuous quality improvement program include end-product testing (such as potency, particulates, sterility, endotoxin, etc.)? Written documentation that the end-product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable.	◉○○	NABP 21.07 COMAR 10.34.19.15C
168.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	◉○○	NABP 21.08 COMAR 10.34.26.04(A), 10.34.19.12(C)(9), 10.34.19.17(B)(1)
168.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	◉○○	COMAR 10.34.19.12(C)(6)(h) NABP 21.09
168.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	◉○○	COMAR 10.34.19.12(C)(6)(h) NABP 21.10
168.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA?	◉○○	COMAR 10.34.19.12C(6)(h) NABP 21.11
168.12	Records documenting inspection for expired or recalled pharmaceutical preparations or raw ingredients(Documentation to be retained for 5 years)	◉○○	COMAR 10.34.19.07(B)(1)(e)

168.13	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	◉○○	NABP 21.12
168.14	A 24-hour telephone number is provided to allow its patients or other health care providers who may be administering its prescriptions to contact its pharmacists	◉○○	COMAR 10.34.19.06(C)
169.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	◉○○	Patient or Caregiver Training COMAR 10.34.19.14(A) NABP 143
170.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	◉○○	Patient or Caregiver Training COMAR 10.34.19.14(A) NABP 144
171.00	Patients are instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy.	◉○○	Patient or Caregiver Training COMAR 10.34.19.14(A) NABP 145
172.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	◉○○	Patient Monitoring and Adverse Events Reporting COMAR 10.34.19.12(C)(6)(h) NABP 146

Final Comments:

Reviewed sterile inspection (virtual) with Mischelle Smoot, and Gina Cohenour. Requirements as listed above were observed through documented communication with the facility staff to ensure that this facility meets the minimum requirement by state law. Documents attached to this inspection were provided during virtual communication with Mischelle Smoot, and Gina Cohenour.

Pharmacy is not currently compounding due to COVID, only preparations for 1 patient have been prepared over the past year. Pharmacy sends medications in manufacturers vials to patients for preparation and administration. All patients have a nurse to assist with administration. Security includes card swipe, security alarm system, and cameras.

Cleanroom consists of a positive pressure anteroom and buffer room with 2 LAFWs. One hood is dedicated to compounding of biologics. ENV Services performed viable sampling and certification on 9/30/2021, next sampling scheduled 3/30/2022.

Recommend working with certifier to confirm environmental sampling is being performed correctly.

All documents can be sent to Jered Pasay by email at jered.pasay@maryland.gov or faxed to 410-384-4137. Unresolved matters will be brought to the Board for review.

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Inspector Signature:



Pharmacist Name 15570 **Gina Cohenour** 03/17/2022

Signature:

Gina Cohenour

Received a copy of thisinspection report:

Gina Cohenour

MARYLAND
Department of Health
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Robert R Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M. Morgan, Board President, Deena Speighs-Napata, Executive Director

SUPPLEMENTAL STERILE PROCESSING INSPECTION FORM

Maryland Pharmacy Permit Number	:	PW0285
Corporate Pharmacy Name	:	IgG of America, Inc. DBA: US Bioservices
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	514 PROGRESS DRIVE, LINTHICUM, MD, 21090
Business Telephone Number	:	877-674-9700
Business Fax Number	:	877-402-4042
Inspection Date	:	03/17/2022
Arrival Time	:	07:55
Departure Time	:	09:39
Type of Inspection	:	○Opening ◉Annual ○Follow-up ○Others Select
Previous Date	:	07/23/2020
Name of Inspector	:	Jered Pasay

Pharmacy Hours							
Monday:	8:30 am - 5:00 pm	Tuesday:	8:30 am - 5:00 pm	Wednesday:	8:30 am - 5:00 pm	Thursday:	8:30 am - 5:00 pm
Friday:	8:30 am - 5:00 pm	Saturday:	Closed	Sunday:	Closed		

Maryland Pharmacy Permit Number	PW0285	Expiration Date	05/31/2022
CDS Registration Number	NA	Expiration Date	
DEA Registration Number	NA	Expiration Date	

○ Yes ○ No The pharmacy department provides service 24 hours a day. COMAR 10.34.05.

○ Yes ○ No ○ N/A The pharmacy hours of operation are prominently displayed. COMAR 10.34.05.03B

○ Yes ○ No All permits, licenses, and registrations are posted conspicuously. HO §12-311, HO §12-408(b) and HO §12-6B-08

○ Yes ○ No The pharmacy fills original prescriptions received via the internet. If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?

HG §21-220; COMAR 10.19.03.02 and .07

○ Yes ○ No The pharmacy wholesale distributes to another pharmacy. COMAR 10.34.37

○ Yes ○ No The pharmacy wholesale distributes to a wholesale distributor. COMAR 10.34.37

○ Yes ○ No ○ N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales. COMAR 10.34.37

Comments:

2. PERSONNEL

15570 15570 : Gina Cohenour

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
Gina Cohenour	15570	Active	02/29/2024				
LOPA PATEL	14355	Active	02/28/2023				
FREDERICA M COUPET	19532	Active	09/30/2023				
ALVENA WINETTE SHERARD	08462	Active	09/30/2022				
Mischelle C Smoot	25066	Active	05/31/2023				

Registered Technicians	Registration #	Status	Exp. Date	
DOMINIQUE N BRAXTON	T02687	Active	11/30/2023	
Heath Allen Gresko	T01374	Active	11/30/2023	
CHRISTINE HARRINGTON	T14356	Active	07/31/2023	

Unlicensed Personnel (non-registered)	Title	Duties	

Coupet, and Sherard are temp Pharmacists
Pharmacist Smoot works at the corporate level and will come out to the pharmacy and assist with work if needed

Comments:

3. FACILITY AND EQUIPMENT STANDARDS FOR COMPOUNDING STERILE PREPARATIONS

Documentation shows:

O Yes O No Certification that each LAFW (Laminar Air Flow Workbench), BSC (Biological Safety Cabinet), and CAI (Compounding Aseptic Isolator) is functioning properly and meets the air quality requirement of ISO Class 5, and is performed by a qualified operator(s) using current, state-of-the-art electronic air sampling at least every six months and whenever the LAFW, BSC, or CAI is relocated. COMAR 10.34.19.03B(5) & (10); COMAR 10.34.19.15D

O Yes O No The air quality of the clean room and anteroom area is evaluated by a qualified operator(s) for conformance to ISO Class 7 and ISO Class 8 requirements, as appropriate, at least every six months and when renovations occur. COMAR 10.34.19.03B(5); COMAR 10.34.19.15E

O Yes O No Records of clean room testing are maintained and reviewed by the supervising pharmacist. COMAR 10.34.19.07B(1)

O Yes O No Evidence of daily calibration and routine maintenance on the following equipment, if applicable, for use:

- O Yes O No O N/A Autoclave
- O Yes O No O N/A Electronic Balance
- O Yes O No O N/A Convection Oven
- O Yes O No O N/A Incubator
- O Yes O No O N/A Automated Compounding Devices (pumps) COMAR 10.34.19.10B

O Yes O No A refrigerator and freezer, if applicable, with sufficient capacity to meet the storage requirements for all material requiring refrigeration/freezing must be available in the facility. Evidence of maintenance of acceptable temperature ranges must be available. COMAR 10.34.19.10A

O Yes O No The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste. COMAR 10.34.19.09B(6) & .15F; COMAR 10.34.19.10A(3) Access to designated areas and clean rooms is limited to those individuals who are properly attired. COMAR 10.34.19.09A

O Yes O No All equipment used in the designated area or clean room must be made of a material that can be easily cleaned and disinfected. COMAR 10.34.19.09B(3)

O Yes O No O N/A Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs. COMAR 10.34.19.12(17)

Comments:

4. COMPOUNDING AREA COMAR 10.34.19.09

O Yes O No Clean room walls, ceilings, counters, lighting fixtures and floors are made of non-porous, nonshedding, cleanable surfaces. COMAR 10.34.19.09B(3)

O Yes O No Supplies are stored in a manner that maintains integrity of an aseptic environment.

O Yes O No The anteroom contains a sink with hot and cold running water. COMAR 10.34.19.09C(2)(a)

Comments:

5.POLICIES AND PROCEDURES MUST ADDRESS: COMAR 10.34.19.12

Policies and procedures address at least the following:

O Yes O No The compounding, filling, and labeling of sterile compounds. COMAR 10.34.19.12C(6)(a), (c) and (d)

O Yes O No Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration. COMAR 10.34.19.12C(6)(d)

O Yes O No Availability of equipment and supplies. COMAR 10.34.19.12C(3); COMAR 10.34.19.12C(17)(a)

O Yes O No The training of staff in the preparation of compounded sterile preparations. COMAR 10.34.19.12C(10); COMAR 10.34.19.14B

O Yes O No Staff competency evaluations. COMAR 10.34.19.14E

O Yes O No Quality Assurance Program. COMAR 10.34.19.12C(9); 10.34.19.15

O Yes O No All record keeping requirements COMAR 10.34.19.12C(7)

O Yes O No A written process, verified by a pharmacist, describing ingredients and the process for each preparation. COMAR 10.34.19.05B(4); COMAR 10.34.19.07B(1) and (2)

O Yes O No Documentation demonstrating that all personnel involved have read the policies procedures before compounding sterile preparations. COMAR 10.34.19.12B

O Yes O No Documentation of communication of policy and procedure for additions and deletions

O Yes O No The storage and handling of products and supplies. COMAR 10.34.19.12C(6)(b)

O Yes O No The storage and delivery of final preparation. COMAR 10.34.19.12(6)(b) and (f)

O Yes O No Media fill process verification testing. COMAR 10.34.19.12C(11)

O Yes O No The criteria for Beyond Use Dating (BUD). COMAR 10.34.19.12C(6)(e)

O Yes O No Personnel access and movement of materials into and near the compounding area. COMAR 10.34.19.12C(2)

O Yes O No The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar air flow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs. COMAR 10.34.19.12C(3)

O Yes O No A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).

O Yes O No The method used to monitor the environment for bacterial microorganisms. COMAR 10.34.19.12C(4)

O Yes O No The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area. COMAR 10.34.19.12C(18); COMAR 10.34.19.15F

O Yes O No Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable

O Yes O No O N/A Established sterilization procedures including documentation of results, if applicable. COMAR 10.34.19.12C(4)

O Yes O No O N/A End-product evaluation and testing, if applicable. COMAR 10.34.19.12C(11); COMAR 10.34.19.15H

Comments:

6. LABELING REQUIREMENTS COMAR 10.34.19.06

All labeling must include the following:

O Yes O No The name and concentration or amount of each ingredient contained in the preparation. COMAR 10.34.19.06B(7) and (8)

O Yes O No Instructions for storage and handling. COMAR 10.34.19.06B(12)

O Yes O No O N/A Cytotoxic agents include a special label which states "Chemotherapy-Dispose of Properly". COMAR 10.34.19.06B(13)

O Yes O No Beyond Use Dating. COMAR 10.34.19.06B(11)

O Yes O No For short dated preparations, labeling must include:

O Yes O No O N/A Time

O Yes O No O N/A Date

O Yes O No O N/A Caution label/start-up time

Comments:

7. RECORD KEEPING REQUIREMENTS COMAR 10.34.19.07

The following records must be maintained:

O Yes O No A readily retrievable medication profile for each patient. COMAR 10.34.19.07A

O Yes O No Compounding worksheets for preparations for future use, indicating the drug name and amount/dose, ingredient lot numbers, quantity prepared, preparation date and BUD. COMAR 10.34.19.07B(2)

O Yes O No O N/A Documentation for 3 years to include: COMAR 10.34.19.07B – 5 years

O Yes O No Training and competency evaluation of employees in sterile preparation procedures. COMAR 10.34.19.07B(1)(a)

O Yes O No Refrigerator and freezer temperatures. COMAR 10.34.19.07B(1)(b)

O Yes O No O N/A Certification of the testing of the sterile compounding environment.COMAR 10.34.19.07B(1)(c)

O Yes O No O N/A Other facility quality control logs specific to the pharmacy's policies and procedures (e.g. cleaning logs for facilities and equipment). COMAR 10.34.19.07B(1)(d)

O Yes O No O N/A Preparation records including the master work sheet, the preparation work sheet and records of end product evaluation, if applicable. COMAR 10.34.19.07B(1)(f)

O Yes O No O N/A Daily, weekly and monthly records of disinfection of workbench surface, walls, floors, ceilings, shelving, tables and stools, and after any unanticipated event which increases the risk of contamination. COMAR 10.34.19.07B(1)(d)

Comments:

8. INVENTORY CONTROL PROCEDURES

O Yes O No O N/A The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

O Yes O No O N/A The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Comments:

9. ATTIRE 10.34.19.13

O Yes O No O N/A Clean room garb consists of a non-shedding coverall, head cover, face mask, and shoe covers must be worn inside the designated area at all times. COMAR 10.34.19.13A(3)

O Yes O No O N/A Clean room garb must be donned and removed outside the designated area. COMAR 10.34.19.13A(4)

O Yes O No O N/A Hand, finger, and wrist jewelry must be removed. COMAR 10.34.19.13A(5)

O Yes O No O N/A Head and facial hair must be covered. COMAR 10.34.19.13A(3)(b)

O Yes O No O N/A Makeup must not be worn in clean room. COMAR 10.34.19.13A(7)

O Yes O No O N/A Protective gloves made of non-shedding materials are required. COMAR 10.34.19.11A

O Yes O No O N/A When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn. COMAR 10.34.19.12C(17); COMAR 10.34.19.14B

Comments:

Requirements may not apply if a barrier isolator is used to compound sterile preparations.

10. TRAINING OF STAFF, PATIENT, AND CAREGIVER COMAR 10.34.19.14

O Yes O No O N/A In non-hospital environments: Consultation shall be available to the patient and/or primary caregiver concerning proper use of compounded sterile preparations and related supplies furnished by the pharmacy. COMAR 10.34.19.14A

O Yes O No O N/A The supervising pharmacist shall ensure all personnel engaging in compounding sterile drug preparations shall have training and demonstrate on-going competence in the safe handling and compounding of sterile drug preparations including cytotoxic agents if applicable. COMAR 10.34.19.14B

Yes No N/A Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly, COMAR 10.34.19.14E(1)

Yes No N/A The program of training and evaluation addresses the following:

Yes No N/A Aseptic technique

Yes No N/A Pharmaceutical calculations/terminology

Yes No N/A Sterile preparations compounding documentation

Yes No N/A Quality assurance procedures

Yes No N/A Aseptic preparation procedures

Yes No N/A Proper cleansing and garbing techniques

Yes No N/A General conduct in the controlled area

Yes No N/A Cleaning/sanitizing and maintaining equipment used in the controlled area

Yes No N/A Sterilization techniques if applicable See COMAR 10.34.19.14E(1)(a) – (i) for above

Yes No N/A Handling, storage, and delivery of sterile compounded preparations

Yes No N/A Equipment training COMAR 10.34.19.14E(1)(j)

Yes No N/A Competency assessment COMAR 10.34.19.14B

Yes No N/A Equipment and closure system selection COMAR 10.34.19.14E(1)(j)

Yes No N/A Each person assigned to the controlled area must successfully complete practical skills training in aseptic technique and aseptic area practices. COMAR 10.34.19.14E(2)

Yes No N/A Evaluations must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. COMAR 10.34.19.14E(3)

Yes No N/A Each person's proficiency and continuing training needs must be reassessed every 12 months (every 6 months for high-risk compounding). COMAR 10.34.19.14E(1)(a)

Yes No N/A Records of training and demonstrated competence shall be available for each individual and shall be retained for three (3) years beyond the period of employment. 5 years for employees. COMAR 10.34.19.14C

Comments:

11. DISPOSAL OF WASTE MATERIAL

Yes No N/A Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste. COMAR 10.34.19.12C(18)

Yes No N/A Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions. COMAR 10.34.19.12C(4)

Comments:

12. QUALITY ASSURANCE AND PROCESS VERIFICATION COMAR 10.34.19.15

Yes No N/A Each pharmacy shall have a documented, ongoing quality assurance program that monitors personnel performance, equipment and facilities. COMAR 10.34.19.12C; COMAR 10.34.19.15

Yes No N/A The Quality Assurance Program shall include documentation of monitoring to assure successful:

Yes No N/A Cleaning and sanitization of the parenteral medication preparation area. COMAR 10.34.19.15E

Yes No N/A The storage of compounded parenteral preparations in the pharmacy and periodic documentation of refrigeration/freezer temperature. COMAR 10.34.19.15B

Yes No N/A Steps taken in the event of a drug recall. COMAR 10.34.19.12C(6)(h)

Yes No N/A Written justification including literature references of the chosen beyond use dates for compounded sterile preparations.

Yes No N/A Written policies and procedures for implementing the immediate use exemption for admixtures.

Yes No N/A Each individual involved in the preparation of compounded sterile preparations must successfully complete a verification process before being allowed to prepare sterile preparations. COMAR 10.34.19.14B

Yes No N/A The verification process shall be carried out using the same personnel, procedures, equipment, and materials as normal production, except that an appropriate microbiological growth medium is used in the compounding process to verify the sterility of the final preparation. COMAR 10.34.19.12C(11); COMAR 10.34.19.15C

Yes No N/A Completed media samples must be incubated according to currently accepted standards. COMAR 10.34.19.15C

Yes No N/A If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the verification process repeated.

Yes No N/A Personnel competency must be re-verified at least every 12 months (every 6 months for highrisk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.

Yes No N/A The verification and re-verification process must be documented. COMAR 10.34.19.07B(3)

Yes No N/A Other personnel monitoring requirements as required by current standards must be performed, such as fingertip touch testing.

Yes No N/A There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy. COMAR 10.34.19.16

Yes No N/A Written documentation that the end product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable. COMAR 10.34.19.15C

Comments:

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: IgG of America, inc. DBA: US Bioservices
Permit#: PW0285
Date: 03/17/2022

Rx#:
Date Filled:

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
				Clear
				Clear
				Clear
				Clear

Comments:

SCHEDULE II AUDIT

Drug:
NDC Number:
Date of last Inspection/Biennial: 07/23/2020

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)

SCHEDULE II AUDIT

Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII:

CIII
-
CV:

PRESCRIPTION REVIEW

CII#:

Date:

Comments:

CIII -
CV#:

Date:

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

INSPECTOR'S COMMENTS:

Inspection report attached under supporting documents

Inspector Signature:

Pharmacist Name (Print):

Date: 03/17/2022

Signature:

Received a copy of this inspection report:

Supporting Documents.
PW0285_03172022_571_414-256123-33418.pdf
PW0285_03172022_571_414-256123-33690V.pdf
PW0285_03172022_571_772634.pdf
PW0285_03172022_571_Audit 2022 Heath Pump Training.pdf
PW0285_03172022_571_Board Inspection documents 3.11.2022.pdf
PW0285_03172022_571_Buffer Area - Compounding Attire 200.304.pdf
PW0285_03172022_571_Change Control 100.220.pdf
PW0285_03172022_571_Delivery Process 200.113.pdf
PW0285_03172022_571_Drug Device Recalls 500.207.pdf
PW0285_03172022_571_EnviroTest Log.pdf
PW0285_03172022_571_Gresko training screenshot.png
PW0285_03172022_571_Guidelines for Pharmacy Prepared Sterile Products 200.310.pdf
PW0285_03172022_571_Handling, Transport & Disposal of Prescription Medications 600.101.pdf
PW0285_03172022_571_Heath.pdf
PW0285_03172022_571_IMG_0245.jpg
PW0285_03172022_571_IMG_0247.jpg
PW0285_03172022_571_IMG_0249.jpg
PW0285_03172022_571_IMG_0253.jpg
PW0285_03172022_571_IMG_0254.jpg
PW0285_03172022_571_IMG_0267.jpg
PW0285_03172022_571_IMG_0269.JPG
PW0285_03172022_571_IMG_0272.JPG
PW0285_03172022_571_IMG_0273.JPG
PW0285_03172022_571_IMG_0277.JPG
PW0285_03172022_571_IMG_0278.JPG
PW0285_03172022_571_IMG_0279.jpg
PW0285_03172022_571_IMG_0283.jpg
PW0285_03172022_571_IMG_0290.JPG
PW0285_03172022_571_IMG_0292.JPG
PW0285_03172022_571_IMG_0295.jpg
PW0285_03172022_571_IMG_0296.jpg
PW0285_03172022_571_IMG_0301.JPEG
PW0285_03172022_571_IMG_0302.JPEG
PW0285_03172022_571_IMG_0303.jpg
PW0285_03172022_571_IMG_0304.jpg
PW0285_03172022_571_IMG_0307.jpg
PW0285_03172022_571_IMG_0309.jpg
PW0285_03172022_571_IMG_0310.jpg
PW0285_03172022_571_IMG_0312.jpg
PW0285_03172022_571_IMG_0313.jpg
PW0285_03172022_571_IMG_1558.jpeg
PW0285_03172022_571_IMG_1560.jpeg
PW0285_03172022_571_IMG_1561.jpeg
PW0285_03172022_571_IMG_1587.jpg
PW0285_03172022_571_IMG_1589.jpg
PW0285_03172022_571_IMG_1601.jpg
PW0285_03172022_571_IMG_1607.jpg
PW0285_03172022_571_IMG_1612.jpg
PW0285_03172022_571_jpeg-imag.jpg
PW0285_03172022_571_Labeling Prescription Products 200.209.pdf
PW0285_03172022_571_Lopa.pdf
PW0285_03172022_571_Maintenace Log -Board Audit 2022.pdf
PW0285_03172022_571_Maintenance of Pharmacy Equipment 200.120.pdf
PW0285_03172022_571_MD BOP Virtual Inspection 3.2022.pdf
PW0285_03172022_571_MD Pharmacy Licenses 2022.xlsx
PW0285_03172022_571_Medication Preparation 200.200.pdf
PW0285_03172022_571_Packaging Drugs & Supplies 200.119.pdf
PW0285_03172022_571_Patel training screenshot.png
PW0285_03172022_571_Pharmacy Competency.pdf
PW0285_03172022_571_Receiving, Storing & Handling Drugs & Supplies 200.204.pdf
PW0285_03172022_571_State of Maryland Mail - MD BOP Inspection - License #PW0285.pdf
PW0285_03172022_571_State of Maryland Mail - PW0285 Inspection.pdf
PW0285_03172022_571_State of Maryland Mail - Sterility report of a CSP.pdf
PW0285_03172022_571_Sterile Compounding QA Procedures 200.307.pdf
PW0285_03172022_571_Sterile Compounding Requirements 200.300.pdf

Details

Demographic Information

Name: IgG of America, LLC.dba CVS/Specialty

Address Information

Address: 514 Progress Drive
Suite X-Z

City: Linthicum Heights **State:** MD **Zip:** 21090

Maryland License\Permit Information

Number:	PW0285	**Type:**	Pharmacy Waiver	**Status:**	Active
Original Issued:	11/29/2006	**Date Renewed:**	5/27/2022	**Expires:**	5/31/2024

Specialty: Sterile Compounding

Specialty: Other

No Related Documents

*******Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.*******

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES , OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT I.G.G. OF AMERICA, LLC (W23271620) , REGISTERED SEPTEMBER 16, 2022, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 27, 2022.

Michael L. Higgs
Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: ZpPhuN1ot0q2EdHDQHYZRg
To verify the Authentication Code, visit http://dat.maryland.gov/verify

Certified

Certificate of Registration

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT [redacted]
IS A REGISTERED PHARMACY LOCATED AT [redacted]
REGISTERED OWNER: [redacted]
PHARMACY MANAGER: [redacted]
ISSUED: 12/2024

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE
PHARMACY PERMIT NUMBER: [redacted]
ISSUED: 12/2024

THIS REGISTRATION IS ISSUED UNDER THE AUTHORITY OF TITLE 12 OF THE MARYLAND CODE OF REGULATIONS

THIS CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED AT THE PHARMACY LOCATION

PHARMACY MANAGER MUST BE NOTIFIED OF ANY CHANGES

[redacted]

Entity Name	IgG of America L.L.C.

Management Name	Title	Address	Phone	Ownership
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cole, Joshua	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%

Owner	Caremark RX, L.L.C.
%	100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler IgG of America L.L.C. dba CVS/specialty

Pharmacy/Wholesaler License # (if applicable) PH01867

Physical Address 514 Progress Drive., Suite X-Z

City Linthicum Heights State MD Zip 21090

Mailing Address (if different from physical address) One CVS Drive MC1160

City Woonsocket State RI Zip 02895

Telephone 877-674-9700 Website

Licensing Company Email Permitinfo@cvshealth.com

Section 2: Personal Information

First Gina Middle White Last Cohenour

Alias(es, nicknames, name changes, etc.) Gina Alice White, Gina White Sauls

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Ringe Drive

City Severn State MD Zip 21144

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Medical University of South Carolina		8/1991-5/1995	
Address	**City**	**State**	**Zip**
171 Ashley Avenue	Charleston	SC	29425
Diploma/Degree obtained, if any			
BS-Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Francis Marion University		8/1989-12/1992	
Address	**City**	**State**	**Zip**
4822 E Palmetto St	Florence	SC	
Diploma/Degree obtained, if any			
BS-Biology/Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Williamsburg Academy		8/1977-5/1989	
Address	**City**	**State**	**Zip**
1000 Sandy Bay Rd.	Kingstree	SC	29556
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2001-Present	[redacted]Ringe Drive	Severn	MD	21144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
IgG of America L.L.C dba CVS/specialty			4/4/2016-Present
Business Address	**City**	**State**	**Zip**
514 Progress Drive Suite X-Z	Linthucum Heights	MD	21090
Phone	**Title**	**Number of Employed Hours**	
877-674-9700	Pharmacy Manager/PIC	12,000	

Description of Duties
Prescription order verification to include drug utilization review. Management of homebound patients with complex drug therapies, maintain operating policies and procedures quality assurance and record keeping. Over-site and management of pharmacy staff and facility operations.

Business Name			From - To (MM/YY – MM/YY)
Coram Specialty/CVS Caremark			6/2008-2016
Business Address	**City**	**State**	**Zip**
7150 Columbia Gateway Drive Unit E	Columbia	MD	21046
Phone	**Title**	**Number of Employed Hours**	
800-227-3675	Clinical Pharmacist	16,000	

Description of Duties
Process verify prescription orders. Manage patients on complex therapies of home infusions. Ensure proper record keeping.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

N/A

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I, Gina Cohenour, **certify that as the designated representative for**

IgG of America L.L.C. dba CVS/specialty,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. MC I am at least 21 years of age;
3. MC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

8/31/22
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Hartford

I, Gina Cohenour, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Cohenour
Original Signature

8/31/22
Date

Subscribed and Sworn to before me this 31st day of Aug., 2022

Notary Public Signature
Commission exp.: 11/10/2024

DANAI M HYNSON NOTARY PUBLIC ANNE ARUNDEL COUNTY, MD (Seal)

10D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH PH02828	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: KINGS PARK SLOPE, INC

Physical Address: 357 FLATBUSH AVE

City: BROOKLYN State: NY Zip: 11238

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 718-230-3535 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 718-230-0596 Contact Email: _____

Website: WWW.KINGSRX.COM

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): DMITRY VAGMAN

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22796 -Marta Giammarino V.i.

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☒ Retail/Community
☐ Hospital (# beds _____)	☒ Non-sterile Compounding
☐ Internet	☒ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☒ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: MARTA GIAMMARINO	NV Pharmacist Registration #: 22796
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NR5.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEW YORK

Parent Company (if any): N/A

Corporation/Organization Name: KINGS PARK SLOPE, INC

Mailing Address: 357 FLATBUSH AVE

City: BROOKLYN State: NY Zip: 11238

Telephone: 718-230-3535 Email: INFO@KINGSRX.COM

Contact Person Name: DMITRY VAGMAN

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pres/CEO (title) for Kings Park Slope, Inc (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Ronald DelGaudio

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

6-9-2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

RONALD DelGaudio

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

06/09/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 39665

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Kings Park Slope, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH02828

Physical Address: 357 Flatbush Ave

City: Brooklyn State: NY Zip: 11238

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 718-230-3535 Toll Free # (NAC 639.708, NRS 639.23286): 800-795-4647

Fax: 718-230-0596 Contact Email: info@kingsrx.com

Website: www.kingsrx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Dmitry Vagman

Supervising/Managing Pharmacist NV Pharmacist Registration #: 022297

Name of Person with direct knowledge of compounding procedures: Gennady Levin

Email of Person with direct knowledge of compounding procedures: gene.l@kingsrx.com

Telephone of Person with direct knowledge of compounding procedures: 718-230-3535

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ■ Low ■ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Leuprolide
Progesterone Inj

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
We perform the following tests:
* USP 85
* USP 71
* HPLC Chemistry

6. What laboratory performs this additional testing?
Name: Nelson Labs
Address: 122 Fairfield Rd
City: Fairfield State: NJ Zip: 07004
Telephone: 973-227-6882

7. What is your procedure for visual inspection of compounded sterile products?
Inspected against black and white backgrouds

8. How often do you perform glove fingertip and medial fill testing?
Glove fingertip is performed once a week.
Media fill is performed every 6 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Employees exceeding zero CFUs for gloved fingertip/thumb sampling shall be removed from compounding and retrained, observed, and retested. The employee may return to compounding upon passing with zero CFUs for gloved fingertip/thumb sampling.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
All pharmacists and technicians are required to pass the following: didactic coursework; practical skills assessments through competency evaluation; media-fill testing and direct observation by qualified staff, both initially and on an ongoing basis.
IV Ongoing competency evaluation and media-fill testing must, at a minimum, be completed annually for employees working in pharmacies performing low/medium risk level compounding and semiannually for pharmacies performing high risk level compounding.V Personnel who fail written or media-fill tests, will be immediately reinstructed and reevaluated by
expert compounding personnel to ensure correction to all aseptic processes as well as demonstrate the ability to pass repeated written and/or media-fill tests.
VI Failure of follow up written exams requires the re-testing and passing of such tests

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Perform Cleaning and Maintenance in the following order: 1 Clean/Sanitize the inside surfaces of ISO Class 5 PECs per applicable policy. 2 Discard all trash. 3 Clean/Sanitize the Ante Storage Units a All storage bins must have contents removed; bins cleaned inside and out, allowed to dry and contents replaced. b All surfaces in room including doors, door handles, pass throughs, permanent shelving, etc. 4 Clean/Sanitize the Waste Receptacle(s) 5 Clean/Sanitize Counters and easily cleanable work surfaces in the clean room/buffer area (stool tops, metro cart shelves, etc. (including underside, legs and feet/wheels)). 6 Wipe down equipment 7 Floors will be moped with PeridoxRTU and left to for 3 minutes followed by 70% Sterile Alcohol. 8 Mop floors in the buffer area/clean room from farthest point away from the door progressing toward the door to the ante-area while moving carts and shelving. 9 Counters sink and easily cleanable work surfaces in the ante-area as long as those areas are on the " clean side " of the line of demarcation. 10 Counters and easily cleanable work surfaces in the ante-area/room beyond the line of demarcation (" dirty side "). 11 Mop floors in the ante-area/room from the clean room/buffer area entrance to the exit door. 12 Perform any required daily activities related to cleaning the general preparation area as required

12. Who performs the sterile compounding process at your facility?
Gennady Levin, RPh

13. Who is responsible and accountable for the sterile compounding process at your facility?
Gennady Levin

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
See attached

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? Biological Safety Cabinet (BSC)		
2. Is your BSC or CACI vented 100% to the outside?	☑ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☑ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☑ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☑ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☑ Yes	☐ No
7. If yes, list the name of the device: Onguard		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? See attached		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? Any personnel who may have contact with a hazardous drug preparation(s) shall complete a formal written training program before working with the preparations. The program shall include at least the following components. A Potential and known risks of the drug preparations B How to handle the drug preparations C How to clean up a hazardous drug spill using hazardous drug spill kits. This includes in the pharmacy, in the delivery vehicle, and in the patient ' s home. D How to use MSDS files E How to interpret warning codes on the labels of hazardous drug preparations F How to store and transport hazardous drug preparations G Proper compounding technique and equipment use for hazardous drug preparations H Proper garb procedures I How to use the eyewash station and safety shower J Proper use of hazardous drug waste containers K Proper labeling of hazardous drug preparations L Proper documentation of the preparation of hazardous drug preparations		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
Progesterone in olive oil

2. What sterilization methods are utilized at your facility?
Convection Oven

3. Does your facility utilize biological indicators? ■ Yes ☐ No

4. If yes, describe how they are utilized:
Placed inside the oven during sterilization process

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gennagy Levin
Name of Person who Completed the Form

RPh
Title

Signature (copies or stamps not accepted)

09/19/2022
Date

Board Use Only	Date Received: _____ Date Approved: _____ Approved By: _____

14. Shipping

Kings maintains processes for selecting appropriate packaging for specific drugs, based on specific medication temperature requirements, light sensitivity of medication, fragility of product, size of product, and manufacturer guidelines.

Medications are packaged to maintain the appropriate temperatures throughout the delivery process; all packages are stable for 24 hours. Refrigerated products are maintained between 2-8°C, (36-46°F) and room temperature products are maintained between 20°C to 25°C (68-77°F). Kings conducts initial and ongoing qualification testing for new packaging products/processes and when products or shipping process are modified, to demonstrate the ability to maintain appropriate temperature ranges and ensure product stability/efficacy. Qualification testing is based on different geographic areas served and different temperature profiles.

8. Hazardous products

Kings Pharmacy provides all patients with education and counseling related to proper handling, storage, and disposal of medications and ancillary supplies, including hazardous drug products/containers. The following information is provided to patients/consumers who receive hazardous products:

Handling:

- Wash hands before and after handling hazardous products

- Use disposable gloves, and examine them to ensure they are not torn or punctured.

- Use disposable medicine cups when handling hazardous pills.

- If using sharps or needles, do not recap the used needle, or remove it from the syringe.

- If you are pregnant or trying to conceive, do not handle any hazardous drugs/products.

Disposal:

- Throw away any protective equipment (e.g. disposable gloves), disposable medicine cups, oral syringes, or bottles in a two-ply heavy-duty trash bag. Tie or seal the plastic bag and place it in your household trash bag for disposal. Be sure to keep this trash out of the reach of pets and children.

- All sharps or needles must be thrown away in a safe 'sharps container.' If you do not have one, use a container made of heavy-duty plastic (e.g. laundry detergent bottle), and close the cap tightly. Containers more than half full should be disposed of at a sharps collection site.

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 11/28/2022
Amount:
License #: 22796

Marta M. Giammarino

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:11/28/2022
Expires:10/31/2023

Marta M. Giammarino

License #
22796
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22796
Effective Date:11/28/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Marta M. Giammarino

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	KINGS PARK SLOPE INC.
DOS ID Number:	1107166
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	08/25/1986
Statement Status:	CURRENT
Statement Due Date:	08/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	08/25/1986
Entity Name:	KINGS PARK SLOPE INC.

Document Type:	BIENNIAL STATEMENT
Date of Filing:	04/15/1993
Effective Date:	08/01/1992

Document Type:	BIENNIAL STATEMENT
Date of Filing:	09/30/1993
Effective Date:	08/01/1993

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/01/1996

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/25/1998
Effective Date:	08/01/1998

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/14/2000
Effective Date:	08/01/2000

Document Type:	BIENNIAL STATEMENT
Date of Filing:	07/29/2002
Effective Date:	08/01/2002

Document Type:	BIENNIAL STATEMENT
Date of Filing:	09/09/2004
Effective Date:	08/01/2004

Document Type:	BIENNIAL STATEMENT
Date of Filing:	08/16/2006
Effective Date:	08/01/2006

Document Type:	BIENNIAL STATEMENT
Date of Filing:	04/06/2016
Effective Date:	08/01/2014

Document Type:	BIENNIAL STATEMENT
Date of Filing:	04/23/2021
Effective Date:	08/01/2020

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 01, 2022 at 04:14 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy ___ Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/16/2022 Inspector: Alyce Petrutiu

Firm: KING'S PHARMACY Phone: (718) 230-3535

Address: 357 FLATBUSH AVE City: BROOKLYN Zip: 11238

Ownership: CORPORATION

Permit #: NSC100853 NRP1703 Permit Exp: 6/1/2022 DEA#: BK0754817 DEA Exp: 12/31/2023

Date of Self Assessment Form: 2/12/2021 Other Permit #: N/A Date of DEA Inventory: 5/1/2021

Hours M-F: 8:30AM-6PM Hours Saturday 9AM-5PM Hours Sunday: 9AM-4PM

PIC **DMITRY VAGMAN** OUT Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
GENE LEVIN	OUT		

Inspector Remarks:

Annual NSC Compounding Renewal Inspection

Documents sent in advance of onsite inspection by PIC Dmitry Vagman and RPH Gene Levin.
PIC email: dmitry.v@kingsrx.com
PIC phone: (718) 230-3535

Onsite inspection took place on 3/16/2022 with the assistance of PIC Vagman and RPH Levin.

Description of pharmacy- full independent retail pharmacy downstairs, non-sterile and sterile compounding areas upstairs; access to compounding area limited to compounding staff
Type of compounding: sterile to sterile (leuprolide); non-sterile to sterile (progesterone in olive oil); non-sterile
Risk level: only low risk shipped into CA, BUD assigned per USP 797
Local State License: 019339 (NY)
Licensed in 19 states
Volume of sterile to sterile shipped into CA: 3 CSPs since January 2021, all patient specific leuprolide 4mg/0.8ml (80U trigger)

No non-sterile shipped into CA
No controlled substances shipped into CA
Overall sterile compounding volume: 1 to 2 per day (leuprolide); progesterone in olive oil made every 3 to 4 months
Consultation available notice sent with product and pharmacists call patient before shipment
Temperature studies for shipping – Cold Chain Technologies
All products shipped next day

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Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacists on call 24 hours

According to documents provided by PIC:
No physical layout changes to the sterile compounding facility in the past 12 months
Changes to the sterile compounding equipment in the past 12 months: removal of Exacta-mix 2400 compounder for TPNs
No changes in types of sterile products compounded in the past 12 months
No adverse events related to pharmacy's CSPs from the past 12 months
No recalls issued for CSPs in the past 12 months
No FDA, DEA, or accreditation inspections in past 12 months
No changes to list of sterile medications compounded in the past 12 months
No pharmacy law waivers in use
Wholesaler: McKesson
Waste: Stericycle

Compounding Area:
Non-sterile compounding room containing refrigerators and incubator leading into ISO 7 anteroom containing sink and garbing supplies leading into two rooms:

- Positive pressure ISO 7 buffer room containing two ISO 5 Nuaire LAFWs
- Negative pressure ISO 7 buffer room containing two externally vented ISO 5 Germfree BSCs

Certification: performed in all ISO areas by RC Testing Service on 12/14/2021 under operational/dynamic conditions:

- Viable and non-viable air sampling performed (acceptable growth in all three rooms)
  - 1 CFU in IV room
  - 3 CFUs in anteroom
  - 6 CFUs in chemo room
- Surface sampling performed – in-house weekly surface sampling of ISO 5 areas
- Air changes per hour criteria met
- HEPA filters leak test passed
- Video of smoke studies viewed onsite

Items Reviewed:

- Compounding self-assessment
- Master formula, compounding log, label example for leuprolide 4mg/0.8ml
- Patient centered labels: route, rate, BUD, compounded by pharmacy verbiage
- References materials include: Lexicomp, PCCA, Medisca
- Room, refrigerator, incubator temperature logs- paper logs (Nov/Dec 2021)
- Humidity logs – paper logs (Nov/Dec 2021)
- Differential pressure logs- paper logs (Nov/Dec 2021)
- No automated compounding devices
- Cleaning logs, rooms and hoods - daily, weekly, monthly (Nov/Dec 2021)
- In house surface sampling (Oct/Nov/Dec 2021)

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INSPECTION REPORT

• QA: End-Product Testing: performed by Nelson Labs on gentamicin 1.6mg/ml solution in 10ml vial, compounded on 5/20/2021 (potency) and 5/26/2021 (sterility)

Items Observed:

- License posted
- Visual inspection of compounding areas and hoods
  - Did not enter past anteroom, able to see through windows
  - Only HD room in use for sterile compounding
  - Non-HD room maintained but not being used
  - Only RPH compounding
- Discussed staff garbing and gowning/handwashing (no compounding occurring)
- Drug storage (HD stored separate from non -HD)
- Pressure differentials between rooms
- Room/refrigerator/incubator temperatures
- Hot/cold running water
- Eye wash area
- Cleaning supplies: Peridox RTU, sIPA
- **Hazardous Compounding**:
  - No chemo
  - Spill kit
  - Exhausted IV hood in negative pressure buffer room
  - PPE
  - Hazardous auxiliary labels/bags

Policies and Procedures Reviewed:

- Annual review of Policies & Procedures by PIC, proof of completion
- Staff notification of any changes in processes or to the policy and procedure manual
- Hand hygiene and garbing
- Facility & Equipment cleaning & sanitizing
- Equipment maintenance, storage, calibration, cleaning and disinfection
- Plan for drug recall
- End-Product testing- sterility, potency at least annually and action plan if a compounded product is outside minimum standards
- Sterilization and Depyrogenation
- Beyond Use Dating
- Storage of compounded preparations
- Action for responding when drug storage temperatures are out of range
- Compounding, filling and labeling of sterile drug preparations
- Viable air, surface sampling, and gloved fingertip- action to be taken when CFUs have been exceeded
- Action level for CFUs detected during viable surface sampling, gloved fingertip, and viable air sampling

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INSPECTION REPORT

- Hazardous drug spill
- Staff training

Training: Reviewed for both RPH Dmitry Vagman and TCH Jude Prescott (no longer working)

- Gloved fingertip sampling
- Media fill
- Aseptic technique/compounding competencies
- Didactic and math skills assessment
- Hazardous drug training

Discussion:

- Recommend using the latest version of the self-assessments for best practice to maintain compliance with current California pharmacy laws.
- Recommend adding cleaning agents and dwell times to cleaning logs. Best practice for policy compliance.
- Master formula for leuprolide trigger 0.8ml in 3ml syringe lacked required elements per CCR 1735.2(e) when initially emailed in response to request for documents. BUD ("estimated to be 14 days"), rationale or reference for determination of BUD, and quality reviews required at each step of preparation were lacking. PIC educated and the master formula was updated during the inspection process.
- Compounding log for leuprolide trigger 0.8ml in 3ml syringe lacked documentation of quality reviews as required per CCR 1735.3(a)(2)(J) when initially emailed in response to request for documents. PIC educated and the compounding log was updated during the inspection process.
- PDF of the 2022 law book is available online at the Board's website: https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf

Inspector Alyce Petrutiu, RPh
California State Board of Pharmacy
(831) 245-7618 | FAX (831) 242-8969

Licensee Remarks:

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2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
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Gavin Newsom, Governor

INSPECTION REPORT

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) Alyce Petrutiu

Inspector (print) ALYCE PETRUTIU

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

5572

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-22

SUPERVISING PHARMACIST
DMITRY VAGMAN

THIS IS TO CERTIFY

KINGS PARK SLOPE INC.
357 FLATBUSH AVE.
BROOKLYN, NY 11238

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JANUARY, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF DECEMBER, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

019339

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

NYSED.gov

OP Office of the Professions

Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

06/14/2022

Type : PHARMACY
Legal Name : KINGS PARK SLOPE INC.
Trade Name : KINGS SUPER PHARMACY
Street Address :
357 FLATBUSH AVE.
BROOKLYN, NY 11238-0000

Registration No : 019339
Date First Registered : 12/18/86
Registration Begins : 01/01/20
Registered through : 12/31/22
Supervisor : 044958 VAGMAN DMITRY
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

242/656 T:2

KINGS PARK SLOPE INC
357 FLATBUSH AVE # 2R
BROOKLYN, NY 11238-4378

10006883.2/000258-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BK0754817	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	11-04-2020

KINGS PARK SLOPE INC
D/B/A KINGS SUPER PHARMACY
357 FLATBUSH AVE
BROOKLYN, NY 11238-4378

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BK0754817	12-31-2023	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	11-04-2020

KINGS PARK SLOPE INC
D/B/A KINGS SUPER PHARMACY
357 FLATBUSH AVE
BROOKLYN, NY 11238-4378

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

TOP FOUR STOCKHOLDERS	
NAME	Percentage
Ronald Del Gaudio	100%

OFFICERS AND DIRECTORS	
NAME	TITTLE
Ronald Del Gaudio	President/CEO

STOCKHOLDERS OVER 10%	
NAME	Percentage
Ronald Del Gaudio	100%

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler KINGS PARK SLOPE, INC

Physical Address 357 FLATBUSH AVE

City BROOKLYN State NY Zip 11238

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-230-3535 Website WWW.KINGSRX.COM

Licensing Company Email INFO@KINGSRX.COM

Section 2: Personal Information

First RONALD Middle _____ Last DEL GAUDIO

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] CARPENTER AVE

City SEA CLIFF State NY Zip 11579

Telephone [redacted] Email RON.D@KINGSRX.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
PACE INIVERSITY			09/82-06/83	
Address		City	State	Zip
ONE PACE PLAZA		NEW YORK	NY	10038
Diploma/Degree obtained, if any				
BUSINESS COURSES NOT GRADUATED				
School Name			From - To (MM/YY – MM/YY)	
ARNOLD & MARIE SCHWARTZ COLLEGE OF PHARMACY			09/75-06/79	
Address		City	State	Zip
75 DEKALB AVE		BROOKLYN	NY	11201
Diploma/Degree obtained, if any				
B.S. PHARMACY				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2010-PRESENT	[redacted] CARPENTER AVE	SEA CLIFF	NY	11579
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RD

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
KINGS PARK SLOPE, INC			12/86-PRESENT
Business Address	**City**	**State**	**Zip**
357 FLATBUSH AVE	BROOKLYN	NY	11238
Phone	**Title**		
718-230-3535	PRESIDENT/CEO		
Description of Duties			
Manage the overall operations of a company.			

Business Name			From - To (MM/YY – MM/YY)
KINGS THIRD AVENUE PHARMACY, INC			1996-PRESENT
Business Address	**City**	**State**	**Zip**
1619 3RD AVE	NEW YORK	NY	10128
Phone	**Title**		
212-534-6000	PRESIDENT/CEO		
Description of Duties			
Manage the overall operations of a company.			

Business Name			From - To (MM/YY – MM/YY)
KINGS 7TH AVENUE PHARMACY INC			11-2016-03/2020
Business Address	**City**	**State**	**Zip**
300 SEVENTH AVE	BROOKLYN	NY	11215
Phone	**Title**		
718-499-5200	PRESIDENT/CEO		
Description of Duties			
Manage the overall operations of a company.			

Business Name			From - To (MM/YY – MM/YY)
APOGEE BUILDING COMPANY LLC			
Business Address	**City**	**State**	**Zip**
168 CARPENTER AVE	SEA CLIFF	NY	11579
Phone	**Title**		
917-921-5656	MANAGER		
Description of Duties			
BUILDING OF LUXURY HOMES			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ronald DelGaudio

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/09/2022

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Kings

I, Ronald DelGaudio, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 06/09/2022

Subscribed and Sworn to before me this 9 day of JUNE 2022

Notary Public Signature

EDWARD GRACOIA
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in QUEENS County
01GI6121549
MY COMMISSION EXPIRES 01/18/2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler KINGS PARK SLOPE, INC

Physical Address 357 FLATBUSH AVE

City BROOKLYN State NY Zip 11579

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 718-230-3535 Website WWW.KINGSRX.COM

Licensing Company Email INFO@KINGSRX.COM

Section 2: Personal Information

First DMITRY Middle _____ Last VAGMAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITI [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] FOX HUNT DRIVE

City MONROE TOWNSHIP State NJ Zip 08831

Telephone [redacted] Email DMITRY.V@KINGSRX.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's Initials DV

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
LONG ISLAND UNIVERSITY		06/1992-06/1996	
Address	**City**	**State**	**Zip**
1 UNIVERSITY PLAZA	BROOKLYN	NY	11201
Diploma/Degree obtained, if any			
B. S. PHARMACY			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2019-PRESENT	[redacted]FOX HUNT DRIVE	MONROE TOWNSHIP	NJ	08831
03/2003-06/2019	[redacted]BUEL AVE	STATEN ISLAND	NY	10305

Applicant's initials DV

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
KINGS PARK SLOPE, INC			07/2019 - PRESENT
Business Address	**City**	**State**	**Zip**
357 FLATBUSH AVE	BROOKLYN	NY	11238
Phone	**Title**		**Number of Employed Hours**
718-230-3535	P.I.C.		21,060
Description of Duties			
Dispense Prescriptions, Communicate With Prescribers, Ensure Patients' Safety, Counsel Patients, Deal With Insurance Companies, Manage Staff			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials DV

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company; business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Dmitry Vagman, **certify that as the designated representative for** Kings Park Slope Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Dmitry Vagman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/09/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dmitry Vagman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

06/09/2022
Date

Please have this section completed in the presence of a Notary Public.

State of NY, ss. County of KINGS

I, Dmitry Vagman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

06/09/2022
Date

Subscribed and Sworn to before me this 9 day of JUNE 2022

Notary Public Signature

EDWARD GIACOIA
STATE OF NEW YORK
NOTARY PUBLIC
Qualified In QUEENS County
01GI6121549
MY COMMISSION EXPIRES 01/18/2025

(Seal)

Applicant's initials DV

I, Dmitry Vagman, **certify that as the designated representative for** Kings Park Slope, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Dmitry Vagman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/09/2022

Date

Applicant's initials DV

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dmitriy Vagman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/9/2022
Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Dmitriy Vagman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

6/9/22
Date

Subscribed and Sworn to before me this 9 day of JUNE, 2022

Notary Public Signature

EDWARD GIACOIA
STATE OF NEW YORK
NOTARY PUBLIC
Qualified in QUEENS County
01GI6121549
MY COMMISSION EXPIRES 01/18/2025

(Seal)

Applicant's initials _____

10E

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Non-sterile Compounding ☒ Sterile Compounding ☒ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☐ Saturday	☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Primera Compounding, LLC DBA Primera Professional Pharmacy

Physical Address: 3745 Highway 6

City: Sugar Land State: TX Zip: 77478

Mailing Address (if different from physical address): n/a

City: _____ State: _____ Zip: _____

Telephone: 832-562-3993 Toll Free # (NAC 639.708, NRS 639.23286): 800-610-2521

Fax: 346-321-4500 Contact Email: admin@primerarx.com

Website: www.primerarx.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Paula Hooper

Supervising/Managing Pharmacist NV Pharmacist Registration #: ~~n/a~~ Temp 23526

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: n/a	NV Pharmacist Registration #: n/a
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: n/a	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: n/a

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas/Secretary of State

Parent Company (if any): _____

Corporation/Organization Name: Primera Compounding, LLC

Mailing Address: 30444 Southwest Fwy

City: Rosenberg State: TX Zip: 77471

Telephone: 832-562-3993 Email: admin@primerarx.com

Contact Person Name: Patty Heinz

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: n/a

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: n/a

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

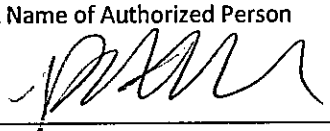
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP Operations (title) for Primera Compounding, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Patty Heinz

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

10/19/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patty Heinz

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/19/2022

Date

Board Use Only	Date Received: 11-2-22	Amount: 500.00 CK-697064

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		

Basil Raad; Officer

• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		

OCuSOFT, Inc; 100%

• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		

OCuSOFT, Inc; 100%

• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner -** The owner.		✓	✓	✓

We were informed that we are exempt from providing a Personal History Record Application, since the pharmacy is owned by a corporation.

• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓

n/a

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Primera Professional Pharmacy

Address: 3745 Highway 6

City: Sugar Land State: TX Zip: 77478

I hereby authorize the Texas State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
34197	Active	March 17, 2022	March 31, 2024

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No (see attached)	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	Sta
Lauren D. Briggs	Assistant General Counsel	Texas	October 27, 2022	



TEXAS STATE BOARD OF PHARMACY

Re:	Primera Professional Pharmacy
Address:	3745 Highway 6 Sugar Land, Texas 77478
License No.:	34197
Date Issued:	March 17, 2022
Licensure Status:	Active
Expiration Date:	March 31, 2024
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Primera Professional Pharmacy (Texas Pharmacy License #34197) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

October 27, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Primera Compounding, LLC (file number 803544712), a Domestic Limited Liability Company (LLC), was filed in this office on February 11, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 19, 2022.

John B. Scott
Secretary of State

5605



This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **34197** Expiration Date: **3/31/2024**

Balances: **2**

PRIMERA PROFESSIONAL PHARMACY
3745 HWY 6
SUGAR LAND TX 77478

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

PRIMERA PROFESSIONAL PHARMACY
3745 HIGHWAY 6
SUGAR LAND, TX 77478-0000

10004164 2/001626-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP1295989	03-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	03-24-2022

PRIMERA PROFESSIONAL PHARMACY
3745 HIGHWAY 6
SUGAR LAND, TX 77478-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
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WASHINGTON D.C. 20537

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PRIMERA PROFESSIONAL PHARMACY
3745 HIGHWAY 6
SUGAR LAND, TX 77478-0000

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Form DEA-223 (9/2016)

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *PRIMERA PROFESSIONAL PHARMACY* License Number: *34197*

Address: *3745 HWY 6, SUGAR LAND, TX 77478* Phone: *(832) 562-3993*

Email: *Info@primerarx.com*

Class of License: *AS* License Expiration: *03/31/2024*

DEA #: *FP1295989* DEA Expiration: *03/31/2025*

Inspection Information

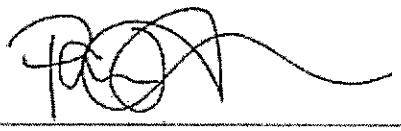
Type: *Compliance* Purpose: *New Pharmacy*

Date: *09/16/2022* Arrival Time: *2:15 PM*

Acknowledgment

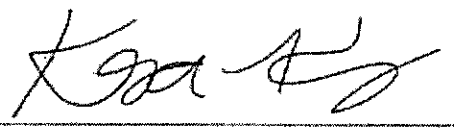
This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



Paula Hooper *PIC* *45469*

Witness



Keya Henry

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *PRIMERA PROFESSIONAL PHARMACY* License Number: *34197*

Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *New Pharmacy*

Date: *09/16/2022* Arrival Time: *2:15 PM* Departure Time: *5:45 PM*

Action Taken: *Inspection*

General Comments: *Pharmacy holds active out of state pharmacy license in AZ, IL, IN, PA, UT.*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Satisfactory*

Comment

Change of PIC inventory completed on: 03/25/22 COB

17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Initial controlled substance inventory completed on: 03/29/2022

Comment

Annual controlled substance inventory completed on: 06/06/22 OOB

69. Annual controlled substance inventory *(continued)*	*Satisfactory*

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

Environment/Equipment/Security

03. Orderly/Clean	*Satisfactory*
04. Balance inspection	*Satisfactory*

Comment

2 Balances on-site

05. Equipment Inspection	*Satisfactory*
07. Security	*Satisfactory*
08. Environment	*Satisfactory*
48. Drugs (procurement, temperature, security, out-of-date, samples)	*Satisfactory*
90. TSBP complaint notification	*Satisfactory*

Controlled Substances

10. Prescriptions separated	*Satisfactory*
24. Theft/Loss	*Satisfactory*

Comment

No theft or loss has occurred.

26. Controlled substance prescription compliance	*Satisfactory*
30. Controlled substance invoices dated/initialed by pharmacist	*Satisfactory*
35. Controlled substance invoices separated	*Satisfactory*
46. Drug distribution	*Satisfactory*
53. Possession of controlled substances	*Satisfactory*
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	*Satisfactory*

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	*Satisfactory*

PRIMERA PROFESSIONAL PHARMACY 34197

45. Proper dispensing/labeling	*Satisfactory*
54. Proper prepackaging procedures	*Satisfactory*

Library

06. Required Library	*Satisfactory*

Training

60. Documentation of required training	*Satisfactory*
61. Supervision of supportive personnel	*Not Applicable*

Patient/Computer/Dispensing Records

18. Records available	*Satisfactory*
21. Data processing records complete	*Satisfactory*
22. Data processing system compliance	*Satisfactory*
25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Not Inspected*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*
84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Satisfactory*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*
92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*No*

Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*Yes*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*No*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Sotisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfoctory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactary*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Sotisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*

291.133(d)(6)(A)(ii).

Environment. Compounding facilities shall be physically designed and environmentally controlled to minimize airborne contamination from contacting critical sites. Low and Medium Risk Preparations. A pharmacy that prepares low- and medium-risk preparations shall have a clean room for the compounding of sterile preparations that is constructed to minimize the opportunities for particulate and microbial contamination. The clean room shall:

be maintained at a temperature of 20 degrees Celsius or cooler and at a humidity below 60%

S116. Are temperature and humidity monitored, documented and within the required range? *(continued)* — *Satisfactory*

Comment

Advised to maintain temperature at 60 degrees F or cooler and and humidity below 60%.

S167. Is there a thermometer available for the cleanroom and refrigerator(s)? — *Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc? — *Satisfactory*

S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations? — *Satisfactory*

S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas? — *Satisfactory*

S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area? — *Satisfactory*

S105. Does the CAI or CACI provide unidirectional airflow? — *Not Applicable*

S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area? — *Not Applicable*

S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer? — *Not Applicable*

S124. Is the PEC certified by an independent contractor every 6 months and when relocated? — *Satisfactory*

S125. Are prefilters inspected periodically and replaced as needed? — *Satisfactory*

S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device? — *Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies? — *Satisfactory*

S177. Does the pharmacy have lint-free towels or wipes? — *Satisfactory*

S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)? — *Satisfactory*

S176. Does the pharmacy have handwashing agents with bactericidal action? — *Satisfactory*

S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies? — *Satisfactory*

S179. Does the pharmacy have hazardous spill kits, if applicable? — *Satisfactory*

S171. Does the pharmacy have appropriate containers for needles and syringes? — *Satisfactory*

S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Satisfactory*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Satisfactory*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Not Applicable*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Not Applicable*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Not Applicable*

S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Not Applicable*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Not Applicable*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Not Applicable*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Not Applicable*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Not Applicable*
Is hazardous drug waste quarantined in a designated area?	*Not Applicable*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Not Applicable*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
S253. Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*
S254. Do compounding records include the complete formula of a CSP?	*Satisfactory*
S257. Do compounding records include the quantities of materials used in a CSP?	*Satisfactory*
S255. Do compounding records include the signature or initials of who prepared a CSP?	*Satisfactory*
S256. Do compounding records include the signature or initials of who conducted the final check of a CSP?	*Satisfactory*
S258. Do compounding records include the container used and the number of units prepared for a CSP?	*Satisfactory*
S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP?	*Satisfactory*
S260. Do compounding records include the documentation of performance of quality control procedures?	*Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete?	*Satisfactory*
S262. Are master worksheets developed and approved by a pharmacist?	*Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)?	*Satisfactory*
S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs?	*Satisfactory*
S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)?	*Satisfactory*
S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,	*Satisfactory*
S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?	*Satisfactory*
S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?	*Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Not Applicable*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Applicable*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*Not Applicable*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Satisfactory*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Satisfactory*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Not Applicable*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Not Applicable*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Applicable*
Does the pharmacy document if the animal is a pet or used for food?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Applicable*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*

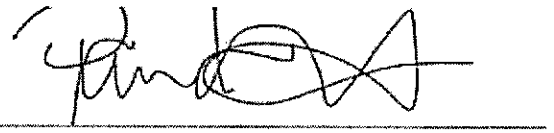
S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

Signatures

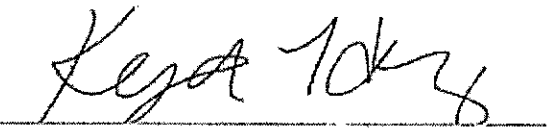
An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Paula Hooper



Keya Henry

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

BR — I am the Pharmacist-in-Charge (PIC) of *PRIMERA PROFESSIONAL PHARMACY*, pharmacy license number , and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *03/10/2022*.

BK — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

BR — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

NA — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

BR — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: B. Raad Date: *03/10/2022*

Printed Name: *Basil Raad* License No.(if applicable): *30127*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *PRIMERA PROFESSIONAL PHARMACY*

License Number:

Address: *3745 HWY 6, SUGAR LAND, TX 77478*

Phone: *346-350-5194*

Email:
basil.raad@primeracompounding.com

Class of License: *AS*

License Expiration:

DEA #: *N/A*

DEA Expiration:

Inspection Information

Type: *Compliance*

Purpose: *Pre-Inspection*

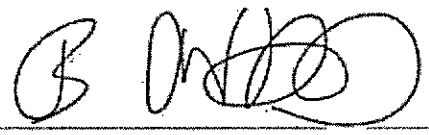
Date: *03/10/2022*

Arrival Time: *2:10 PM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

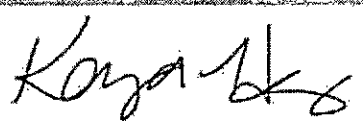


Basil Raad

Witnesses



Paula Hooper



Keya Henry

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *PRIMERA PROFESSIONAL PHARMACY* License Number:
Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Pre-Inspection*
Date: *03/10/2022* Arrival Time: *2:10 PM* Departure Time: *3:10 PM*
Action Taken: *Pre-Inspection*

Pre-Inspection Checklist

1. The prescription department has adequate space for the size and scope of the pharmaceutical services provided by the pharmacy.	*Yes*
2. Fixtures (i.e. shelving, countertops, etc.) for the storage of drugs, equipment, and supplies necessary to operate a pharmacy are installed.	*Yes*
3. Electrical supply exists.	*Yes*
4. A sink with hot and cold running water available exclusive of the restroom facilities.	*Yes*
5. Pharmacy arranged in an orderly fashion and kept clean.	*Yes*
6. The prescription department is complete and contains the following required equipment and supplies including, but not limited to:	*Yes*
6a. data processing system including a printer or comparable equipment;	*Yes*

Comment

Liberty Computer Software

6b. refrigerator to be maintained within a range compatible with the proper storage of drugs requiring refrigeration;	*Yes*
6c. adequate supply of child-resistant, light-resistant, tight, and, if applicable, glass containers;	*Yes*
6d. adequate supply of prescription labels with name, address, and telephone number of the pharmacy;	*Yes*
6e. appropriate equipment necessary for the proper preparation of prescription drug orders;	*Yes*
6f. metric-apothecary weight and measure conversion charts;	*Yes*
6g. if the pharmacy serves the public, the word "pharmacy" or similar word or symbol, as determined by the board, is displayed in a prominent place on the front of the pharmacy.	*Yes*
7. A reference library is on site and current:	*Yes*

PRIMERA PROFESSIONAL PHARMACY

Pre-Inspection Checklist *(continued)*

7a. Texas Pharmacy Laws and Regulations (publication year: _____)	*Yes*
Publication Year: *2021*	
7b. Drug Interactions Reference (publication year: _____)	*Yes*
Publication Year: *Online*	
Comment: *Facts and Comparisons Online*	
7c. General Information Reference (publication year: _____)	*Yes*
Publication Year: *Online*	
Comment: *Facts and Comparisons Online*	
7d. Chapter 795 of the USP/NF concerning Pharmacy Compounding Non-Sterile Preparations (if the pharmacy is compounding non-sterile preparations)	*Yes*
7e. General reference text on veterinary drugs (if the pharmacy dispenses veterinary prescriptions)	*Not Applicable*
7f. Basic Antidote Information and telephone number of the nearest Regional Poison Control Center.	*Yes*
8.If the pharmacy is compounding sterile preparations, the following references are also required:	*Yes*
8a. United States Pharmacopeia/National Formulary or USP Pharmacist's Pharmacopeia containing USP Chapter 797, Pharmaceutical Compounding Sterile Preparations	*Yes*
8b. Chapter 71 of the USP/NF concerning Sterility Tests	*Yes*
8c. Chapter 85 of the USP/NF concerning Bacterial Endotoxins Test	*Yes*
8d. Chapter 1163 of the USP/NF concerning Quality Assurance in Pharmaceutical Compounding	*Yes*
8e. Handbook on Injectable Drugs (publication year: _____)	*Yes*
Publication Year: *Online*	
8f. Specialty reference text appropriate for the scope of pharmacy services provided by the pharmacy (e.g., if the pharmacy prepares hazardous drugs, a reference text on the preparation of hazardous drugs)	*Not Applicable*
9. Security Requirements can be met to assure the pharmacy will be locked by key, combination, or other mechanical or electronic means to prohibit unauthorized access when a pharmacist is not on-site.	*Yes*

PRIMERA PROFESSIONAL PHARMACY

Pre-Inspection Checklist *(continued)*

10. Pharmacy has basic alarm system with the off-site monitoring and perimeter and motion sensors. (Alarm must be activated). *If your city requires an alarm permit, provide a copy of the permit. — *Yes*

Comment

ADT alarm service provider

11. Written policies and procedures for the pharmacy's security system that meet the requirements of Rule 291.33(b)(2)(E) — *Yes*

12. An area suitable for confidential patient counseling, if the pharmacy serves the general public — *Yes*

13. If compounding sterile preparations, the pharmacy has controlled area that meets the requirements in Rule 291.133 (d)(6)(A) if the pharmacy is compounding low-risk and medium-risk preparations or Rule291.133(d)(6)(B) if high-risk preparations are being compounded. — *Yes*

14. Certified primary engineering control device (e.g., laminar airflow work benches, biological safety cabinets, compounding aseptic isolators, and compounding aseptic containment isolators). — *Yes*

15. Certified clean room(s) (e.g. ante area, buffer area). — *Yes*

Comment

Clean & PEC certified 03/01/2022

Verify Owner/Owner's Representative ID — *Not Applicable*

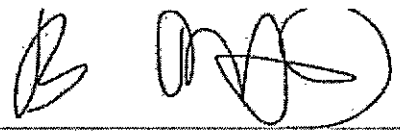
Verify PIC ID — *Yes*

Name: *Basil Raad* Title: *PIC/Owner*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

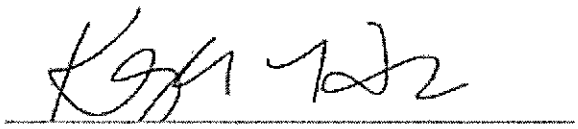
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- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Basil Raad

PRIMERA PROFESSIONAL PHARMACY

Signatures *(continued)*



Keya Henry

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

PH — I am the Pharmacist-in-Charge (PIC) of *PRIMERA PROFESSIONAL PHARMACY*, pharmacy license number *34197*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *09/16/2022.*

PH — I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

PH — I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF.

N/A — If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

PH — I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please email this completed form to the TSBP Compliance Inspector for your area or to inspections@pharmacy.texas.gov within 7 days of the date of the inspection.

Signed: _____ Date: *09/16/2022*

Printed Name: *Paula Hooper* License No.(if applicable): *45649*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
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	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Updated 2/2018

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Primera Professional Pharmacy

Pharmacy/Wholesaler License # (if applicable): n/a

Physical Address: 3745 Highway 6

City: Sugar Land State: TX Zip: 77478

Mailing Address (if different from physical address): see above

City: State: Zip:

Telephone: 832-562-3993 Website: www.primerarx.com

Licensing Company Email: admin@primerarx.com

Section 2: Personal Information

First: Paula Middle: Rudel Last: Hooper

Alias(es, nicknames, name changes, etc.): Paula Rudel, Paula Jean Rudel

Date of Birth: 04/14/1969 SSN or ITIN: 454-47-5206 Sex: ☐ M ☒ F ☐ X

Mailing Address: 3745 Highway 6

City: Sugar Land State: TX Zip: 77478

Telephone: 832-562-3993 Email: paula.hooper@primeracompounding.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Houston College of Pharmacy		08/2002-05/2007	
Address	City	State	Zip
4349 Martin Luther King Boulevard	Houston	TX	77204
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
University of Houston		05/1998-05/2002	
Address	City	State	Zip
4349 Martin Luther King Boulevard	Houston	TX	77204
Diploma/Degree obtained, if any			
n/a			
School Name		From - To (MM/YY – MM/YY)	
Wharton County Junior College		08/1987-05/1989	
Address	City	State	Zip
901 Boling Highway	Wharton	TX	77488
Diploma/Degree obtained, if any			
Associates in Applied Arts			
School Name		From - To (MM/YY – MM/YY)	
Brazos High School		08/1983-05/1987	
Address	City	State	Zip
16621 HWY 36 S	Wallis	TX	77485
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2008-present	[redacted]Walker Lane	Richmond	TX	77406
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.S00S) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Primera Professional Pharmacy			03/22-Present	
Business Address		**City**	**State**	**Zip**
3745 Highway 6		Sugar Land	TX	77478
Phone	**Title**		**Number of Employed Hours**	
832-562-3993	Pharmacist in Charge		1,224	
Description of Duties				
Pharmacist-In-Charge (PIC) responsibilities as prescribed by State regulations, ensure regulatory compliance for all areas of responsibility, compound Sterile and non-sterile pharmaceutical preparations				

Business Name			From - To (MM/YY – MM/YY)	
Choice Specialty Pharmacy			03/19-03/20	
Business Address		**City**	**State**	**Zip**
1403 Highway 6, Suite 700A		Sugar Land	TX	77478
Phone	**Title**		**Number of Employed Hours**	
832-944-6112	Pharmacist in Charge		6,008	
Description of Duties				
Pharmacist-In-Charge (PIC) responsibilities as prescribed by State regulations, ensure regulatory compliance for all areas of responsibility, compound Sterile and non-sterile pharmaceutical preparations				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/23/2021	06/09/2021	AR	Little Rock	

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2021CE-026	Arkansas State Board of Pharmacy

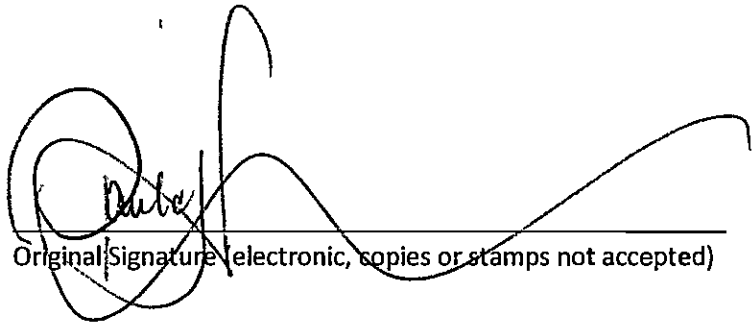
Reason/Charge
Respondent failed to acquire the number of continuing hours required by Board regulations

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Paula Hooper	Submit required CE and pay $1500.00 penalty

Name of Business/Industry/Entity
Paula Hooper

Provide explanation below:

I was short a total of 15 hours of continuing education hours. The charge was not constituted as a disciplinary action, but rather an informal resolution of charges. The Board and I agreed that I would submit the required CE and pay the monetary penalty of $1500.00 to the board. Please see attached Consent Agreement.



Original Signature (electronic, copies or stamps not accepted)

10/26/2022
Date

I, Paula Hooper, **certify that as the designated representative for**

Primera Professional Pharmacy,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. PRH I am at least 21 years of age;
3. PRH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. PRH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. PRH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. PRH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. PRH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Paula Hooper
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/26/22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paula Hooper

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/26/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Fort Bend

I, Paula Hooper, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

10/26/22

Date

Subscribed and Sworn to before me this 26th day of October.

Notary Public Signature

JAMIE LENARD
Notary ID #132095490
My Commission Expires
July 19, 2023

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201
P: 501.682.0190 F: 501.682.0195
asbp@arkansas.gov • www.pharmacyboard.arkansas.gov
John Clay Kirtley, Pharm.D., Executive Director

June 16, 2021

Paula Hooper
29103 Walker Lane
Richmond, TX 77406

RE: Signed Consent Agreement

Dear Sir/Madam:

Attached is a copy of the signed consent agreement that was approved by the Board. Please contact the Board if you have any questions.

Sincerely,

Luke Daniel
General Counsel

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
Paula Hooper
LICENSE NUMBER: PD12462 CASE NUMBER: 2021CE-026

CONSENT AGREEMENT

WHEREAS, Respondent Paula Hooper is licensed as a pharmacist and holds license number ; PD12462

WHEREAS, Board Regulation 02-06-0003 (b) required that Respondent complete thirty (30) hours of continuing education during 2018-2019, including twelve (12) live contact hours and twelve (12) ACPE hours;

WHEREAS, Respondent failed to acquire the number of continuing hours required by Board regulations;

WHEREAS, Respondent was short a total of 15 hours, which includes 12 general continuing education hours and 3 live continuing education hours, and is required to make up twice the hours missed per category;

WHEREAS, Respondent may be charged with violations of Board Regulation 02-06-0003 (b);

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally; Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action, but rather an informal resolution of these charges. Respondent expressly waives his/her right to an administrative hearing and consents to the terms incorporated into this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agrees that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that the Respondent has had the opportunity to consult with legal counsel of his/her own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement and that failure to comply with the terms and conditions of this agreement shall be grounds for further disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration, or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent willingly agrees and stipulates that they shall successfully complete and deliver documentation to the Board of 30 hours of continuing pharmacy education, of which shall include twice the number of live continuing education hours, (6 hours)

and twice the number of general continuing education hours due (24 hours), due on or before June 1st, 2021; said hours of continuing education shall be in addition to those hours from 2020-2021 that Respondent is required by Board Regulation 02-06-0003 (c) to acquire for renewal of Respondent's pharmacist license for 2022-2023.

2. Respondent shall submit required CE and pay a monetary penalty of $1500.00 to the Board on or before June 1st, 2021.

EXECUTED this 23 day of April, 2021

Respondent

Attorney for Respondent (optional)

And

JOHN CLAY KIRTLEY, PHARM. D
Executive Director
Arkansas State Board of Pharmacy

APPROVED BY THE BOARD this 09 day of June, 2021

ARKANSAS STATE BOARD OF PHARMACY

President

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/09/2023
Amount:
License #: 23526

Paula R. Hooper

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/09/2023
Expires:09/09/2023

Paula R. Hooper

License #
23526
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 09/09/2023
STATUS: Temporary

License Type: Pharmacist
License #: 23526
Effective Date:03/09/2023

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Paula R. Hooper

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: Primera Professional Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): pending

Physical Address: 3745 Highway 6

City: Sugar Land State: TX Zip: 77478

Mailing Address (if different from physical address): see above

City: State: Zip:

Telephone: 832-562-3993 Toll Free # (NAC 639.708, NRS 639.23286): 800-610-2521

Fax: 346-321-4500 Contact Email: admin@primerarx.com

Website: www.primerarx.com

Nevada Business License # (if applicable) n/a

Supervising/Managing Pharmacist Name (NRS 639.220): Paula Hooper

Supervising/Managing Pharmacist NV Pharmacist Registration #: n/a

Name of Person with direct knowledge of compounding procedures: Paula Hooper

Email of Person with direct knowledge of compounding procedures: paula.hooper@primeracompounding.com

Telephone of Person with direct knowledge of compounding procedures: 832-562-3993

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☒ Low ☒ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☒ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
n/a

4. Will you be utilizing beyond use dates in excess of USP-797? ☒ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
Please see attached, SOP 9.050 Title: Beyond-Use Dating (BUD) of Sterile Compounded Preparations.

6. What laboratory performs this additional testing?
Name: Eagle Analytical
Address: 11111 S. Wilcrest Dr, Suite S1000
City: Houston State: TX Zip: 77099
Telephone: 800-745-8916

7. What is your procedure for visual inspection of compounded sterile products?
The end product is visually inspected and verified by the pharmacist for container leaks, integrity, solution cloudiness or phase separation, appropriate color, and appropriate volume.

8. How often do you perform glove fingertip and medial fill testing?

Gloved Fingertip sampling and media fill testing occurs during initial competency evaluation after garbing, and every 6 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

All failures must have a formal investigation completed. See attached, SOP 205.5 Title Invest & Remed in Event Sampling Exceeds Alert of Act

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Initial training for all personnel performing sterile compounding must complete the procedures described in SOP 2.010 Title Employee Training, SOP 2.020 Compounding Personnel Orientation Program

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Please see attached SOP 3.020 titled Cleaning and Maintenance of the Clean Room Facility for the details of the cleaning procedure for our primary and secondary engineering controls.

All hood surfaces are cleaned with sterile 70% Isopropyl Alcohol and non-shedding sterile wipes, then with TX 650 (RTU) Disinfectant from TexQ and non-shedding sterile wipes.

When cleaning the primary and secondary engineering controls, designated tasks are completed daily, weekly, and monthly. Sterile 70% isopropyl alcholol, TX 650 (RTU) disinfectant from TexQ, sterile sporicidal (Peridox RTU from Contec) non-shedding sterile wipes and cleaning supplies, used solely for the primary and secondary engineering controls, are used and stored separate from the cleaning supplies used at the rest of the pharmacy.

12. Who performs the sterile compounding process at your facility?

Pharmacists and pharmacy technicians who completed and passed the sterile compounding training program perform the sterile compounding process at our facility.

13. Who is responsible and accountable for the sterile compounding process at your facility?

The Pharmacist in Charge is responsible and accountable for the sterile compounding process at our facility.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Please see attached SOP titled, "Shipping / Delivery Out of State."

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? n/a		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

Ophthalmic products

2. What sterilization methods are utilized at your facility?

0.2 micron sterile filters
Steam sterilizer (autoclave)
Dry heat sterilization

3. Does your facility utilize biological indicators? ☒ Yes ☐ No

4. If yes, describe how they are utilized:

Biological indicators are used to assure the sterilization process.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Patty Heinz

Name of Person who Completed the Form

VP Operations

Title

Signature (copies or stamps not accepted)

10/26/2022

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

TITLE: BEYOND-USE DATING (BUD) OF STERILE COMPOUNDED PREPARATIONS		
SOP NUMBER: 9.050	**VERSION NUMBER: 1.0**	
Authorized By:	Date:	Dept: Pharmacy
Written By: Paula Hooper, PharmD, RPh	Date: 02/22/2022	
Reviewed By: Basil Raad, RPh	Date:	
Date Effective:		

1.0 PURPOSE

1.1 The purpose of this procedure is to establish requirements for determining a beyond-use date (BUD) for sterile compounded preparations.

2.0 SCOPE

2.1 This procedure applies to all compounding personnel at Primera Professional Pharmacy

3.0 RESPONSIBILITY

3.1 The Pharmacist-in-charge shall supervise this procedure and document that all personnel responsible for compounding will comply with this procedure.

4.0 REFERENCES

4.1 USP Current Version <797> "Pharmaceutical Compounding – Sterile Preparations"

4.2 USP Current Version <1150> "Pharmaceutical Stability"

5.0 DEFINITIONS

5.1 BUD – Beyond-use date

6.0 FREQUENCY

6.1 This procedure shall be performed for each compounded preparation.

7.0 EQUIPMENT & SUPPLIES

7.1 Appropriate reference materials

8.0 GENERAL INFORMATION

8.1 All compounded preparations must have an appropriate BUD.

9.0 PROCEDURE

9.1 BUDs shall be assigned based on current drug stability information and sterility considerations.

9.2 Consideration shall be given to all aspects of the finished product including drug reservoir, concentration and storage conditions.

9.3 A reliable method for determining BUDs shall be established, including laboratory testing of product stability, pyrogenicity and chemical content when necessary.

9.3.1 **Physical stability** of the compounded preparation shall signify that the preparation has retained the original physical properties of the preparation, such as appearance, palatability, uniformity, dissolution and suspendability.

9.3.2 **Chemical stability** of the compounded preparation shall signify that each active ingredient has retained its chemical integrity and labeled potency within specified limits.

9.3.3 **Microbiological stability** of the compounded preparation shall signify that sterility or resistance to microbial growth has been retained according to the specified

TITLE: BEYOND-USE DATING (BUD) OF STERILE COMPOUNDED PREPARATIONS	
SOP NUMBER: 9.050	VERSION NUMBER: 1.0
Date Effective:	

requirements. Antimicrobial agents that are present shall retain their effectiveness within the specified limits.

9.3.4 Additional factors that affect the stability of the final preparation, and shall be considered, include pH, temperature, solvent, light, air, humidity, particle size, ionic strength, dielectric constant, polymorphism, crystallization, vaporization and absorption.

9.4 In the absence of stability information that is applicable to a specific drug and preparation, the following maximum BUDs are recommended for sterile compounded preparations packaged in tight, light-resistant containers and stored at controlled room temperature, refrigerator, or freezer when indicated:

9.4.1 Category 1 CSPs that may be prepared in an unclassified segregated compounding area, and does not require sterility testing.

9.4.2 Category 2 CSPs are dictated by the method of sterilization, whether or not a sterility test is performed, passed, and the temperature of the preparation.

9.4.1. For Category 1 CSPs, the BUDs are shown in Table 10 from USP <797>.

Table 10. BUDs for Category 1 CSPs

	Storage Conditions	
	Controlled Room Temperature (20°-25°)	**Refrigerator (2°-8°)**
BUD	≤12 hours	≤24 hours

9.4.2. For Category 2 CSPs, The BUDs are shown in Table 11 from USP <797>.

Table 11. BUDs for Category 2 CSPs

Preparation Characteristics		Storage Conditions		
Compounding Method	**Sterility Testing Performed and Passed**	**Controlled Room Temperature (20°-25°)**	**Refrigerator (2°-8°)**	**Freezer (-25° to -10°)**
Aseptically Processed	No	Prepared from one or more nonsterile starting components(s): 1 day	Prepared from one or more nonsterile starting component(s): 4 days	Prepared from one or more nonsterile starting component(s): 45 days
Aseptically Processed	No	Prepared from only sterile starting components: 4 days	Prepared from only sterile starting components: 10 days	Prepared from only sterile starting components: 45 days
Aseptically	Yes	30 days	45 days	60 days

TITLE: BEYOND-USE DATING (BUD) OF STERILE COMPOUNDED PREPARATIONS	
SOP NUMBER: 9.050	VERSION NUMBER: 1.0
Date Effective:	

Processed CSPs				
Terminally sterilized CSPs	No	14 days	28 days	45 days
Terminally sterilized CSPs	Yes	45 days	60 days	90 ays

9.4.3. Multiple-dose CSPs are prepared as Category 2 CSPs. After a multiple-dose container is initially entered or punctured, itmust not be used for longer than the assigned BUD or 28 days, if supported by antimicrobial effectiveness testing results, whichever is shorter.

9.5 Applicable publications shall be referenced to obtain relevant stability, compatibility and degradation information regarding a drug or its congeners.

9.5.1 A compounding pharmacy reference library will be available for compounding laboratory personnel so they may access critical information in a timely manner.

9.5.2 Referenced publications shall be available for compounding personnel. The reference library may include, but not be limited to, the following publications:

9.5.2.1 Facts and Comparisons

9.5.2.2 Handbook on Injectable Drugs (ASHP)

9.5.2.3 Handbook on Injectable Drugs (Trissel)

9.5.2.4 Handbook of Pharmaceutical Excipients

9.5.2.5 International Journal of Pharmaceutical Compounding

9.5.2.6 Internet access to PubMed for literature searches

9.5.2.7 Martindale: The Extra Pharmacopoeia

9.5.2.8 Micromedex Electronic Drug Reference

9.5.2.9 Pharmaceutical Calculations

9.5.2.10 Pharmaceutical Dosage Forms and Drug Delivery Systems

9.5.2.11 Policies and procedures

9.5.2.12 Principles of Sterile Product Preparation (ASHP)

9.5.2.13 Quality Control/Assurance documentation logs

9.5.2.14 Remington: The Science and Practice of Pharmacy

9.5.2.15 State law books and guidelines regarding compounding

9.5.2.16 The Merck Index

9.5.2.17 United States Pharmacopeia or USP Pharmacists' Pharmacopeia

9.5.3 All periodical subscriptions that pertain to compounding pharmacy shall be kept in the reference library.

9.6 The pharmacy may choose to perform potency assays on products with a narrow therapeutic index, where close monitoring or dose titration is required to ensure therapeutic effectiveness and to avoid toxicity, where a theoretically established BUD is

supported by only marginal evidence or where significant margin of safety cannot be verified.

10.0 ATTACHMENTS

10.1 Attachment 1 – Table 10, Table 11

11.0 HISTORY

Version Number	Date Effective	Description of Change	Change Request Number
1.0		New SOP.	

Remainder of this page intentionally left blank.

TITLE: BEYOND-USE DATING (BUD) OF STERILE COMPOUNDED PREPARATIONS	
SOP NUMBER: 9.050	VERSION NUMBER: 1.0
Date Effective:	

Category 1 CSPs that may be prepared in an unclassified segregated compounding area, and does not require sterility testing.

Category 2 CSPs are dictated by the method of sterilization, whether or not a sterility test is performed, passed, and the temperature of the preparation.

1. For Category 1 CSPs, the BUDs are shown in Table 10 from USP <797>.

Table 10. BUDs for Category 1 CSPs

	Storage Conditions	
	Controlled Room Temperature (20°-25°)	Refrigerator (2°-8°)
BUD	≤12 hours	≤24 hours

2. For Category 2 CSPs, The BUDs are shown in Table 11 from USP <797>.

Table 11. BUDs for Category 2 CSPs

Preparation Characteristics		Storage Conditions		
Compounding Method	Sterility Testing Performed and Passed	Controlled Room Temperature (20°-25°)	Refrigerator (2°-8°)	Freezer (-25° to -10°)
Aseptically Processed	No	Prepared from one or more nonsterile starting components(s): 1 day	Prepared from one or more nonsterile starting component(s): 4 days	Prepared from one or more nonsterile starting component(s): 45 days
Aseptically Processed	No	Prepared from only sterile starting components: 4 days	Prepared from only sterile starting components: 10 days	Prepared from only sterile starting components: 45 days
Aseptically Processed CSPs	Yes	30 days	45 days	60 days
Terminally sterilized CSPs	No	14 days	28 days	45 days
Terminally sterilized CSPs	Yes	45 days	60 days	90 days

Multiple-dose CSPs are prepared as Category 2 CSPs. After a multiple-dose container is initially entered or punctured, itmust not be used for longer than the assigned BUD or 28 days, if supported by antimicrobial effectiveness testing results, whichever is shorter.

Section Name: Facility and Personnel Monitoring	SOP Name: Investigation and Remediation in the Event Sampling Exceeds Alert or Action Levels
	Date of Initial: 08/02/21
SOP/Version #: 205.5	Last Revision/Review: 09/16/21

1.0 Purpose Statement

This SOP defines what an excursion is and establishes when and how action is taken to regain a microbial state of control. It outlines a logical set of information sought during initial and ongoing investigations of microbial excursions in environmental and personnel sampling. No document can provide all-encompassing guidance for specific investigation and remediation of new or ongoing excursions, but Matrix of Actions for First-Time Excursions; F-205.b and Matrix of Actions for Consecutive and Repeat Excursions; F-205.c provide actions to be considered in these instances. This SOP also provides the general guidance followed in any investigation as well as parameters that are included and the documentation of these actions.

2.0 Policy Statements

2.1 It is not alarming and is, in fact, expected that small numbers of CFUs (below designated action levels) will be found in ISO 7 and 8 environments and even 1 CFU in ISO 5 spaces.

2.2 The occurrence of consistent 0 CFU returns in viable air, surface, or gloved fingertip sampling prompts a high degree of suspicion that sampling procedures and activities are flawed.

2.3 USP 797 (2019) requires the identification of growth in viable air and surface samples when growth exceeds the action level (as specified for each type of sampling per USP 797).

2.4 An excursion is said to exist under the following conditions:

2.4.1 Action level: When the CFUs counted in any sample (air, surface, gloved fingertip) exceed the established action level for the type of sampling. Refer to specific SOPs on each type of sampling for action levels. All sections of Facility and Personnel Sampling Action Report; F-205.a must be completed.

2.4.2 Alert level: When the CFUs counted in any sample (air, surface, gloved fingertip) exceed the established alert level but are below the established action level for the type of sampling. Refer to specific SOPs on each type of sampling for alert levels. Facility and Personnel Sampling Action Report; F-205.a is used as a tool to evaluate factors that could be contributing to elevated microbial levels. The use of alert levels is not required by USP 797 but is a best practice recommendation.

2.4.3 Organism of concern: When the CFUs counted in any sample (air, surface, gloved fingertip) are *below* the established alert and action levels for the type of sampling, but an organism of concern is recovered. Organisms of concern are certain gram-positive spore-forming rods, certain gram-negative rods, coagulase-positive *Staphylococcus*, and some yeasts and molds. Facility and Personnel Sampling Action Report; F-205.a is used as a tool to evaluate factors that could be contributing to recovery of organisms that are not typically seen as part of the facility's microbial population or should be further investigated if they are being repeatedly recovered in the facility.

2.5 There are three types of excursions.

2.5.1 First excursion: The very first time a location has an EM excursion.

2.5.2 Consecutive excursion: When a location has back-to-back EM excursions, either organisms of concern or an exceeded action level.

2.5.3 Repeat excursion: When a location has an excursion again, either organisms of concern or an exceeded action level, but the excursions have not occurred consecutively.

2.6 Facility has established a contractual relationship with a properly licensed pharmaceutical microbiology laboratory that has been accredited to ISO 17025 and is registered with the FDA.

2.7 Plates are sent to the laboratory for identification of growth for the following reasons:

2.7.1 Anytime an established action level is exceeded for viable air and surface samples, the growth is identified as required by USP 797.

2.7.2 Consideration may be given to performing identifications when an established alert level in a specific location is exceeded more than once. Gathering additional information may be helpful in identifying the source of the microorganisms.

2.7.3 If sample counts are below the action and alert levels but an organism of concern is recovered, identification of the microorganism may be sought to provide additional information about an unexpected change in work practices or facility control.

3.0 Reference Documents

3.1 Internal documents

3.1.1 Facility and Personnel Sampling Action Report; F-205.a

3.1.2 Matrix of Actions for First-Time Excursions; F-205.b

3.1.3 Matrix of Actions for Consecutive and Repeat Excursions; F-205.c

3.1.4 Quality Management Considerations in Environmental Monitoring and Personnel Sampling; SOP-204

3.1.5 Surface Sampling; SOP-202

3.1.6 Viable Air Sampling; SOP-200 and related forms

3.1.7 Gloved Fingertip Sampling; SOP-408

3.1.8 Personnel Aseptic Media-Fill Testing and Process Verification; SOP-402

3.1.9 Conduct of Personnel in Controlled Areas and Aseptic Technique Overview; SOP-412

3.2 External resources

3.2.1 United States Pharmacopeial Convention, Inc. USP <797> Pharmaceutical Compounding—Sterile Preparations. 2019 version (postponed indefinitely).

3.2.2 United States Pharmacopeial Convention, Inc. <1116> Microbial Control and Monitoring of Aseptic Processing Environments. 2018.

4.0 Specific Work Practices and Procedure Descriptions

Section Name: Facility and Personnel Monitoring	SOP Name: Investigation and Remediation in the Event Sampling Exceeds Alert or Action Levels
SOP/Version #: 205.5	Last Revision/Review: 09/16/21

4.1 When an excursion is realized, the following forms are used: Facility and Personnel Sampling Action Report; F-205.a and Matrix of Actions for First-Time Excursions; F-205.b. For a consecutive or repeat excursion, use Matrix of Actions for Consecutive and Repeat Excursions; F-205.c.

4.1.1 If the number of CFUs recovered exceeds the action level, all sections of F-205.a are completed.

4.1.2 If the number of CFUs recovered exceeds the alert level but falls below the action level, F-205.a is used to document the evaluation that must occur.

4.1.2.1 Follow-up sampling is not required but may be considered during the first occasion that a sample location alert level is exceeded (but below the action level).

4.1.2.2 In the event an alert level is exceeded during two consecutive samplings for a given location, an investigation, remediation, and resampling are required.

4.1.3 If the number of CFUs recovered is below the alert level (if applicable) or below the action level but an organism of concern is recovered, F-205.a may be used to determine the possible source of the microorganism and identify any work practice changes.

4.2 F-205.a is used to guide the investigation and to document actions. By completing the first section of F-205.a, the appropriate information is collected, identifying the proper actions to be taken as described on F-205.b.

4.3 Take the actions as outlined on F-205.b based on whether the sample is a viable air, surface, or gloved fingertip sample and the ISO classification of the space.

4.4 Additional actions may be required beyond the actions specified in F-205.b if the first set of remedial actions does not reestablish a microbial state of control. Follow F-205.c.

4.5 Continue completing F-205.a as information becomes available.

4.6 The investigation described on F-205.a includes identification and documentation of any or all of the following:

4.6.1 Type of sample and conditions under which sampling occurred

4.6.2 Type of excursion

4.6.3 Verification that activities related to sampling were performed correctly

4.6.4 Microbial control actions taken since sampling and before receiving results

4.6.5 Evaluation of certification reports, work logs (pressure, cleaning, humidity, etc.), competencies

4.6.6 Review of the environmental sampling results, which is to include the following questions:

4.6.6.1 Was growth isolated to one location?

4.6.6.2 Was growth found in adjacent sites?

4.6.6.3 If so, was the organism the same in contiguous sites?

4.6.7 Evaluation of historical growth trends and determination of the frequency of the organism's recovery, which is to include the following questions:

4.6.7.1 Was the location positive for this growth in last 6 months?

4.6.7.2 Has the location been retested previously?

4.6.7.3 Has the employee had other positive findings?

4.6.7.4 If so, what were they?

4.6.8 Review of the microbiological results, which is to include the following questions:

4.6.8.1 Was the typical reservoir for the microbe or microbes identified?

4.6.8.2 What is the typical reservoir?

4.6.8.3 Was the excursion found close to a location that would be considered a typical reservoir?

4.7 All excursions require remediation, and the plan of remediation is documented on F-205.a.

4.7.1 It may take several follow-up actions and samples to identify, remediate, and bring the sample location back into a state of control.

4.7.2 Those initial and follow-up actions and their results are documented on the form.

4.7.3 The excursion and any follow-up action must be concluded, and the date that the remediation plan is closed must be documented and reviewed by the designated person(s).

4.8 Any additional aspects related to the excursion that are included in the investigation must be thoroughly documented, including dates of action, specific action taken, and the outcome of the actions.

5.0 Documentation Elements

5.1 When using Facility and Personnel Sampling Action Report; F-205.a, consider the following:

5.1.1 Any line items that are not required or used must be checked as not applicable or an explanation given.

5.1.2 Any action level requires a complete investigation, which is documented by completing Section 2 of the form; and a specific plan of remedial action must be developed, executed, and documented in Section 3 of the form.

5.1.3 Serial documentation of actions and outcomes must be documented on page 4 of the form.

5.2 Additional pages may be attached if needed, and the added pages must be clearly numbered.

5.3 The dates when the investigation and remediation are officially closed must be documented on the form and signed by the designated person(s).

Section Name: Facility and Personnel Monitoring	**SOP Name:** Investigation and Remediation in the Event Sampling Exceeds Alert or Action Levels
SOP/Version #: 205.5	**Last Revision/Review:** 09/16/21

Facility and Personnel Sampling Action Report

Section 1: Initial Investigation Actions Taken

Action began at: ☐ Interim read: _____ day or ☐ Final read

Type of environmental sample: ☐ **Viable air sampling (VAS)** ➡ ☐ Single sample or ☐ Multiple samples

Check all that apply: ☐ ISO 5 ☐ ISO 7 ☐ ISO 8 ☐ Non-ISO classified ☐ Negative space ☐ Positive space

Performed under which conditions: ☐ Static ☐ Dynamic

Describe specific location(s) from ESP:_____ Date sampled:_____

☐ **Surface sampling (SS)** ➡ ☐ Single sample or ☐ Multiple samples

Check all that apply: ☐ ISO 5 ☐ ISO 7 ☐ ISO 8 ☐ Non-ISO classified ☐ Negative space ☐ Positive space

Performed under which conditions: ☐ Static ☐ Dynamic

Describe unit(s) location based on ESP:_____ Date sampled:_____

Type of personnel sample: sampled ☐ randomly or ☐ during predetermined testing occurrence

☐ ***Initial* GFS** ➡ # CFU L hand: ____ R hand: ____ Date sampled: _____

☐ ***Ongoing* GFS** (during compounding) ➡ # CFU L hand: ____ R hand: ____ Date sampled: _____

☐ ***Surface sample*** (during compounding) ➡ # CFU L hand: ____ R hand: ____ Date sampled: _____

☐ ***Media-fill unit (MFU)*** ➡ # units made: _____ # units positive: _____ Date units prepared: _____

Type of excursion:

☐ **Below action level AND organism of concern** (see SOP-205)

☐ **Alert level exceeded:** If alert level is exceeded but the action level is not, then perform an evaluation of appropriate facility engineering controls, personnel, work practice changes, and environmental factors that could be causing this increase in personnel or environmental findings in an effort to regain microbial control. Document review, conclusions, and actions taken.

☐ **Action level exceeded:** Complete all sections of this form

Complete the following actions, and document additional information in the space provided below:

1. Date pharmacy manager notified:_____
2. Was there evidence that incubated samples/MFUs were exposed/leaking during incubation? ☐ Yes ☐ No

Send samples for microbial identification:

☐ N/A (if alert level triggered and decision made not to send for ID)

☐ Digital image taken of each sample/MFU at end of incubation if action level was exceeded. By:_____

☐ Name and contact info for laboratory performing ID:_____

☐ Completed documentation and prepared units in packaging per lab instruction. By:_____

☐ Transport to lab via: ☐ Hand delivered ☐ Third-party carrier:_____Tracking #:_____

Expected delivery:_____

Areas in red must be addressed in Section 3: Plan of Remediation

Primera

Microbiological results: ☐ N/A (if alert level and no ID performed) ☐ Results attached (number pages): _____)

Date results received:_____

What is the typical reservoir for the microbe or microbes identified?_____

Was the location of the excursion in close proximity to the location of the typical reservoir? ☐ Yes ☐ No

Has this organism(s) been found at this location previously? ☐ Yes ☐ No

Section 2: Additional Investigation Actions Taken

1. **Were there additional microbial control provisions that have occurred between when the sampling occurred and the microbial results were received?** ☐ Yes ☐ No

   If yes, describe those microbial control provisions:_____

2. **Was certification documentation of SEC/PEC associated with samples reviewed?** ☐ Yes ☐ No

   Did the review identify any discrepancies or issues that were previously unidentified? ☐ Yes ☐ No

   If yes, describe the discrepancies: _____

3. **Were documentation/logs of relevant work practices associated with the finding reviewed?** ☐ Yes ☐ No

   a. Based on review of documentations and staff interviews, was correct procedure followed?

☐ GFS ☐ Yes ☐ No	☐ MFU ☐ Yes ☐ No	☐ VAS ☐ Yes ☐ No	☐ SS ☐ Yes ☐ No

   b. Check all that apply, and dates checked:

   ☐ Cleaning logs; date: _____ ☐ ES logs; date: _____ ☐ Medi-fill logs; date: _____

   ☐ Pressure logs; date: _____ ☐ Temperature records; date: _____ ☐ Humidity records; date: _____

   ☐ Garbing competency; date: _____ ☐ Aseptic technique competency; date: _____

   ☐ Other: _____; date: _____

   c. Did the review identify any discrepancies or issues that were previously unidentified? ☐ Yes ☐ No

   If yes, describe the discrepancies: _____

4. **Was the area recleaned after receiving this microbiological identification?** ☐ N/A ☐ Yes ☐ No

   If yes, what agent(s) was the area treated with? _____

   If yes, when was the area recleaned (include date and time): _____

5. **Was the area taken out of service (compounding suspended)?** ☐ N/A ☐ Yes ☐ No

   If yes, explain what was done: _____

6. **Was the SEC/PEC checked or repaired by authorized personnel?** ☐ N/A ☐ Yes ☐ No

   If yes, what was the date and company, and attach documentation: _____and number pages _____

   If work done inside a PEC or SEC, was area triple cleaned per policy? ☐ N/A ☐ Yes ☐ No

7. **Were assigned BUDs shortened for any period of time?** ☐ N/A ☐ Yes ☐ No

   If yes, explain what was done: _____

Areas in red must be addressed in Section 3: Plan of Remediation

Primera

Additional Investigation Actions Taken (continued)

8. ***Environmental* findings only:** ☐ VAS ☐ SS (other than that taken during compounding)

   a. Was historical trend of sample location reviewed? ☐ Yes ☐ No

   b. Has this location(s) had other positive findings within the last 6 months? ☐ Yes ☐ No

   c. Are there multiple excursions found in the room? ☐ Yes ☐ No

   d. Was the area(s) retested? ☐ N/A ☐ Yes ☐ No

   e. If yes, date of retest: _____

   f. Microbiological results of retest: Date results received: _____ ☐ Number pages attached: _____

   g. Comparison of retest results to initial finding (check all that apply):

   ☐ Below alert level ☐ Below action level ☐ Exceeds alert level ☐ Exceeds action level

   Discussion of findings: _____

   _____

9. ***Personnel* findings only:** ☐ *Initial* GFS ☐ *Subsequent* GFS ☐ MFU ☐ SS (taken during compounding)

   a. Has this employee had other positive findings within the past 2 years? ☐ N/A ☐ Yes ☐ No

   b. If yes, explain: _____

   c. Employee removed from compounding (if subsequent GFS/SS during compounding) ☐ N/A ☐ Yes ☐ No

   d. Were personnel retested after unacceptable results? ☐ N/A ☐ Yes ☐ No

   e. If yes, date of retest: _____

   f. Microbiological results of retest: Date results received: _____ ☐ Number pages attached: _____

   g. Comparison of retest results to initial finding (check all that apply):

   ☐ Below alert level ☐ Below action level ☐ Exceeds alert level ☐ Exceeds action level

   Discussion of findings: _____

   _____

   h. Did personnel successfully complete each of the following (attach forms)?

   Competency assessment for Hand Hygiene and Garbing (F-410.a) ☐ N/A ☐ Yes ☐ No

   Competency assessment for Aseptic Technique (F-410.b) ☐ N/A ☐ Yes ☐ No

10. **Was any personnel retraining conducted?** ☐ N/A ☐ Yes ☐ No

    If yes, explain what was done; attach training logs and other information (total # of pages attached: _____)

    _____

11. **Based on the investigation, were work practices changed?** ☐ N/A ☐ Yes ☐ No

    If yes, which SOPs or forms were changed: _____

_____

_____ _____

Signature of person completing sections 1 and 2 Date sections completed in entirety

Primera

Section 3: Plan of Remediation

Document specific plan, actions taken, outcomes, and follow-up. Any area checked in red in Section 2 must be explained in detail. Each entry (if multiple entries) must be dated and signed by the person making the entry if the plan was not documented during one instance.

Section 4: Resampling and Results

Type of environmental resample:

☐ **Viable air sampling (VAS)** ➡ ☐ Single sample or ☐ Multiple samples

Performed under which conditions: ☐ Static ☐ Dynamic ☐ Static and dynamic for ISO 5

Describe specific location(s) from ESP: _____ Date sampled: _____

☐ **Surface sampling (SS)** ➡ ☐ Single sample or ☐ Multiple samples

Performed under which conditions: ☐ Static ☐ Dynamic ☐ Static and Dynamic for ISO 5

Describe specific location(s) from ESP: _____ Date sampled: _____

Type of personnel resample: sampled ☐ randomly or ☐ during predetermined testing occurrence

☐ ***Initial* GFS** ➡ # CFU L hand: _____ R hand: _____ Date sampled: _____

☐ ***Subsequent* GFS** (during compounding) ➡ # CFU L hand: _____ R hand: _____ Date sampled: _____

☐ ***Surface sample*** (during compounding) ➡ # CFU L hand: _____ R hand: _____ Date sampled: _____

☐ ***Media-fill unit (MFU)*** ➡ # units made: _____ # units positive: _____ Date units prepared: _____

Results:

☐ **No excursion. Close investigation.**

☐ **Excursion. Follow F-205.c for next steps. Document in section 3.**

_____ _____

Signature of pharmacy manager or designee Date investigation and remediation closed

Primera Compounding

TITLE: EMPLOYEE TRAINING		
SOP NUMBER: 2.010	**VERSION NUMBER: 1.0**	
Authorized By:	Date:	Dept: Pharmacy
Written By: Patty Heinz	Date: 10/01/2021	
Reviewed By: Basil Raad	Date:	
Date Effective:		

1.0 PURPOSE

1.1 This procedure defines the requirements for new employee orientation and provides a standard method for training.

2.0 SCOPE

2.1 This procedure applies to all employees training at Primera Compounding Pharmacy and includes, but is not limited to, compounding training, procedural training and professional development.

3.0 RESPONSIBILITY

3.1 It is the responsibility of the Pharmacist-in-charge to provide initial orientation training, ensure that each employee is properly trained and provide the time for employees to remain current with their training.

3.2 Training files shall be maintained by the Pharmacist-in-charge.

4.0 REFERENCES

4.1 SOP 1.010 "Policies and Procedures"

4.2 SOP 2.020 "Compounding Personnel Orientation Program"

4.3 SOP 2.030 "Sterile Compounding Personnel Qualification"

4.4 SOP 2.040 "Non-Sterile Compounding Personnel Qualification"

5.0 DEFINITIONS

5.1 N/A

6.0 FREQUENCY

6.1 Commencement of employment

6.2 Before performing a new procedure

7.0 EQUIPMENT & SUPPLIES

7.1 N/A

8.0 GENERAL INFORMATION

8.1 Documentation

8.1.1 If group training is conducted, details of the training session should be provided in the individual employee files. The original training record for training activities are filed in the training folder or binder, and copies of the training record are placed in the folders of each trainee on the list.

8.1.2 Job Qualification Records/Resumes are completed as documented evidence that the employee is qualified to perform his/her function.

TITLE: EMPLOYEE TRAINING	
SOP NUMBER: 2.010	VERSION NUMBER: 1.0
Date Effective:	

8.2 The Employee Training Record (Attachment 1) is completed and filed whenever an employee participates in any training activity.

8.3 Only qualified personnel may administer training.

9.0 PROCEDURE

9.1 Personnel will go through new employee orientation upon employment at Primera Professional Pharmacy (refer to SOP 2.020, "Compounding Personnel Orientation Program").

9.2 Designee will review the organizational chart, quality policy, work and lunch hours, employee benefits and company policies.

9.3 The Pharmacist-in-charge will review specific job performance objectives and job descriptions, give staff introductions and provide a building tour, workspace, keys, and any necessary supplies. The Pharmacist-in-charge will also discuss performance review and facilities issues and will review training requirements.

9.4 For specific task training, the employee will observe the test being performed (where applicable) and will then perform the test under direct supervision. Where appropriate, training checklists will be used to document the training and indicate that the employee is able to complete the tasks independently.

9.5 Additional training or re-training may be necessary for any one of the following reasons: employment development, new technology or equipment, changed position or position requirements or an employee does not meet the requirements of the current position.

9.5.1 The Pharmacist-in-charge is responsible for determining and/or pre-approving specific training needs of each employee on a periodic basis.

9.5.2 All additional training that is not considered continuing education training will be documented on the Employee Training Record (Attachment 1) whenever the employee participates in any of the following training activities:

9.5.2.1 Formal Coursework

9.5.2.2 Seminars

9.5.2.3 Workshops

9.5.2.4 Internal Primera Professional Pharmacy courses

9.5.3 A certificate from an outside training course or seminar may take the place of the Employee Training Record. If no certificate was presented, complete Attachment 1, reference the course material in the "Description of Training" section and retain a copy of the course for reference.

9.6 Employees must receive annual training on quality systems. It is the responsibility of the Pharmacist-in-charge to schedule, perform and document annual training.

9.6.1 New and updated procedure training is covered in the SOP 1.010, "Policies and Procedures."

9.7 Personnel training files shall be maintained by the Pharmacist-in-charge.

10.0 ATTACHMENTS

10.1 Attachment 1 – Employee Training Record

TITLE: EMPLOYEE TRAINING	
SOP NUMBER: 2.010	VERSION NUMBER: 1.0
Date Effective:	

11.0 HISTORY

Version Number	Date Effective	Description of Change	Change Request Number
1.0		New SOP.	

Remainder of this page intentionally left blank.

EMPLOYEE TRAINING RECORD

Date: _____

Training Topic or SOP Number: _____ **Version:** _____

SOP Title: _____

Trainer Signature: _____

Trainee Name (Printed)	Trainee Name (Signature)	Date

Description of Training: _____

_____

_____

_____

Reviewed By: _____ **Date:** _____

TITLE: COMPOUNDING PERSONNEL ORIENTATION PROGRAM	
SOP NUMBER: 2.020	**VERSION NUMBER: 1.0**
Authorized By:	Date: Dept: Pharmacy
Written By: Patty Heinz	Date: 10/01/2021
Reviewed By: Basil Raad	Date:
Date Effective:	

1.0 PURPOSE

1.1 Primera Professional Pharmacy shall require job orientation training for all compounding personnel to ensure that all personnel understand their responsibilities with regard to compounding.

2.0 SCOPE

2.1 This procedure applies to all compounding personnel at Primera Professional Pharmacy.

3.0 RESPONSIBILITY

3.1 The Pharmacist-in-charge shall supervise this procedure or document that another staff member has been designated to complete this task.

4.0 REFERENCES

4.1 SOP 1.010 "Policies and Procedures"

4.2 SPO 2.030 "Sterile Compounding Personnel Qualification"

4.3 SOP 2.040 "Non-Sterile Compounding Personnel Qualification"

5.0 DEFINITIONS

5.1 N/A

6.0 FREQUENCY

6.1 Commencement of employment

6.2 Upon assignment to another position or compounding responsibility

7.0 EQUIPMENT & SUPPLIES

7.1 N/A

8.0 GENERAL INFORMATION

8.1 All training must be documented and placed in the employee's portfolio.

8.2 Employee portfolio should be updated at least every six months.

8.3 The Pharmacist-in-charge must be qualified and capable of training appropriate staff in the implementation of new or revised SOPs (refer to SOP 1.010, "Policies and Procedures").

9.0 PROCEDURE

9.1 All personnel shall complete the job orientation-training program.

9.2 The orientation period shall be used to evaluate the new employee's capability of fulfilling the responsibilities of the position.

9.3 A Job Description (Attachment 1, Attachment 2, or Attachment 3) shall be made available to all compounding personnel. The Job Description will detail job activities, responsibilities, qualifications and requirements for the position.

9.3.1 The employee must read and understand the job description and must sign the job description to acknowledge comprehension.

9.3.2 A member of management must also sign the job description.

9.4 Personnel shall complete the Orientation Checklist (Attachment 4, Attachment 5, or Attachment 6) before assuming all responsibilities of the position. The Orientation Checklist should include, but not be limited to, the following items:

9.4.1 Introduction to management and compounding laboratory staff

9.4.2 Tour of facility

9.4.3 Safety training

9.4.4 USP training

9.4.5 Good Documentation training

9.4.6 Investigation of Method Deviation – OOS

9.4.7 Orientation to designated compounding area and compounding equipment

9.4.8 Review the goals of the compounding laboratory

9.4.9 Daily job responsibilities

9.4.10 Review of Policies and Procedures

9.4.11 Pharmacy practice

9.4.12 Formulation preparation

9.4.13 Quality Assurance/Quality Control

9.4.14 Narcotics and controlled substances

9.5 Upon completion of sterile compounding training, the Personnel Training Verification form (SOP 2.030, Attachment 1) shall be filled out and placed in the employee's portfolio.

9.6 Upon completion of non-sterile compounding training, the Personnel Training Verification form (SOP 2.040, Attachment 1) shall be filled out and placed in the employee's portfolio.

9.7 A personnel portfolio shall be maintained for all compounding personnel. The portfolio shall contain, but not be limited to, the following items:

9.7.1 Resume

9.7.2 Compounding training certificates or appropriate documentation of hours earned (if applicable)

9.7.3 Continuing education certificates or appropriate documentation of hours earned (if applicable)

9.7.4 Appropriate Orientation Checklist

9.7.5 Appropriate Training Verification form

9.7.6 Validation of personnel

9.7.7 Incident reports or complaints specific to a compounder (if applicable)

9.7.8 Employee performance evaluation reports (if applicable)

9.8 Primera Professional Pharmacy shall keep all items in personnel portfolios confidential.

10.0 ATTACHMENTS

10.1 Attachment 1 – Job Description – Pharmacist-In-Charge

10.2 Attachment 2 – Job Description – Compounding Pharmacist

TITLE: COMPOUNDING PERSONNEL ORIENTATION PROGRAM	
SOP NUMBER: 2.020	**VERSION NUMBER: 1.0**
Date Effective:	

10.3 Attachment 3 – Job Description – Compounding Support Personnel

10.4 Attachment 4 – Orientation Checklist – Pharmacist-In-Charge

10.5 Attachment 5 – Orientation Checklist – Compounding Pharmacist

10.6 Attachment 6 – Orientation Checklist – Compounding Support Personnel

10.7 Attachment 7 – Personnel Portfolio

11.0 HISTORY

Version Number	Date Effective	Description of Change	Change Request Number
1.0		New SOP.	

Remainder of this page intentionally left blank.

JOB DESCRIPTION – PHARMACIST-IN-CHARGE

Please review the following job description for the position of Pharmacist-In-Charge. When you have thoroughly reviewed the responsibilities and understand and accept these responsibilities, please sign and print your name and the date at the bottom of the form. Any questions regarding the responsibilities of this position shall be addressed and resolved before signing.

General description of the job:

Job activities and responsibilities:

Minimum qualifications:

Physical requirements:

Supervisor:

Appearance:

Team member signature: _____ **Date:** _____

Printed name: _____

Supervisor: _____ **Date:** _____

JOB DESCRIPTION – COMPOUNDING PHARMACIST

Please review the following job description for the position of Compounding Pharmacist. When you have thoroughly reviewed the responsibilities and understand and accept these responsibilities, please sign and print your name and the date at the bottom of the form. Any questions regarding the responsibilities of this position shall be addressed and resolved before signing.

General description of the job:

_____

_____

_____

_____

Job activities and responsibilities:

_____

_____

_____

_____

Minimum qualifications:

_____

_____

_____

_____

Physical requirements:

_____

_____

_____

_____

Supervisor:

_____

Appearance:

_____

_____

Team member signature: _____ **Date:** _____

Printed name: _____

Pharmacist-In-Charge: _____ **Date:** _____

JOB DESCRIPTION – COMPOUNDING SUPPORT PERSONNEL

Please review the following job description for the position of Compounding Support Personnel. When you have thoroughly reviewed the responsibilities and understand and accept these responsibilities, please sign and print your name and the date at the bottom of the form. Any questions regarding the responsibilities of this position shall be addressed and resolved before signing.

General description of the job:

_____
_____
_____
_____

Job activities and responsibilities:

_____
_____
_____
_____

Minimum qualifications:

_____
_____
_____
_____

Physical requirements:

_____
_____
_____
_____

Supervisor:

_____

Appearance:

_____
_____

Team member signature: _____ **Date:** _____

Printed name: _____

Pharmacist-In-Charge: _____ **Date:** _____

Pharmacist-in-Charge/ Sterile & Non-Sterile Compounding Pharmacist

Pharmacists in Charge Responsibilities:

- Manage our sterile and non-sterile compounding pharmacy location.
- Responsible for all operational aspects of the sterile and non-sterile compounding lab including, but not limited to, Regulatory, Departmental Policy, Quality Assurance, Workflow Efficiency, Staff Supervision, Fiscal Responsibility, and Customer Service. Ensure regulatory compliance for all areas of responsibility.
- Responsible to keep and maintain accurate records and monitor inventory levels in accordance with USP 795/797/800, State Board of Pharmacy regulations, and company policies and procedures.
- Serves as the PIC of the Compounding Lab and personifies the Company's organizational culture by role modeling the company mission, vision and values while providing great leadership.
- Responsible for leadership and operations in the pharmacy while providing industry expertise, insight, and excellent customer service. Ability to lead, motivate and coach other members.
- Directs recruitment, training, development, and evaluation of staff.
- Accountable for meeting budgetary and operational targets.
- Collaborates with Leadership team to develop annual objectives including goals and strategies for department. Creates and monitors infrastructure, systems, processes, and standards to achieve desired results.
- Ensure the presence of an on-going quality improvement program and champions the continuous improvement process for all areas within scope and span of control.
- Directs recruitment, training, development, and evaluation of staff.
- Pharmacist-In-Charge (PIC) responsibilities as prescribed by State regulations.
- Performs other duties as assigned.

Pharmacists Primary Responsibilities

- Desire for growth and to play a key role in an exciting independent compounding pharmacy which is committed to exceeding customer expectations, providing the highest quality compounds.
- Knowledge of rules and regulations that govern the practice of pharmacy compounding, knowledge of USP regulations and familiarity with FDA guidance for compounding. Ensure regulatory compliance for all areas of responsibility.
- Compound Sterile and Non-sterile pharmaceutical preparations, including but not limited to the compounding of topical medications and ophthalmic preparations
- Compound medications, fill and label prescriptions, and package medications - in other words, full-service compounding from chemicals to packaging.
- Provide leadership for operational effectiveness, and laboratory staff management. Actively participates in meeting budgetary and operational targets.
- Participates in training, development, and evaluation of staff.
- Collaborates with PIC to develop annual objectives including goals and strategies for department. Creates and monitors infrastructure, systems, processes, and standards to achieve desired results.
- Direct purchasing, storage, distribution, and charge/crediting of drug products. Ensures medication systems incorporate continuous improvement methodologies to operate effectively across the entire continuum of care.
- Counsel clients on different medications, needs, usages, and instructions.
- Keep accurate records and monitor inventory levels in accordance with USP 795/797/800, State Board of Pharmacy regulations, and company policies and procedures.
- Take prescriptions over the phone and by electronic means and enter orders into our proprietary workflow system.
- Develop and maintain positive relationships with providers, patients, and staff.
- Monitor and respond to prescriber and client requests.

Qualifications

- Doctorate or BS in Pharmacy
- Registered Pharmacist (Texas) in good standing with the Texas State Board of Pharmacy
- Currently licensed as non-resident pharmacist in other states, or has the ability to obtain non-resident pharmacist licenses as needed
- Sterile IV Certified with Sterile Compounding experience: 1 year preferred

- Non-Sterile Compounding experience: 1 year preferred
- Managerial and Leadership experience: 1 year preferred

Physical Requirements:

- Ability to stand for extended time (preferred 8 hours)
- Able to lift up to 30 lbs.

Supervisor:

- Reports directly to the President of Pharmacy

Appearance:

- Clean, well groomed
- Daily dress code will be black scrubs.

Team member signature: _____ **Date:** _____

Printed name: _____

Supervisor: _____ **Date:** _____

Sterile & Non-Sterile Compounding Pharmacist

Pharmacists Primary Responsibilities

- Pharmacist responsibilities as prescribed by State regulations.
- Desire for growth and to play a key role in an exciting independent compounding pharmacy which is committed to exceeding customer expectations, providing the highest quality compounds.
- Knowledge of rules and regulations that govern the practice of pharmacy compounding, knowledge of USP regulations and familiarity with FDA guidance for compounding. Ensure regulatory compliance for all areas of responsibility.
- Ensure the presence of an on-going quality improvement program and champions the continuous improvement process for all areas within scope and span of control.
- Compound Sterile and Non-sterile pharmaceutical preparations, including but not limited to the compounding of topical medications and ophthalmic preparations
- Compound medications, fill and label prescriptions, and package medications - in other words, full-service compounding from chemicals to packaging.
- Provide leadership for operational effectiveness, and laboratory staff management while providing industry expertise, insight, and excellent customer service. Ability to lead, motivate and coach other members.
- Participates in training, development, and evaluation of staff.
- Collaborates with PIC to develop annual objectives including goals and strategies for department. Creates and monitors infrastructure, systems, processes, and standards to achieve desired results. Actively participates in meeting budgetary and operational targets.
- Direct purchasing, storage, distribution, and charge/crediting of drug products. Ensures medication systems incorporate continuous improvement methodologies to operate effectively across the entire continuum of care.
- Counsel clients on different medications, needs, usages, and instructions.
- Keep accurate records and monitor inventory levels in accordance with USP 795/797/800, State Board of Pharmacy regulations, and company policies and procedures.
- Take prescriptions over the phone and by electronic means and enter orders into our proprietary workflow system.
- Develop and maintain positive relationships with providers, patients, and staff.
- Monitor and respond to prescriber and client requests.
- Performs other duties as assigned.

Qualifications

- Doctorate or BS in Pharmacy
- Registered Pharmacist (Texas) in good standing with the Texas State Board of Pharmacy
- Currently licensed as non-resident pharmacist in other states, or has the ability to obtain non-resident pharmacist licenses as needed
- Sterile IV Certified with Sterile Compounding experience: 1 year preferred
- Non-Sterile Compounding experience: 1 year preferred
- Managerial and Leadership experience: 1 year preferred

Physical Requirements:

- Ability to stand for extended time (preferred 8 hours)
- Able to lift up to 30 lbs.

Supervisor:

- Reports directly to the Pharmacist in Charge

Appearance:

- Clean, well groomed
- Daily dress code will be black scrubs.

Team member signature: _____ **Date:** _____

Printed name: _____

Supervisor: _____ **Date:** _____

Sterile Certified Pharmacy Technician

General Responsibilities & Duties:

- Compounding of Sterile and non-sterile products
- Knowledge of USP 797
- Sterile product quality testing and quality control
- Maintain compliance with Pharmacy Standard Operating Procedures and USP
- Excellent telephone communication with patients and prescribing office staff
- Maintain drug inventory utilizing wholesaler ordering and restocking of medications daily and as needed
- Process OTC orders, fill prescriptions, and complete all required documentation
- Technical and practical understanding of pharmacy's standard operating procedures
- Maintain pharmacy records and filing
- Process focused with strong attention to detail, accuracy, and sound judgment

Candidate Requirements:

- Sterile Certified Pharmacy Technician
- Licensed with Texas State Board of Pharmacy and in good standing
- Experience in compounding
- Open and flexible availability
- Must be able to multi-task
- Professional, outgoing, friendly, organized
- Reliable, ready to learn and trustworthy
- Good interpersonal skills and communication skills with customer-service focus
- Able to work well with others in a team-oriented environment
- Appearance should reflect positively on the pharmacy
- Able to lift up to 30lbs
- Must have reliable transportation
- Must be able to pass criminal background check and drug testing

Required experience:

- Two years of sterile compounding experience.
- Prior experience in a busy pharmacy with multitasking ability.

Required education and Certifications:

- High school diploma or higher.
- Current PTCB and TSBP Registration.

Supervisor:

- The pharmacist in charge

Appearance:

- Clean and well groomed
- Daily dress will be black scrubs

Team member signature: _____ **Date:** _____

Printed name: _____

Pharmacist-In-Charge: _____ **Date:** _____

Non-Sterile Certified Pharmacy Technician

General Responsibilities & Duties:

- Compounding of Sterile and non-sterile products
- Knowledge of USP 795
- Sterile product quality testing and quality control
- Maintain compliance with Pharmacy Standard Operating Procedures and USP
- Excellent telephone communication with patients and prescribing office staff
- Maintain drug inventory utilizing wholesaler ordering and restocking of medications daily and as needed
- Process OTC orders, fill prescriptions, and complete all required documentation
- Technical and practical understanding of pharmacy's standard operating procedures
- Maintain pharmacy records and filing
- Process focused with strong attention to detail, accuracy, and sound judgment

Candidate Requirements:

- Certified Pharmacy Technician
- Licensed with Texas State Board of Pharmacy and in good standing
- Experience in compounding
- Open and flexible availability
- Must be able to multi-task
- Professional, outgoing, friendly, organized
- Reliable, ready to learn and trustworthy
- Good interpersonal skills and communication skills with customer-service focus
- Able to work well with others in a team-oriented environment
- Appearance should reflect positively on the pharmacy
- Able to lift up to 30lbs
- Must have reliable transportation
- Must be able to pass criminal background check and drug testing

Required experience:

- Two years of non-sterile compounding experience.
- Prior experience in a busy pharmacy with multitasking ability.

Required education and Certifications:

- High school diploma or higher.
- Current PTCB and TSBP Registration.

Supervisor:

- The pharmacist in charge

Appearance:

- Clean and well groomed
- Daily dress will be black scrubs

Team member signature: _____ **Date:** _____

Printed name: _____

Pharmacist-In-Charge: _____ **Date:** _____

ORIENTATION CHECKLIST – PHARMACIST-IN-CHARGE

The Pharmacist-In-Charge shall be oriented to the pharmacy and the responsibilities and tasks of the position.

Date	Department/ Procedures Reviewed	Materials/References Used	Initials of Employee	Initials of Pharmacist-In-Charge
	Intro to management and compounding staff			
	Tour of facility			
	Safety training			
	USP training			
	SOPs: Review 9.020 Good Documentation 1.030 Deviations OOS			
	Orientation of compounding areas and compounding equipment			
	Review of goals for compounding laboratory			
	Daily job responsibilities			
	Review of Policies and Procedures			
	Pharmacy Practice and Workflow			
	Formulation Preparation			
	Quality Assurance/Quality Control			
	Narcotics and Controlled Substances			
	HIPAA and FWA			

Signature: _____ **Date:** _____
Pharmacist-In-Charge

Signature: _____ **Date:** _____
Supervisor

ORIENTATION CHECKLIST – COMPOUNDING PHARMACIST

The Compounding Pharmacist shall be oriented to the pharmacy and the responsibilities and tasks of the position.

Date	Department/ Procedures Reviewed	Materials/References Used	Initials of Employee	Initials of Pharmacist-In-Charge
	Intro to management and compounding staff			
	Tour of facility			
	Safety training			
	USP training			
	SOPs: Review 9.020 Good Documentation 1.030 Deviations OOS			
	Orientation of compounding areas and compounding equipment			
	Review of goals for compounding laboratory			
	Daily job responsibilities			
	Review of Policies and Procedures			
	Pharmacy Practice and Workflow			
	Formulation Preparation			
	Quality Assurance/Quality Control			
	Narcotics and Controlled Substances			
	HIPAA and FWA			

Signature: _____ **Date:** _____
Compounding Pharmacist

Signature: _____ **Date:** _____
Pharmacist-In-Charge

ORIENTATION CHECKLIST – COMPOUNDING SUPPORT PESONNEL

The Compounding Support Personnel shall be oriented to the pharmacy and the responsibilities and tasks of the position.

Date	Department/ Procedures Reviewed	Materials/References Used	Initials of Employee	Initials of Pharmacist-In-Charge
	Intro to management and compounding staff			
	Tour of facility			
	Safety training			
	USP training			
	SOPs: Review 9.020 Good Documentation 1.030 Deviations OOS			
	Orientation of compounding areas and compounding equipment			
	Review of goals for compounding laboratory			
	Daily job responsibilities			
	Review of Policies and Procedures			
	Pharmacy Practice and Workflow			
	Formulation Preparation			
	Quality Assurance/Quality Control			
	Narcotics and Controlled Substances			
	HIPAA and FWA			

Signature: _____ **Date:** _____
Compounding Support Personnel

Signature: _____ **Date:** _____
Pharmacist-In-Charge

Personnel Portfolio

Employee Full Name _____

Address _____

Phone _____ Cell _____

Preferred Name _____ Date of Birth _____

Position _____ Start Date _____

Hours or Schedule _____

Supervisor _____

Evaluation by _____

Required documents (please check off)

( ) Employee Information (this form)

( ) Application (HR maintains)

( ) Resume

( ) Job Description

( ) I9 (HR maintains)

( ) W4 (HR Maintains)

( ) Copy of State License

( ) Screen shot of license verification

( ) Copy of Certifications

( ) HIPAA Acknowledgement

( ) FWA Training

( ) Orientation Checklist

( ) Training Documentation

( ) Incident reports or complaints (if applicable)

( ) Employee performance evaluation reports (if applicable)

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY		
SOP NUMBER: 3.020	**VERSION NUMBER: 1.0**	
Authorized By:	Date:	Dept: Pharmacy
Written By: Paula Hooper, Pharm.D.	Date: 02/22/2022	
Reviewed By: Basil Raad, RPh	Date:	
Date Effective:		

1.0 PURPOSE

1.1 The purpose of this procedure is to establish requirements and documentation for cleaning and maintenance of the clean room facility.

2.0 SCOPE

2.1 This procedure applies to the Primera Professional Pharmacy facility under conditions that meet or exceed state and federal guidelines as outlined by the United States Pharmacopeia <797>. This policy must be followed to reduce the amount of particulate matter and airborne microbial contamination.

3.0 RESPONSIBILITY

3.1 The Pharmacist-in-charge or supervisor shall supervise this procedure and document that all personnel responsible for cleaning and maintenance of the clean room facility shall comply with this procedure.

4.0 REFERENCES

4.1 USP Current Version <797> "Pharmaceutical Compounding – Sterile Preparations"

4.2 SOP 1.060 "General Aseptic Technique"

4.3 SOP 3.030 "Environmental Monitoring of the Clean Room Facility"

4.4 SOP 9.100 "Required Garb for Clean Room Facility Access"

5.0 DEFINITIONS

5.1 LAFW – Laminar Airflow Workbench

6.0 FREQUENCY

6.1 Daily (even if no compounding occurs)

- 6.1.1 Record the temperature, humidity, and pressure differential.
- 6.1.2 Clean and sanitize all in-use hoods.
- 6.1.3 Wipe down all in-use equipment.
- 6.1.4 Clean and sanitize sink.
- 6.1.5 Clean and sanitize door handles.
- 6.1.6 Clean and sanitize all horizontal surfaces and floors.
- 6.1.7 Remove and discard dirty tacky mat sheet.
- 6.1.8 Remove and discard trash.

6.2 Weekly

- 6.2.1 Perform daily requirements listed in section 6.1.
- 6.2.2 Clean and sanitize all supplies stored in the clean room facility.

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY		
SOP NUMBER: 3.020	**VERSION NUMBER: 1.0**	
Authorized By:	Date:	Dept: Pharmacy
Written By: Paula Hooper, Pharm.D.	Date: 02/22/2022	
Reviewed By: Basil Raad	Date:	
Date Effective:		

6.2.3 Clean and sanitize all walls, ceilings, windows, and doors.

6.3 Monthly

6.3.1 Perform daily requirements listed in section 6.1 and 6.2.

6.3.2 Clean and sanitize all supplies stored in the clean room facility.

6.3.3 Clean and sanitize all items used for storage (shelving, carts, plastic bins, etc.) in the ISO 7 environments.

6.3.4 Clean and sanitize all items used for storage (shelving, carts, plastic bins, cabinets, etc.) in the ISO 8 environments.

6.3.5 Clean and sanitize the drug product refrigerator/freezer.

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY		
SOP NUMBER: 3.020	**VERSION NUMBER: 1.0**	
Authorized By:	Date:	Dept: Pharmacy
Written By: Paula Hooper, Pharm.D.	Date: 02/22/2022	
Reviewed By: Basil Raad	Date:	
Date Effective:		

7.0 EQUIPMENT & SUPPLIES

7.1 Mop with disposable cleaning pads labeled for use on the floors of the cleanroom facility only

7.2 Tacky roller mop with tacky roll

7.3 Tacky mat

7.4 Lint-free towels or wipes

7.5 Bleach concentrate or appropriate cleanser (i.e. quaternary compounds)

7.6 70% sterile isopropyl alcohol (IPA)

7.7 Sporicide (Spor-Klenz® or equivalent)

7.8 Waste container liners

7.9 Step stool if needed

7.10 Room thermometer and hygrometer

7.10 Room pressure monitors

8.0 GENERAL INFORMATION

8.1 Cleaning Solutions

8.1.1 2% acidified bleach solution – to be prepared as needed (5 day expiration).

8.1.2 Sterile 70% IPA – for use in areas with equipment that may be damaged by the use of bleach. **All IPA designated for use in the clean room facility must be sterile.**

8.1.3 Nova-Clean or Spor-Klenz® – may be used at a dilution of 1:10 for daily cleaning or other equivalent disinfectant.

8.2 Cleaning effectiveness of the clean room is checked by periodic environmental surveys as per SOP 3.030 "Environmental Monitoring of the Clean Room Facility."

8.3 A bleach or undiluted Spor-Klenz® soak is recommended once a month in rooms where 70% IPA is used.

8.4 A minimum contact time of 10 minutes is recommended for maximum disinfection efficacy when using bleach.

8.5 Document the disinfectant in use on the Cleaning and Maintenance of the Clean Room Facility form (Attachment 1).

9.0 PROCEDURE

9.1 Personnel must remove all makeup and jewelry prior to entering the clean room facility.

9.2 Personnel must gown appropriately for the areas to be cleaned following the appropriate gowning procedure.

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY	
SOP NUMBER: 3.020	**VERSION NUMBER: 1.0**
Authorized By:	Date: Dept: Pharmacy
Written By: Paula Hooper, Pharm.D.	Date: 02/22/2022
Reviewed By: Basil Raad	Date:
Date Effective:	

9.3 The necessary cleaning materials are dedicated solely to cleaning the clean room facility. These materials shall be stored in the ante room of the clean room facility and shall be kept separate from other cleaning materials.

9.4 Cleaning solutions shall be prepared as needed.

9.4.1 Do not combine disinfectants or use them in concentrations other than those outlined in the SOPs or manufacturers' recommendations.

9.5 Clean with tacky roller mop to remove any particulate material.

9.6 Cleaning shall be performed using a detergent followed by sanitization. A damp, non-shedding material shall be used for cleaning.

9.7 Except for sanitization of the LAFW, cleaning of the sterile compounding area is prohibited during compounding operations.

9.7.1 Ensure all compounding operations are completed and all equipment has been removed from the LAFW prior to sanitization.

9.7.2 The operator must clean and sanitize the exposed work surfaces (counters and walls) of the LAFW immediately before and after each work day and the counter between each batch preparation, every thirty minutes during continuous compounding periods and immediately should a spill occur.

9.8 The order of cleaning within the clean room facility is as follows:

9.8.1 LAFW (ISO 5)

9.8.2 Buffer room (ISO 7)

9.8.3 Anteroom (ISO 8)

9.8.4 Prep room (ISO 8)

9.9 Daily Requirements (when sterile compounding has occurred)

9.9.1 Temperature, humidity and pressure readings shall be taken in all areas of the clean room facility (buffer room and anteroom).

9.9.1.1 The temperature and humidity in the clean room facility can be monitored electronically.

9.9.1.2 The humidity should be maintained in the range of 30%–65%.

9.9.1.3 The temperature shall be maintained between 63°F–77°F (17°C-25°C).

9.9.1.4 The pressure shall be a minimum of 0.02 inches of water.

9.9.1.5 Document results on the Temperature and Humidity Monitoring of the Clean Room Facility form (Attachment 2) or attach printout and date and initial.

9.9.2 Clean and sanitize the LAFW including all equipment.

9.9.3 Clean and sanitize counter tops.

9.9.4 Wipe down equipment and devices.

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY		
SOP NUMBER: 3.020	**VERSION NUMBER: 1.0**	
Authorized By:	Date:	Dept: Pharmacy
Written By: Paula Hooper, Pharm.D.	Date: 02/22/2022	
Reviewed By: Basil Raad	Date:	
Date Effective:		

9.9.5 Mop the floors starting from a far corner and working toward the center of the room from each sidewall toward the door.

9.9.6 Peel off layer of tacky mat.

9.9.7 Empty all waste receptacles by removing the filled plastic bag. Wipe the receptacle with cleaning solution and then sanitize, let dry and place a clean plastic bag in the receptacle. **Do not remove or relocate receptacles within the clean room facility.**

9.9.8 Allow all rooms and equipment to air dry before sterile compounding resumes.

9.9.9 Document all activities on the Cleaning and Maintenance of the Clean Room Facility form (Attachment 1). If the equipment is not in use, write "N/A" in the appropriate location on the form.

9.10 Weekly Requirements

9.10.1 Perform daily requirements listed in section 9.9.

9.10.2 Clean and sanitize all supplies stored in the clean room facility.

TITLE: CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY	
SOP NUMBER: 3.020	VERSION NUMBER: 1.0
Date Effective:	

9.10.3 Clean and sanitize all walls, ceilings, windows, and doors.

9.11 Monthly Requirements

9.11.1 Includes all requirements listed in section 9.9 and 9.10.

9.11.2 Clean and sanitize the ceiling first (when scheduled) beginning at the farthest point from the door and working toward the door.

9.11.3 Clean and sanitize the walls next (when scheduled) beginning with the wall farthest from the door and working toward the door.

9.11.4 Remove all supplies from shelving and carts and clean and sanitize the storage units.

9.11.5 Clean and sanitize the floor last beginning at the far corner and working toward the center of the room from each sidewall toward the door.

9.11.6 Allow all rooms and equipment to air dry before sterile compounding resumes.

9.11.7 Clean and sanitize the drug product refrigerator and freezer.

9.11.8 Document all activities on the Cleaning and Maintenance of the Clean Room Facility form (Attachment 1). If the equipment is not in use, write "N/A" in the appropriate location on the form.

9.12 All cleaning should be performed upon completion of compounding so the clean room facility is always stored cleaned. Cleaning can be performed as often as needed, but the minimum requirement is at the end of the day after compounding.

9.13 The Pharmacist-in-charge or compliance officer shall ensure the completion of tasks on a daily basis and shall review and sign/date Attachment 1 at the end of each month. The form shall be retained in a cleaning/maintenance binder.

10.0 ATTACHMENTS

10.1 Attachment 1 – Cleaning and Maintenance of the Clean Room Facility

10.2 Attachment 2 – Temperature and Humidity Monitoring of the Clean Room Facility

11.0 HISTORY

Version Number	Date Effective	Description of Change	Change Request Number
1.0		New SOP.	

Remainder of this page intentionally left blank.

CLEANING AND MAINTENANCE OF THE CLEAN ROOM FACILITY

Month/Year: _____ **Cleaning Solution:** _____

Day	Daily							Monthly						
	LAFW Cleaned/Sanitized	Trash Discarded	Waste Receptacle Cleaned/Sanitized	Countertops Cleaned/Sanitized	Equipment Wiped Down	Tacky Mat Refreshed	Floors Mopped	Ceiling Cleaned/Sanitized	Walls Cleaned/Sanitized	Storage Units Cleaned/Sanitized ISO 7	Equipment Cleaned/Sanitized	Drug Product Refrigerator Cleaned/Sanitized	Drug Product Freezer Cleaned /Sanitized	Storage Units Cleaned/Sanitized ISO 8
1														
2														
3														
4														
5														
6														
7														
8														
9														
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28														
29														
30														
31														

Reviewed By: _____ **Date:** _____

TEMPERATURE AND HUMIDITY MONITORING OF THE CLEAN ROOM FACILITY

Room:_____

Month/Year: _____

Day	Temperature (°C)	Humidity (%)	Pressure (inches of water)	Initials	Day	Temperature (°C)	Humidity (%)	Pressure (inches of water)	Initials
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

Humidity Requirement: 30%-65%

Temperature Requirement: 63°F–77°F (17°C-25°C)

Pressure Requirements: >0.02 inches of water (5 Pa)

Reviewed By: _____ **Date:** _____

TEMPERATURE, HUMIDITY, PRESSURE MONITORING OF CLEAN ROOM FACILITY

Month/Year: _____ Temperature 63°F *to* 77°F; Humidity ≤ 65%; Pressure >0.02in of water (5 Pa)

DATE	TIME	Temperature °F	Humidity %	Pressure in	Initials	TIME	Temperature °F	Humidity (%)	Pressure in	Initials
	AM					PM				
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Reviewed By: _____ **Date:** _____

Title of SOP: Shipping / Delivery Out of State

Original: Yes _____ No _____ Revision: Yes _____ No _____Revision No._____

Responsibility:

The pharmacist-in-charge is responsible for this procedure.

Purpose:

1. To ensure shipping/delivery will occur only to states in which the pharmacy holds a Non-Resident License
2. To ensure that prescriptions are shipped/delivered in a timely manner to the correct patient.
3. To ensure that prescriptions shipped/delivered out of state are handled safely and properly.
4. To define what procedures are used in cases of lost shipments, delivery errors, and delivery delays.

Equipment/Supplies Required:

- Appropriate packaging supplies (boxes, cooler boxes, insulated mailers, packing tape, packing inserts, scissors)
- Computer with internet access
- Cold packs
- Shipping Log
- Shipping Temperature Test Log
- Label Printer
- Labels for printer supplied by shipper

Procedure:

Normal Delivery Protocols and Delivery Times

The pharmacy will only accept out of state prescriptions for states in which the pharmacy holds an active Non-Resident Pharmacy License. The toll free phone number (800-610-2521) will be provided to all patients.

Patients residing outside of Texas will be contacted upon receipt of a new prescription for verification of patient information and establish a patient profile, consent to receive prescription from the pharmacy, and counseling on medication. Patients will be contacted five to seven days prior to refill due, or instructed to contact us five to seven days prior to refill due dates to ensure a

Approved by _____ Date _____

Implemented by _____ Date_____

continuous supply of medications. Patients not consenting to receiving the prescription from the pharmacy will have the prescription transferred as legally allowed to the pharmacy of their choice.

Prescriptions may be shipped via FedEx regular two to three business days, standard overnight, or priority overnight. Out of state patients receiving medical care locally will have the ability to pick up the prescription. Each patient is contacted by the pharmacy team for address verification, counseling from a pharmacist on the medication, and anticipated time of delivery prior to scheduling. A designated area is set up in the pharmacy for packaging and shipping. Each prescription is reviewed and checked by a pharmacist before dispensing or delivery. Each delivery will include:

- HIPAA information and Privacy Practices
- Medication information, patient education materials

Packaging

Each medication will be package with the appropriate shipping materials. Picked-up and deliveries containing medications that require refrigeration will be sent standard overnight and will be packed into non-descript cardboard shipping boxes with fitted foam dividers, sealed with tape along with any required paperwork, and frozen cold packs as appropriate. For room temperature medications, frozen cold packs are added in each box when outside temperature reaches 80 ^{o} F or above. Contents will not be identified on the outside of package to protect privacy and discourage theft or diversion. Patients will be aware of incoming delivery and advised to contact pharmacy if package is damaged, appears tampered or does not arrive as expected.

Shipping Temperature Verification

Shipping temperature maintenance will be verified twice annually with an actual shipping test. A package will be sent standard overnight delivery with a temperature monitoring device to a designated location in the coldest months of the year and the hottest months of the year. The Shipping Temperature Test Log will be completed and sent with the package. Upon arrival the temperature will be validated and the remainder of the Shipping Temperature Test Log will be completed on arrival to ensure package arrives with medication in the desired storage range. If an exception is found, packaging and shipping processes will be reevaluated and revised. Repeat testing will occur with any changes to shipping/packaging processes are made.

Shipping Tracking and Monitoring

All FedEx shipments are sent based on the convenience for the patient, regular two to three business days, standard overnight delivered by 8pm the next day, or priority overnight delivered by 10am next day unless the service is not supported for the specific region or patients request a later date. Changes to overnight delivery times will be adjusted depending on the mediation.

Approved by _____ Date _____

Implemented by _____ Date_____

Electronic logs are maintained for all packages shipped via FedEx. Logs include the name of the patient, shipping address, prescriptions numbers in shipment, and tracking numbers. FedE shipping logs are archived weekly and electronically filed. All shipping logs are maintained for two years.

Electronic logs are downloaded daily and reviewed to ensure that all packages are delivered to the recipient in the time frame chosen. Packages delayed or not delivered will be reviewed and responded to within 48 hours.

Packages shipped through FedEx are picked up on Monday through Thursday before 5:00PM, unless the patient requests Saturday delivery.

Delivery Accuracy

Every patient will have a delivery ticket that is created during the delivery preparation step. The delivery ticket will include all medications, information and supplies provided to the patient. A daily log for all deliveries and the method of delivery (FedEx) will be noted on the log unless otherwise specified. Anytime an error occurs in the delivery process (wrong patient, wrong address) a complaint will be documented.

When Medication is Not Available or Delivery is Delayed

Upon receipt of a new prescription if the pharmacy is unable to fill the medication or the medication has to be ordered, the patient will be contacted. For new prescriptions, delivery will be coordinated with the patient to ensure patient can start medication as soon as needed. For immediate need, the pharmacist will transfer the prescription to another pharmacy more convenient to the patient. For prescription refills, the patient will be asked if they have a sufficient supply of medication to last until the medication can be delivered. If the patient does not have a sufficient supply of medication, the prescription will be transferred to another pharmacy more convenient to the patient.

If FedEx notifies the pharmacy due to weather or logistics of a delayed shipment, the patient will be notified as soon as possible of the delay. The patient will be asked if they have a sufficient supply of medication to last until the medication can be delivered. If the patient does not have a sufficient supply of medication, the pharmacist will reship the medication immediately, or transfer the prescription to another pharmacy more convenient to the patient. The pharmacy will re-route the original package to be returned to the pharmacy.

Prescriptions for Acute Illness

Upon receipt of a prescription for an acute condition, the patient will be contacted and delivery will be coordinated to ensure the patient can start medication as soon as needed. For immediate need, the pharmacist will transfer the prescription to another pharmacy more convenient to the patient. For prescription refills, the patient will be asked if they have a sufficient supply of medication to last

Approved by _____ Date _____

Implemented by _____ Date_____

until the medication can be delivered. If the patient does not have a sufficient supply of medication, the prescription will be transferred to another pharmacy more convenient to the patient.

When Medication Did Not Arrive As Scheduled

If the pharmacy discovers a delay in delivery or when a patient reports delayed or lost shipment, pharmacy personnel will refer to shipment log to verify shipment information and contact appropriate courier and track the package for the patient. If shipment is further delayed, lost, or incorrect a replacement supply is sent overnight to the patient. A signature authorization is required for the second delivery. The pharmacy will re-route the original package to be returned to the pharmacy. If the patient does not have a sufficient supply of medication, the pharmacist will transfer the prescription to another pharmacy more convenient to the patient. If the patient does not wish to continue to receive the medication from the pharmacy, the pharmacist will have the prescription transferred as legally allowed to the pharmacy of their choice

All SOP's are reviewed at the end of each calendar year and when policy changes are made. Revisions, if deemed necessary, are added as amendments to the original SOP.

Approved by _____ Date _____

Implemented by _____ Date_____

10F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada ☒ Out-of-State	☒ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change* * If making a change, provide license #: PH_____	☒ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other:	☒ Retail/Community ☒ Non-sterile Compounding ☒ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other:

Days of Operation		Ownership Type (check applicable box)
☒ Monday	☒ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Tuesday	☒ Saturday	☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☒ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Thursday	☐ Holidays	☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Town Total Compounding Center

Physical Address: 415 Crossways Park Drive, Suite B

City: Woodbury State: NY Zip: 11797

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-249-7436 Toll Free # (NAC 639.708, NRS 639.23286): 888-676-4886

Fax: 516-249-7437 Contact Email: info@towntotalcompound.com

Website: www.towntotalcompound.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Justin Leung Tan

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23431

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Justin Leung Tan	NV Pharmacist Registration #: 23431
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
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Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Joseph P Navarra

Business Name: Town Total Compounding Centers, LLC

Business Address: 415 Crossways Park Dr, Suite B

City: Woodbury State: NY Zip: 11797

Telephone: 516-249-7436 Email: joseph.navarra@towntotalcompound.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Owner (title) for Town Total Compounding Center (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph P Navarra

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/22/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph P Navarra

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/22/23

Date

Board Use Only	Date Received: 3·8·23	Amount: 500	CHECK # 5986

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Justin Leung Tan Pharmacist Registration #: 23431

Pharmacy Name: Town Total Compounding Center

Initial each statement below to indicate you have read and agree with the following:

JLT I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JLT I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JLT I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JLT I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JLT I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

2/22/23
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/.	✓	✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	X
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	TOWN TOTAL COMPOUNDING CENTERS, LLC
DOS ID Number:	4067214
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	03/14/2011
Statement Status:	CURRENT
Statement Due Date:	03/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 23, 2023 at 11:40 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100003018291 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler TOWN TOTAL COMPOUNDING CENTER

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 415 CROSSWAYS PARK DRIVE, SUITE B

City WOODBURY State NY Zip 11797

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 516-249-7436 Website WWW.TOWNTOTALCOMPOUND.COM

Licensing Company Email INFO@TOWNTOTALCOMPOUND.COM

Section 2: Personal Information

First JOSEPH Middle P Last NAVARRA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 415 CROSSWAYS PARK DR, SUITE B

City WOODBURY State NY Zip 11797

Telephone 516-249-7436 Email JOSEPH.NAVARRA@TOWNTOTALCOMPOUND.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST. JOHNS UNIVERSITY		09/1987-05/1992	
Address	**City**	**State**	**Zip**
8000 Utopia Pkwy	QUEENS	NY	11439
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
HAUPPAUGE HIGH SCHOOL		09/1983-05/1987	
Address	**City**	**State**	**Zip**
500 LINCOLN BLVD	HAUPPAUGE	NY	11788
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2008-PRESENT	[redacted]PRIVET CT	SMITHTOWN	NY	11787
11/2000-09/2008	[redacted]E 70TH ST	NEW YORK	NY	10065
01/1974-10/2000	[redacted]HOMESTEAD CIR	HAUPPAUGE	NY	11788

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
TOWN TOTAL COMPOUNDING CENTER			06/2011-PRESENT
Business Address	**City**	**State**	**Zip**
415 CROSSWAYS PARK DR	WOODBURY	NY	11797
Phone	**Title**		**Number of Employed Hours**
516-249-7436	OWNER		60 HOURS PER WEEK
Description of Duties			
PHARMACIST			

Business Name			From - To (MM/YY – MM/YY)
TOWN TOTAL HEALTH			10/1994-05/2011
Business Address	**City**	**State**	**Zip**
6 E 30TH ST	NEW YORK	NY	10016
Phone	**Title**		**Number of Employed Hours**
212-213-5570	SUPERVISING PHARMACIST		60 HOURS PER WEEK
Description of Duties			
PHARMACIST			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/22/23
Date

I, JOSEPH P NAVARRA, **certify that as the designated representative for**

TOWN TOTAL COMPOUNDING CENTER,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. JN I am at least 21 years of age;
3. JN I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JN I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JN I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JN I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JN I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joseph Navarra

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Navarra

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/23

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Joseph Navarra, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/22/23

Date

Subscribed and Sworn to before me this 22nd day of February 2023

Notary Public Signature

Anne-Marie Varrassi
Notary Public, State of New York
No. 01VA4915743
Qualified in Nassau County
Commission Expires Jan 11 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (05/13/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler TOWN TOTAL COMPOUNDIG CENTER

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 415 CROSSWAYS PARK DRIVE, SUITE B

City WOODBURY State NY Zip 11797

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 516-249-7436 Website WWW.TOWNTOTALCOMPOUND.COM

Licensing Company Email INFO@TOWNTOTALCOMPOUND.COM

Section 2: Personal Information

First JOSEPH Middle P Last NAVARRA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 415 CROSSWAYS PARK DR, SUITE B

City WOODBURY State NY Zip 11797

Telephone 516-249-7436 Email JOSEPH.NAVARRA@TOWNTOTALCOMPOUND.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
ST. JOHNS UNIVERSITY		09/1987-05/1992	
Address	**City**	**State**	**Zip**
8000 Utopia Pkwy	QUEENS	NY	11439
Diploma/Degree obtained, if any			
B.S.			

School Name		From - To (MM/YY – MM/YY)	
HAUPPAUGE HIGH SCHOOL			
Address	**City**	**State**	**Zip**
500 LINCOLN BLVD	HAUPPAUGE	NY	11788
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2008-PRESENT	[redacted]PRIVET CT	SMITHTOWN	NY	11787
11/2000-09/2008	[redacted]E 70TH ST	NEW YORK	NY	10065
01/1974-10/2000	[redacted]HOMESTEAD CIR	HAUPPAUGE	NY	11788
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
TOWN TOTAL COMPOUNDING CENTER			06/2011-PRESENT
Business Address	**City**	**State**	**Zip**
415 CROSSWAYS PARK DR, SUITE B	WOODBURY	NY	11797
Phone	**Title**		
516-249-7436	OWNER		
Description of Duties			
PHARMACIST			

Business Name			From - To (MM/YY – MM/YY)
TOWN TOTAL HEALTH			10/1994-05/2011
Business Address	**City**	**State**	**Zip**
6 E 32ND ST	NEW YORK	NY	10016
Phone	**Title**		
212-213-5570	SUPERVISING PHARMACIST		
Description of Duties			
PHAMACIST			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/22/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JOSEPH NAVARRA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/22/23

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Joseph Navarra, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/23/22

Date

Subscribed and Sworn to before me this 22nd day of February 2023

Anne Marie Varrassi

Notary Public Signature

Anne-Marie Varrassi
Notary Public, State of New York
No. 01VA4915743
Qualified In Nassau County
Commission Expires Jan 11 2026

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: TOWN TOTAL COMPOUNDING CENTER

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 415 CROSSWAYS PARK DRIVE, SUITE B

City: WOODBURY State: NY Zip: 11797

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 516-249-7436 Toll Free # (NAC 639.708, NRS 639.23286): 888-676-4884

Fax: 516-249-7437 Contact Email: INFO@TOWNTOTALCOMPOUND.OM

Website: WWW.TOWNTOTALCOMPOUND.COM

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): JUSTIN LEUNG TAN

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23431

Name of Person with direct knowledge of compounding procedures: JUSTIN LEUNG TAN

Email of Person with direct knowledge of compounding procedures: JUSTIN.L@TOWNTOTALCOMPOUND.COM

Telephone of Person with direct knowledge of compounding procedures: 516-249-7436

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Allergenic extracts

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?
Name: EAGLE ANALYTICAL
Address: 11111 S Wilcrest Dr S1000
City: , Houston State: TX Zip: 77099
Telephone: (800) 745-8916

7. What is your procedure for visual inspection of compounded sterile products?
As the preparation of each container is finished, and before labeling, the finished product will be inspected by holding the container against a black background and a white background to inspect for foreign materials including:

a) Precipitatesb) Undissolved particlesc) Small rubber coresd) Crystalse) Any other foreign materials

Products suspected of being contaminated will not be dispensed for patient use. If any traces are found, the container must be discarded.Visually inspect the container for leaks. If leaks are detected, the container must be discarded.

8. How often do you perform glove fingertip and medial fill testing?
Glove fingertip testing is done monthly and media fill tests are done every 6 months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
If a failure occurs, re-training will be done and then employee must pass 3 finger tip tests and one media fill test.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
There is once annual training and bi-annual training. Intial training encopasses both.
Annual Training:
ONCE ANNUALLY
Read SOP Binder Pass SOP Quiz Review & Sign Orientation Packet Review & Sign Hazardous Drug Liability Form License/Certification Verification (if applicable)
EVERY 6 MONTHS
Read Aseptic Technique Competency Training Guide Pass Observational Hand Hygiene and Garbing Competency Evaluation Pass Observational Aseptic Technique Competency Evaluation Complete Gloved Fingertip Sampling Complete CSP High-Risk Media Fill Challenge Complete Assessing Cleaning and Disinfection Procedure <797> Written Testing Pass Donning/Doffing Sterile gloves

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
We use sterile Peridox-RTU, PreEmpt-RTU,and Sterile 70% isopropyl Alcohol

Hoods are cleaned at the start of everyday, between compounds and at the end of the day,or if anything spills.
Hoods, counters, pass thrus and floors are cleaned on a daily basis.
Ceilings, walls, storage, floors are cleaned on a monthly basis from the cleanest area to the dirtiest. Cleaning equiptment are dedicated to the clean room suite and the mop heads are all disposable.
All cleaning activities are documented when they occur and all staff that cleans are trained and the training is documented.

12. Who performs the sterile compounding process at your facility?
Justin Leung Tan, Pharm D

13. Who is responsible and accountable for the sterile compounding process at your facility?
Justin Leung Tan, Pharm D

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Enter the pertinent patient information (Name, address, Phone number) into the FedEx system. Affix the shipping label onto the appropriate shipping container.Tightly close and ensure that the prescription is spill-proof.Place the prescription in the appropriate shipping container, which may include Styrofoam or other temperature-resistant containers.
Add ice packs if applicable. Seal the shipping container.
At least seasonally, the temperature of packaging will be evaluated by tracking products in various forms that require refrigeration. Results will be recorded on the Temperature Tracking Form, and reviewed by the Quality Assurance Officer.
Results that fall out of range will be corrected, and a Quality Improvement Form will be filled out for the event.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility?		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☑ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph P Navarra. R.Ph., FACA, FAPC

Name of Person who Completed the Form

Owner

Title

Signature (copies or stamps not accepted)

02/22/2023

Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

5721

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-23

SUPERVISING PHARMACIST
JOSEPH P. NAVARRA

THIS IS TO CERTIFY

TOWN TOTAL COMPOUNDING CENTERS, LLC
415 CROSSWAYS PARK DR
SUITE B
WOODBURY, NY 11797

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF JUNE, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF MAY, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
030816

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

TOWN TOTAL COMPOUNDING CENTERS, LLC

X

GENERAL INFO | ENFORCEMENT ACTIONS

Type	Pharmacy
Legal Name	TOWN TOTAL COMPOUNDING CENTERS, LLC
Trade Name	---
Street Address	415 CROSSWAYS PARK DR SUITE B WOODBURY NY 11797
Registration No	030816
Date First Registered	June 16, 2011
Registration Begins	June 01, 2020
Registered Through	May 31, 2023
Supervisor	041710 - NAVARRA JOSEPH P
Establishment Status	Active
Successor	NONE

February 24, 2023 12:15 PM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=030816&professionCode=020

TOWN TOTAL COMPOUNDING CENTERS, LLC X

GENERAL INFO | ENFORCEMENT ACTIONS

Registration No: 030816

No Enforcement Actions Found

February 24, 2023 12:15 PM (ET)

https://www.op.nysed.gov/verification-search?pharmacyRegistrationNumber=030816&professionCode=020

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT2648004	11-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-03-2022

TOWN TOTAL COMPOUNDING CENTERS, LLC
415 CROSSWAYS PARK DR STE B
WOODBURY, NY 117972055

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT2648004	11-30-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	10-03-2022

TOWN TOTAL COMPOUNDING CENTERS, LLC
415 CROSSWAYS PARK DR STE B
WOODBURY, NY 117972055

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 01/20/2023
Amount:
License #: 23431

Justin Leung Tan

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:01/20/2023
Expires:10/31/2023

Justin Leung Tan

License #
23431
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 23431
Effective Date:01/20/2023

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Justin Leung Tan

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	824605		Inspection Information
Legal Business Name:	Town Total Compounding Centers, LLC	Conference Call Date:	6/2/2021
Doing Business As (DBA):	Town Total Compounding Center	Start Time: 24-hour format (13:00)	15:30
Address:	415 Crossways Park Drive, Suite B	End Time: 24-hour format (13:00)	17:30
City:	Woodbury	Onsite Inspection Date:	6/3/2021
State:	NY	Start Time: 24-hour format (13:00)	9:30
Zip Code:	11797	End Time: 24-hour format (13:00)	15:30
Telephone number:	516 249 7436	Inspector Name:	Cheryl Rashid
Toll free number:	888-678-4884	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	516 249 7436	Observer Name/Affiliation (if applicable):	NA
Website:	www.totaltowncompound.com	Observer Name/Affiliation (if applicable):	NA

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	9:00	18:00	
Tuesday	9:00	18:00	
Wednesday	9:00	18:00	
Thursday	9:00	18:00	
Friday	9:00	18:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Joseph Navarra	joseph.navarra@totaltowncompound.com	580440
Nonsterile Compounding Supervisor	Joseph Navarra	joseph.navarra@totaltowncompound.com	580440
Sterile Compounding Supervisor	Joseph Navarra	joseph.navarra@totaltowncompound.com	580440
Hazardous Compounding Supervisor	Joseph Navarra	joseph.navarra@totaltowncompound.com	580440

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Justin Wu, Pharm D	Pharmacist	Y
2	Mary Jeanne Fenn, Pharm D	Pharmacist	Y
3	Kristin Cole, Pharm D	Pharmacist	Y
4	Ann Marie Varrassi	Customer Service	N/A
5	Morgan Murray, CPhT	Certified Technician	Y
6	Lisa Rosato	Customer Service	N/A
7	Justin Tan	Intern	Y
8	Manny Ming Song Gao	Student	N/A
9	Mack Li	Student	N/A
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
New York State Education Department, Division of Professional Licensing Services	Town Total Compounding Centers	Pharmacy/ 030816	5/31/2023
Drug Enforcement Administration/US Department of Justice	Town Total Compounding Centers	Controlled Substance/ FT2648004	11/30/2022

Inspector Notes: List states in which Non-Resident licenses are held= AZ, CO, CT, FL, GA, ID, IL, KS, ME, MD, MI, LA, NJ, ND, OH, PA, RI, UT, VT, VA, WA, DC, WI. (WV, TX and NV) pending

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description
Doc_01_NS_21.00_TownTotalCompounding_Woodbury_NY	COA from PCCA
Doc_02_NS_21.00_TownTotalCompounding_Woodbury_NY	COA from Medisca
Doc_03_NS_21.00_TownTotalCompounding_Woodbury_NY	COA from Fagron
Doc_04_NS_21.00_TownTotalCompounding_Woodbury_NY	COA from Spectrum
Doc_05_NS_21.00_TownTotalCompounding_Woodbury_NY	COA from Letco

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail	X	Telepharmacy	
Open to the Public	X	Central Fill/Processing/Shared Services	
Closed Door		Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	X
HMO/PBM only		Nonsterile Hazardous Drug Compounding	X
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	X

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	4100	Total Pharmacists:	4
Nonsterile Compounding Room size:	665	Number of Compounding Pharmacists	4
Nonsterile Compounding powder hoods number:	2	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	240	Total Student Interns:	2
Nonsterile HD Compounding BSC/CACI hoods number:	1 powder hood	Total Technicians:	1
Sterile Compounding Ante Room size:	140	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	130	Of technicians, how many are certified?	1
Sterile Compounding Number LAFW hoods/areas:	2	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	3
Negative Pressure Sterile HD Room size:	72	Ratio #tech:#RPh present at time of inspection:	1:2
Sterile HD Compounding Number of BSC hoods:	2	Total Pharmacist Hours Per Week	180
Sterile HD Compounding Number of CACI hoods:	1 powder hood	Total Technician Hours Per Week:	42

Volume Dispensed		Volume Distributed	
Total Prescriptions Dispensed/day:	100	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	10%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	50%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	50%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	30%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL			
AR			
AZ	0	0	month
CA			
CO	0	0	month
CT	13	0	month
DC	0	0	month
DE			
FL	60	0	month
GA	9	0	month
HI			
IA			
ID	5	0	month
IL	0	0	month
IN			
KS	3	0	month
KY			
LA	0	0	month
MA			
MD	6	0	month
ME			
MI	0	0	month
MN			
MO			
MS			
MT	0	0	month

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month]: Note: If not available, request information be sent to VPP and note that information was requested in grid.			
State	**Volume Dispensed**	**Volume DISTRIBUTED**	**/day, week, month**
NC			
ND	8	0	month
NE			
NH			
NJ	28	0	month
NM			
NV			
NY	101	0	month
OH	0	0	month
OK			
OR			
PA	14	0	month
RI	0	0	month
SC			
SD			
TN			
TX			
UT	0	0	month
VA	2	0	month
VT	0	0	month
WA	3	0	month
WI	0	0	month
WV			
WY			
Other:	0	0	month

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	No	Justin Wu, PharmD
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite*	yes	45 hours
3.00	Are there any other businesses located at this address? *If yes, note type of business and notes*	Yes	This is an office building with many unaffiliated business.
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	Yes	Refill.
8.00	Are photographs allowed during the inspection (no PHI)?	No	
9.00	List of additional personnel interviewed as part of the inspection, including name and title:		NA
Types of Practice Additional Questions If any part of a question is no, enter "No" and explain the observation.			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
General Operations and Licensure	**If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed door pharmacy, expired licenses, etc.*	Yes	State license in lobby, personnel licenses in office area.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	Dated 5/1/2017. Original inspection at this address with no noted problems and not inspected since.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	Yes	Exemption for not shipping CII.
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional info.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant concentrations, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	Yes	April, 20 2016; FDA was applying cGMP standards to all incidents as was corrected in response from TTCC, no further contact from FDA.
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC and PCAB - 5/24/19.
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	10 years
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	10 years
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system in place.*	Yes	In P & P all employees so instructed.
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Posted in office area
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Annually every June and monthly OIG checks

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General Pharmacy Inspection

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	Yes	Immunizations all current via additional CE
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	State ratio is 4:1, today was 1 tech to 3 pharmacists
	Facility and Security *If any part of a question is no, enter "No" and explain the observation.*		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	Alarm.com; Supra is monitoring company.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Key, deadbolt, PIC stays.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	No	Picked up by Approved Storage and Waste- every other Tuesday.
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	No	
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Approved Storage and Waste.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	Yes	Conference room

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		Finding	Notes
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	20.2C. Temperature controlled by Lighthouse Temperature Sensor.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process.*	Yes	Manual and automatic by Lighthouse - red light blinks on equipment- notifies for need to check product. No one is notified about excursions directly but are able to look back at the record to determine the range out and how long it was out once a red light is seen.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Investigated and resolved per product MFG recommendation.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	USP range (2 C to 8 C), red light flashes on appliance if excursion occurs. No one is notified about excursions directly but are able to look back at the record to determine the range out and how long it was out once a red light is seen. Records are maintained for 10 years.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	2 C, 3 C.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	USP range (-25 C to -10 C), red light flashes on appliance if excursion occurs. No one is notified about excursions directly but are able to look back at the record to determine the range out and how long it was out once a red light is seen. Records are maintained for 10 years.
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	Yes	Noted as -19 C, -17.1 C, -18.2 C.
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Generator
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Generator
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	Excursion are investigated and resolved per product MFG recommendation.
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List manufacturer and types.*	Yes	Kirby Lester x2 - one for regular one for hazardous.
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
	Product Receipt and Inventory If any part of a question is no, enter "No" and explain the observation.		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe*	Yes	Downloaded approval letter, FDA website.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	Lesco, PCCA, Medsca, Spectrum, Fagron.
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information and circumstances leading to the purchase.*	Yes	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	Amerisource Bergen, McKesson
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	FDA Website and inventory technician reviews 3T data.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	FDA Website and inventory technician reviews 3T data.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	PIC responsibility
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Direct contact with sales representative.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Continue to ask questions to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	An inventory technician reviews the 3T data.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	Review lot number and manufacturing date and contact the manufacturer.
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	No CII
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	No CII.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, identify which products and from whom they are purchased (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	RX Dispense tracks
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	BOP
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	No CII.
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	May 3rd, 2021. Every 2 years.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	

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		Finding	Notes
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	No	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Quarantine bin checked monthly
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly
61.00	Does the pharmacy prepackage bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy prepack multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	
	Prescription Processing *If any part of a question is no, enter "No" and explain the observation.*		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Customer Service or pharmacist, updated with each refill
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	

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		Finding	Notes
65.00	**Prescription: Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders?** *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	Doctors are well known to staff.
65.01	**Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent?** *Describe the steps and reporting process*	Yes	Call MD
65.02	**Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship?** *Describe the processes include comparing the physical addresses of the patient and prescriber?*	Yes	MD well known and addresses compared.
65.03	**Does the pharmacy have electronic prescription capability?** *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	**If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?**	Yes	
66.00	**Accuracy: Is the accuracy of the information entered into the computer system verified (patient information and prescription information)?** *Indicate how and by whom.*	Yes	Pharmacist entered then a second pharmacist would review.
67.00	**DUR: Does staff conduct prospective DUR prior to the dispensing of a medication or product?** *Describe at what point in the process does the DUR take place?*	Yes	By interview of patient and by computer after RX received and at validation of prescription via employee password.
67.01	**Does the DUR include:** • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	**In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process?** *Describe.*	Yes	Micromedex, USPDI, Lexicomp.
67.03	**Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?**	Yes	

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		Finding	Notes
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Electronic automatic.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability*	Yes	Pharmacist only override via unique password
67.07	Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.*	Yes	First Data Bank
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	Yes	Notes section and MAR
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product distribution database used. If not, list compendia used for performing manual DUR.*	N/A	
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	Scanned bar codes and pictures of all data attached. Pharmacist verifies for accuracy.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Container has affixed computer label and auxiliary labels.
70.00	Confidentiality: Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record unauthorized of pharmacy computer system used.*	Yes	Levels of access via PIC per job description.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	Mail/Delivery: If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Seasonal thermometer monitoring package shipped to patient with response from patient.
72.00	Off-Site Processes: Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	N/A	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	

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		Finding	Notes
72.02	If yes, is that location in a different state than this facility? *If so, explain*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	Off-Site Inventory: Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	Off-Site Inventory: Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	
74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication *If any part of a question is no, enter "No" and explain the observation.*		
75.00	Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")?	Yes	
75.01	Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	No	
76.00	Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")?	No	
76.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	Yes	Pharmacist, customer service, technician.
77.00	Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	Yes	

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		Finding	Notes
77.01	Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer"*	No	
78.00	Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information, toll-free number.
79.00	Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information, toll-free number.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Printed and added to the bag.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	yes	Printed and added to the bag.
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for Isotretinoin, or Tikosyn).*	No	
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how*	Yes	Part of computer system.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Facebook Messenger, Google Messenger, 888 number.
85.00	Are processes in place to handle a drug recall?	Yes	Run report in computer, follow advise of the recall
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**			
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program*	Yes	PIC
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Hard copy in a binder
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Binder
88.00	Documentation of QREs starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation forms are hard copy or electronic.*	Yes	Immediate; hard copy.
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	

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		Finding	Notes
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation includes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	QRE data collected is analyzed to assess causes and any contributing factors (root cause). *Tell us who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	PIC does monthly.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	Quality meetings are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	monthly
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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		Finding	Notes
91.00	Reporting: Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	APMS and patient safety committee
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	SOP and MedWatch
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	N/A	
92.00	Quality Self-Audits are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	Consumer Surveys are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Every June both patient and prescriber.
94.00	Patient Complaints are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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Nonsterile Compounding Inspection

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		Finding	Notes
General Operations and Information			
1.00	Does the pharmacy dispense nonsterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy*	Yes	Customer service records list of other medications and pharmacist enters them.
1.02	Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner?	Yes	
1.03	Are nonsterile compounded prescriptions picked up at the pharmacy?	Yes	
1.04	Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities?	Yes	
1.05	Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities?	Yes	
1.06	Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility?	No	
1.07	Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	
2.00	Does the pharmacy distribute nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.*	No	
2.01	Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use?	No	
2.02	Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?	No	
2.03	Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted*	Yes	Hormone suppositories, creams, pain creams.
2.04	Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided*	No	
2.05	If yes, does the sales force hand-deliver these compounds? *List compounds provided*	N/A	
2.06	If yes, are any of these controlled substances? *List compounds provided*	N/A	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
3.00	Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.*	N/A	
4.00	Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.*	Yes	Capsules (betahistine, low dose naltrexone, 5 aminopyridine), troche (ketamine), suspensions (tacrolimus),
5.00	Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.*	Yes	Gels (tetracaine), creams (lidocaine, tetracaine, progesterone, estrogen, testosterone), suppositories (progesterone), lotions, nasal sprays.
6.00	Does the pharmacy compound vitamin or nutritional supplements? *Provide List.*	Yes	Methylcobalamin and Leucovorin together and separately.
7.00	Does the pharmacy sell any compounds over-the-counter? *Provide list.*	No	
8.00	Does the pharmacy compound investigational drugs? *Provide List.*	No	
9.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.*	Yes	0%
9.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
9.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	
10.00	Does the pharmacy perform compounding identified as simple? *Indicate percentage of simple compounding.* 1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUDs). 2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer. *Examples include Captopril Oral Solution, Indomethacin Topical precautions- Gel, and Potassium Bromide Oral Solution (Veterinary).*	Yes	40%

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National Association of Boards of Pharmacy®
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Nonsterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>. An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center

e-Profile ID: 824605

Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
11.00	Does the pharmacy perform compounding identified as moderate? *Indicate percentage of moderate compounding.* 1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units. 2. Making a preparation for which stability data for that specific formula is not available. *Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.*	Yes	40%
12.00	Does the pharmacy perform compounding identified as complex? *Indicate percentage of complex compounding.* Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes. *Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.*	Yes	20%
13.00	Does the pharmacy perform compounding with hazardous drugs? *Indicate percentage of compounding with hazardous drugs.* NIOSH list of hazardous drugs including chemotherapy, hormones, etc.	Yes	30%
13.01	Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>?	Yes	
14.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	Attached to drug electronically.
15.00	Does the pharmacy compound using any controlled substances? *Indicate percentage of controlled substance nonsterile compounding.*	Yes	10%
16.00	APIs: Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.*	Yes	PCCA, Letco, Medisca, Spectrum, Fagron.
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, indicate how verified.*	Yes	FDA website

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
16.03	Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate source.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.*	Yes	
17.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in-house?*	No	
18.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	Eagle Analytical Lab
19.00	Does the pharmacy use scales/balances for nonsterile compounding?	Yes	
19.01	If so, what type of scale/balance is used? *List manufacturer and model number.*		
19.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Daily.
19.03	Describe the pharmacist checks for the measurement of each ingredient		Drawn into PK software automatically.
20.00	**Quality Assurance/Quality Improvement: Does the pharmacy continuous quality improvement program include nonsterile compounding measures?** **Note: If the facility indicates "yes", please ask each question below to verify.**	Yes	
20.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
20.02	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
20.03	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
20.04	Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)?	Yes	
20.05	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products?	Yes	

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		Finding	Notes
20.06	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
20.07	Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation?	Yes	Patient and doctor.
20.08	Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy?	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
21.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
21.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound.	Compliant	See attachments: Doc_01_NS_21.00_TownTotalCompounding_Woodbury_NY- Doc_05_NS_21.00_TownTotalCompounding_Woodbury_NY.
21.02	USP- or NF-grade substances used, if available	Compliant	
21.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
21.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.*	Compliant	
21.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding	N/A	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
21.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
21.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.*	Compliant	
21.08	All APIs and components received without an expiration date are labeled with the date they were received.	Compliant	
21.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	n/a	
21.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
22.00	Where water is an ingredient, purified or distilled water is used.	Compliant	Purified.
23.00	Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality.	Compliant	
24.00	Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
25.00	When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
26.00	For animal compounding: The compounding meets the same standards as compounding for human patients.	N/A	
26.01	The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	

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Nonsterile Compounding Inspection

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		Finding	Notes
26.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
26.03	The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
26.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
26.05	The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
Beyond Use Dating (BUD)			
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	BUDs are assigned from the day of preparation.	Compliant	
28.00	BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks.	Compliant	
29.00	Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.*	Compliant	
29.01	Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.*	compliant	
30.00	BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months.	Compliant	
31.00	BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated).	Compliant	
32.00	BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days.	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
Environment			
	Total Non-Compliant (includes Unknowns)	**0**	
33.00	The non-sterile compounding area is a controlled environment and separate from the general pharmacy.	Compliant	
34.00	There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations.	Compliant	
35.00	Only one preparation compounded at a time.	Compliant	
36.00	Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions.	Compliant	
37.00	The compounding area is well lit.	Compliant	
38.00	The pharmacy performs hazardous non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize (NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)*	Compliant	
38.01	Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically.	Compliant	Every 6 months.
38.02	If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel.	Compliant	
39.00	Appropriate protective attire (gowns, gloves, masks, etc.) is available.	Compliant	
39.01	If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.).	Compliant	
40.00	There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels.	Compliant	
41.00	There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is recommended - not required)*	Compliant	Purified used.

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Nonsterile Compounding Inspection

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
42.00	The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place.	Compliant	
43.00	Temperature in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	20.2 C
43.01	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	Lighthouse Monitoring.
43.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
43.03	Temperature monitoring is also performed in drug storage areas (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77°F), or more restrictive if warranted by specific drug product storage requirements.	Compliant	20 C
43.04	Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained.	Compliant	Lighthouse Monitoring.
43.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
44.00	Humidity in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	53.1 RH
44.01	Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.02	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	Isolation, separate area, quarantine
44.03	Humidity monitoring is also performed in drug storage areas (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%.	Compliant	53.1 RH
44.04	Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
44.05	Excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
45.00	The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition.	Compliant	
46.00	All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination.	Compliant	
47.00	All components and packaging containers and closures are properly rotated to use oldest first.	Compliant	
48.00	Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts)	Compliant	
49.00	Trash is disposed of in a safe, sanitary, and timely manner.	Compliant	
49.01	Hazardous waste is disposed of in a safe, sanitary, and timely manner.	Compliant	
Training - *Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	**0**	
50.00	Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues.	Compliant	
51.00	There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed.	Compliant	
52.00	There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding.	Compliant	
53.00	There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.*	Compliant	
54.00	There is documentation available showing employees performing non-sterile compounding are evaluated at least annually.	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
54.01	If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually.	Compliant	
55.00	If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified.	Compliant	
	Compounding Equipment		
	Total Non-Compliant (Includes Unknowns)	**0**	
56.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.*	Compliant	
57.00	Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.*	Compliant	Calibrated daily, scales inspected by state sealed and tested yearly.
58.00	Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function.	compliant	
58.01	Hood filters are checked regularly and replaced when necessary.	Compliant	
59.00	All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed. Recommended rinsed with purified water.*	Compliant	
60.00	The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure.	Compliant	
	Documentation		
	Total Non-Compliant (Includes Unknowns)	**0**	
61.00	The pharmacy creates a master formulation record the first time before compounding a new preparation	Compliant	
61.01	Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic.	Compliant	
61.02	The master formulation record includes:		

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
61.03	Official or assigned name, strength, and dosage form	Compliant	
61.04	All necessary calculations	Compliant	
61.05	Description of all ingredients and their quantities	Compliant	
61.06	Compatibility and stability information including references (when available)	Compliant	
61.07	Equipment used for the preparation	Compliant	
61.08	Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors)	Compliant	
61.09	Container used and packaging requirements	Compliant	
61.10	Assigned BUD information	Compliant	
61.11	Labeling information including the name of and quantity or concentration of each active ingredient	Compliant	
61.12	Description of the finished preparation	Compliant	
61.13	Storage requirements	Compliant	
61.14	Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator).	Compliant	
62.00	The pharmacy creates a compounding record for each compound prepared	Compliant	Ursodiol Susp 60mg/ml 60 ml seen compounded.
62.01	The compounding record includes:		
62.02	Official or assigned name, strength and dosage of the preparation	Compliant	
62.03	Master Formulation Record reference	Compliant	
62.04	Sources, lot numbers, and expiration dates of all components	Compliant	
62.05	Total quantity or number of dosage units compounded	Compliant	
62.06	Person compounding the preparation	Compliant	

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		Finding	Notes
62.07	Person performing the quality control procedures	Compliant	
62.08	Person who approved the preparation	Compliant	
62.09	Date of compounding	Compliant	
62.10	Assigned internal identification number or prescription number	Compliant	
62.11	Description of the final preparation	Compliant	
62.12	Assigned BUD	Compliant	
62.13	Duplicate label	Compliant	
62.14	Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)?	Compliant	
62.15	Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate	Compliant	

Compounding Procedures

	Total Non-Compliant (Includes Unknowns)	0	
63.00	The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free.	Compliant	
64.00	Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components.	Compliant	
65.00	The containers and closures selected meet USP standards (from container supplier).	Compliant	
66.00	Container selection determined by physical and chemical properties of the preparation.	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Nonsterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
67.00	Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed.	Compliant	
68.00	Personnel don appropriate protective garb when performing compounding.	Compliant	
68.01	If hazardous compounding, personnel don appropriate protective garb when compounding.	Compliant	Tacrolimus Oral Susp 1mg/ml 135ml seen compounded.
69.00	Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly*	Compliant	
70.00	Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage. Recommended: compounding accuracy checked by a person other than the compounder.*	Compliant	
71.00	There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created.	Compliant	
72.00	There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.*	Compliant	
73.00	Personnel are appropriately garbed for protection when cleaning.	Compliant	
74.00	Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment. Compounding MUST be observed, if compounding is not being performed at the time of survey, mark as "Non-Compliant".*	Compliant	Ursodiol Susp 60mg/ml 60 ml observed.
74.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. List individual who signs the Denial of Authorization*		

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	**0**	
75.00	The finished preparation is observed to appear as expected in the master formulation record and documented.	Compliant	
76.00	As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength.	Compliant	
77.00	There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity.	Compliant	
78.00	Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics.	Compliant	
78.01	If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient	Compliant	No failed tests reported
78.02	If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue.	Compliant	Dispensed but recalled of failed test
79.00	There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.*	Compliant	
80.00	Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials:	Compliant	
80.01	Labeling contains generic name and quantity or concentration of each active ingredient.	Compliant	
80.02	Labeling contains assigned BUD.	Compliant	
80.03	Labeling contains storage and handling information.	Compliant	
80.04	If hazardous, labeling contains storage and handling information.	Compliant	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
80.05	Labeling contains prescription or control number, whichever is applicable.	Compliant	
81.00	Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated).	Compliant	
82.00	Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
83.00	Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned.	Compliant	
84.00	Preparations are examined immediately after preparation AND again immediately prior to dispensing for any signs of instability.	Compliant	
Patient Counseling and Communication			
	Total Non-Compliant (includes Unknowns)	**0**	
85.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications?	Compliant	
86.00	Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products?	Compliant	
87.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
88.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk.	Compliant	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 624605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. *(NA if no sample)*		NA
	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.*		Fully visualized via windows.
	General Operations Information		
1.00	Does the pharmacy dispense sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	Yes	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Yes	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	No	
2.00	Does the pharmacy distribute sterile compounded preparations? ***Not pursuant to a prescription, not labeled by the pharmacy with a patient name.***	No	
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	No	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	No	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	No	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	No	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	
4.00	Which of the following sterile compounds are prepared?		
4.01	Allergen extracts	Yes	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	Yes	
4.04	Preservative-free parenterals	Yes	
4.05	Ophthalmic preparations	Yes	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	Yes	Nasal only
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	Yes	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	No	
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.*	Yes	0% none currently
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	Yes	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	Yes	
7.00	Does the pharmacy perform low-risk compounding? *Indicate percentage of low-risk sterile compounding.*	Yes	40%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	Yes	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	N/A	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
8.00	Does the pharmacy perform medium-risk compounding? *Indicate percentage of medium-risk sterile compounding.*	Yes	40%

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	Yes	Atropine eye drops BUD 60 days, Methylcobalamin/Leucovorin injection BUD 90 days.
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	Yes	Every batch sterility every other batch stability.
9.00	Does the pharmacy perform high-risk compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	20%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	Yes	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Methylcobalamin 20% extended to 180 days, hydroxyprogesterone extended to 120 days. BUDs validated by Eagle Analytical Labs.
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	Yes	Sterility, stability, potency.
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	No	
11.00	Does the pharmacy perform compounding for immediate use? *Indicate percentage of immediate use sterile compounding.*	No	0%
12.00	Does the pharmacy perform compounding with hazardous drugs? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	Yes	30%
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implementation date? *Describe plan.*	Yes	
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	Yes	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center

e-Profile ID: 824605

Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	Yes	
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.*	Yes	
14.00	Does the pharmacy perform compounding using blood products (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	Yes	Autologous serum eye drops for Sjogren Syndrome - separate hood used for blood products and stored in separate fridge.
15.00	Does the pharmacy compound using any Federally controlled substances I-V? *Indicate controlled substances used and percentage of controlled substance sterile compounding*	Yes	Ativan, diazepam, tramadol, zolpidem. 10% is CS sterile compounding.
16.00	APIs: Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	Methylcobalamin, TriMix, Hydroxyprogesterone.
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	FDA website
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		Ohaus Explorer
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Daily
18.00	Does the pharmacy have a lyophilizer?	No	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		
18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in-house?*	Yes	Gloved fingertip testing, surface sampling, air sampling.
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.*	Yes	Eagle Labs
21.00	Quality Assurance/Quality Improvement: Does the pharmacy continuous quality improvement program include sterile compounding measures? *Note: if the facility indicates "yes", please ask each question below to verify.*	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/09/2021

		Finding	Notes
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	
21.11	Are QAEs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	Yes	
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	
	Component Selection and Use		
	Total Non-Compliant (Includes Unknowns)	**0**	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** **All bulk drug substances (APIs) used are:** **1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or** **2) A component of an FDA-approved human drug product; or** **3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)**	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	N/A	
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	
22.08	All APIs are labeled with the date they were received.	Compliant	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	Compliant	
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
25.00	For animal compounding, does the compounding meet the same standards as compounding for human patients?	N/A	

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Facility Name: Town Total Compounding Center, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
26.00	If the pharmacy compounds stock solutions or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	N/A	
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	N/A	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	N/A	
Environment			
	Total Non-Compliant (Includes Unknowns)	**0**	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	Compliant	
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	Compliant	
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	Compliant	
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center

e-Profile ID: 824605

Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 624605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	
42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Compliant	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	Compliant	
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	Both
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	n/a	
46.01	The air flow is at least 40 feet per minute across the entire opening.	Compliant	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	Compliant	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	Compliant	
46.04	This area is used only for low- and medium-risk compounding (HD and high-risk not allowed).	Compliant	
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	20.1 C
47.01	Temperature in the compounding area is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler). Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	20.2 C
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	Continuous by Lighthouse and manual daily.
47.03	Temperature monitoring is also performed in drug storage areas (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	20.2 C
47.04	Temperature monitoring in the drug storage area is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	2.6 C

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Sterile Compounding Inspection

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
47.06	Temperature monitoring in the refrigerator is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	Continuous by Lighthouse and manual daily.
47.07	Temperature in the freezer is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	Compliant	Recorded as -18.2C.
47.08	Temperature monitoring in the freezer is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	Compliant	Continuous by Lighthouse and manual daily.
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	Compliant	
48.00	Humidity: If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. *[Generally recommended range is 35-60% for performing sterile compounding.]*	Compliant	53.1 RH
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	By Lighthouse continuously.
48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces.	Compliant	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
53.00	If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room: BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	
54.00	If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room: CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
Cleaning and Disinfection			
	Total Non-Compliant (Includes Unknowns)	**0**	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	
59.00	For cleaning and sanitizing agents that are not "ready-to-use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	N/A	all formulations are RTU
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent[s] used.*	Compliant	Sterile alcohol.
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	N/A	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	Permanent Dycem floor system.
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? *(This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
Training - *Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	0	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	7 files
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	
70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.*	Compliant	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	

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Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	n/a	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually.*	Compliant	
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound. Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	Every 6 months
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.*	Compliant	Every 6 months

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.*	Compliant	Every 6 months
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	High-Risk Sterile Compounding: There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	Compliant	Every 6 months
82.00	High-Risk Sterile Compounding: There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
83.00	Failed testing: Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
	Garbing		
	Total Non-Compliant (includes Unknowns)	**0**	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	

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e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	Purell Surgical scrub with persistent activity.
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	
Environmental Monitoring			
	Total Non-Compliant (Includes Unknowns)	**0**	
97.00	The most recent PEC and room certification report is available.	Compliant	
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	12/18/2020 by Charles Solana and Sons.
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	N/A	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results; ensures all testing is performed appropriately (under dynamic conditions where appropriate); has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	Compliant	
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	Compliant	
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Compliant	
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	Viable air every 6 months, surface sampling every month.
106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification Air Sample Surface Sample ISO Class 5 >1 CFU/m3 >3 CFU/plate ISO Class 7 >10 CFU/m3 >5 CFU/plate ISO Class 8 >100 CFU/m3 >100 CFU/plate *CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
106.07	If the number of CFUs detected in the rooms exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected in the PECs exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the suitable vendor used to verify procedures and frequency of verifications.*	Compliant	

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Sterile Compounding Inspection

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Facility Name: Town Total Compounding Center, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
Equipment			
	Total Non-Compliant (Includes Unknowns)	0	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	
111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	N/A	
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	N/A	
111.02	The ACD is used when performing media fill testing.	N/A	
Compounding Procedures			
	Total Non-Compliant (Includes Unknowns)	0	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	Batch and compounding records are computerized with use of individual portable computers or displayed outside of clean area and viewed thru glass walls.
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). Compounding MUST be observed. If compounding is not being performed at the time of survey mark item as "Non-Compliant".*	Compliant	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "Denial of Authorization" form. The individual who signs the Denial of Authorization*		
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.*	Compliant	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	Atropine eye drops, cyclopentolate eye drops, amphotericin eye drops.
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
122.04	Person compounding the preparation	Compliant	
122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	Compliant	
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation tested in the documentation including concentration of all active ingredients, excipients, etc.*	Compliant	From manufacturer or PCCA studies.
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	Compliant	Eagle Labs - BUD studies- Atropine 0.02% eye drops= BUD =60 days; Methylcobalamin Inj - BUD 180 days.
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	N/A	
131.00	Filter sterilization in an ISO 5 environment and documentation includes:		
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Compliant	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSPs and the filter is intended for human use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	
131.04	Filtering is completed rapidly without filter replacement.	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	
132.00	Steam sterilization documentation includes:		
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	Compliant	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	Compliant	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	Compliant	
132.04	That the CSP will not be adversely affected by the steam and heat	Compliant	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	Compliant	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	Compliant	
133.00	Dry heat sterilization documentation includes:		
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	Compliant	
133.02	Sufficient space is left between materials to allow for air circulation	Compliant	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	Compliant	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	Compliant	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	Compliant	
134.00	Depyrogenation by dry heat documentation includes:		

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes.	Compliant	
134.02	The description of the cycle and duration for specific load items	Compliant	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	Compliant	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	Compliant	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	n/a	
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (includes Unknowns)	**0**	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	
141.00	Sterility testing (USP <71>). *If testing is performed to a lesser standard than the indicators below, describe.*		
141.01	Sterility testing includes both bacterial and fungal testing.	Compliant	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	Compliant	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	Compliant	

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Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	Compliant	
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	Compliant	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	No failed tests.
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	
142.00	Endotoxin testing (USP <85>). *If testing is performed to a higher standard than the requirements below, describe.*		
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	Compliant	
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	Compliant	
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	Compliant	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	Compliant	No failed tests.

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Town Total Compounding Centers, LLC dba Town Total Compounding Center
e-Profile ID: 824605
Inspection Date: 06/02/2021 - 06/03/2021

		Finding	Notes
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns):	**0**	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

5794

Pharmacy Name: TOWN TOTAL COMPOUNDING CENTERS, LLC

Pharmacy Address: 415 CROSSWAYS PARK DRIVE, SUITE B, WOODBURY, NY 11797

NABP Facility e-Profile ID: 824605

VPP Inspection Date: 6/3/2021

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion for Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
Clarification or Further Explanation	12	47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.* The answer to this is NO, we feel this was a transcription error. Especially since there was nothing listed that was purchased from another pharmacy.	Current	N	
Clarification or Further Explanation	40	8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? Every batch is sent out for a USP <71> sterility test. Every batch for an injection is sent for a potency test. Every other batch for an ophthalmic is sent out for a potency test.	Current	N	
Clarification or Further Explanation	42	19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? The answer to this is NO. We perform glove finger tip testing, surface sampling, air sampling. But if any colonies form on the plates, they are sent to the outside lab for testing of the colonies identification.	Current	N	

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Pharmacy Name: TOWN TOTAL COMPOUNDING CENTERS, LLC

Pharmacy Address: 415 CROSSWAYS PARK DRIVE, SUITE B, WOODBURY, NY 11797

NABP Facility e-Profile ID: 824605

VPP Inspection Date: 6/3/2021

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)
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Clarification or Further Explanation	42	19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? The answer to this is NO. We perform glove finger tip testing, surface sampling, air sampling. But if any colonies form on the plates, they are sent to the outside lab for testing of the colonies identification.	Current	N	

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

Pharmacy Name: TOWN TOTAL COMPOUNDING CENTERS, LLC

Pharmacy Address: 415 CROSSWAYS PARK DRIVE, SUITE B, WOODBURY, NY 11797

NABP Facility e-Profile ID: 824605

VPP Inspection Date: 6/3/2021

Facility Response to Verified Pharmacy Program® (VPP®) Inspection

Type of Response (Choose from Drop Down)	VPP Inspection Report Page No.	VPP Inspection Report Item No.	Facility Response/Corrective Action/Comments	Estimated Date of Completion For Corrective Action Taken	Attachment Included (Y/N)	Title of Document (Must be indicated at top of document attachment)

This VPP inspection response and documentation has been provided directly by the pharmacy in response to its VPP inspection. The content of this response has not been verified or modified by NABP at this point in time, except to check for completeness of any attachments provided.

5796

10G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Facility Location	Application Type (check all applicable)	Pharmacy Type (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Nevada	☑ New Pharmacy	☑ Retail/Community	☑ Retail/Community
☑ Out-of-State	☐ Ownership Change*	☐ Hospital (# beds _____)	☑ Non-sterile Compounding
	☐ Location Change *	☐ Internet	☑ Sterile Compounding
	☐ Name Change*	☐ Nuclear	☐ Mail-Order Service
		☐ Other:	☐ Off-site Cognitive Services
	* If making a change, provide license #:		☐ Long Term Care
			☐ Hospital
	PH_____		☐ Other:

Days of Operation		Ownership Type (check applicable box)
☑ Monday	☑ Friday	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Tuesday	☐ Saturday	☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☑ Wednesday	☐ Sunday	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Thursday	☐ Holidays	☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: WP Pharma Labs, Inc.

Physical Address: 4001 McEwen Ste 110

City: Dallas State: TX Zip: 75244

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 469-722-4500 Toll Free # (NAC 639.708, NRS 639.23286): 800-441-0048

Fax: 800-441-0048 Contact Email: regulatoryaffairs@wppharmalabs.com

Website: wppharmalabs.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jerry Lance May

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22115

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/Into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Jerry Lance May	NV Pharmacist Registration #: 22115
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Texas

Parent Company (if any): _____

Corporation/Organization Name: WP Pharma Labs, Inc.

Mailing Address: 4001 McEwen Suite 110

City: Dallas State: TX Zip: 75244

Telephone: 469-722-4500 Email: info@wppharmalabs.com

Contact Person Name: Faiez Usman

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

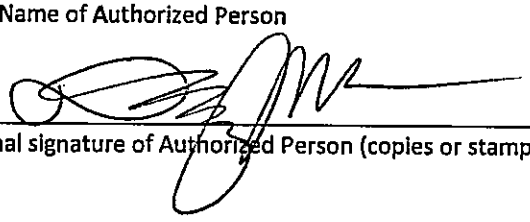
Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Faiez Usman, President (title) for WP Pharma Labs, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Faiez Usman, President

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

2/3/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Faiez Usman, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/6/23
Date

Board Use Only	Date Received: 2-21-23	Amount: 500.00 CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: WP Pharma Labs, Inc.

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 4001 McEwen Ste. 110

City: Dallas State: TX Zip: 75244

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 469-722-4500 Toll Free # (NAC 639.708, NRS 639.23286): 800-441-0048

Fax: 800-715-6589 Contact Email: regulatoryaffairs@wppharmalabs.com

Website: WPPharmalabs.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Kim Hiddessen

Supervising/Managing Pharmacist NV Pharmacist Registration #: Jerry Lance May #22115

Name of Person with direct knowledge of compounding procedures: Kim Hiddessen

Email of Person with direct knowledge of compounding procedures: khiddessen@wppharmalabs.com

Telephone of Person with direct knowledge of compounding procedures: 469-722-4500

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☒ Medium ☒ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☒ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Testosterone Cypionate, Testosterone Enanthate, Testosterone Propionate, Nandrolone, Anastrozole, DHEA, Levocarnitine, Glutamine, Arginine, Leucine, Isoleucine, Valine, Ornithine, Lysine, Methionine, Inositol, Choline Chloride, Vitamin D3, Chromium Picolinate, Methylcobalamin, Phenylephrine, Papaverine, Phentolamine, Alprostadil, Atropine, ABP-7, AOD-9604, ARA-290, BPC-157, CJC-1295, Delta Sleep Inducing Peptide, Epithalon, GHK-Cu, Gonadorelin, IGF-1, Ipamorelin, Kisspeptin, LL-37, Melanotan II, Met-Enkephalin, MOTs-C, NAD+, PEG-MGF, PT-141, Semax, Semaglutide, Sermorelin, Terzepatide, Thymulin.

4. Will you be utilizing beyond use dates in excess of USP-797? ☒ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
The following testing protocol is followed for products to received extended BUD's -
Container closure integrity testing - Day 0 and at end of test period (e.g. Day 90 or Day 180)
Sterility and Endotoxin testing - Day 0 and at end of test period (e.g. Day 90 or Day 180)
Potency testing - Day 0 and (at minimum) end of test period - generally tested every 30 days during study to track any decline in potency in storage.

These studies are transitioning to incorporate stability-indicating-assay tests this year to comply with the updated USP <797> chapter and maximum beyond use dates will conform the maximums given in the chapter.

6. What laboratory performs this additional testing?
Name: ARL Bio Pharma
Address: 840 Research Parkway, Ste. 546
City: Oklahoma City State: OK Zip: 73104
Telephone: 800-393-1595

7. What is your procedure for visual inspection of compounded sterile products?
Finished sterile products are inspected by a Quality Control technician and a Sterile Compounding Pharmacist in a light box with both white and black backgrounds to detect particles present in the solution and to inspect for any flaws in the vial or closure. Each batch is inspected twice - by QC and by a Pharmacist - before release.

8. How often do you perform glove fingertip and medial fill testing?

Glove fingertip testing is performed at the completion of every sterile compounded batch. Gowning validation and media fill testing is performed semi-annually for sterile compounding staff.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Employee will not be permitted to enter the ISO 7 Buffer Area until gowning validation has passed. If an alert limit is observed on a end-of-production batch plate, the entire batch will be destroyed. If a media fill test is failed, the employee will not be permitted to perform any duties related to sterile compounding until a media fill test is passed.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Personnel must attend a professional sterile compounding training course before being allowed to begin on-the-job training. Personnel must then complete a computer-based in-house didactic sterile compounding training course. Gowning validation must be performed three times consecutively with no failures before personnel can enter the clean room during compounding. Personnel are trained in cleaning and decontamination of the clean room suite and the process of disinfection of materials to be brought into the clean room suite prior to being allowed to commence a media fill test. A media fill test conducted under the most challenging conditions must be completed prior to being involved in the compounding process - whether as compounder or as support. These are repeated semi-annually. Any personnel responsible for mixing sterile compounds must pass a finished product assay (four ingredients are assayed) test to establish their ability to mix products to the required specifications.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Interior surfaces of ISO 5 primary engineering controls and exterior surfaces in ISO 7 Buffer Area are cleaned with sporicidal disinfectant (Spor-Klenz) at the beginning of each day upon which sterile compounding occurs. The ISO 5 work surfaces are cleaned after each product compounded with a deactivation/decontamination agent (Peridox RTU). The counters and floors of the ISO 7 secondary engineering controls (Buffer Area) are cleaned at the conclusion of compounding with sporicidal disinfectant (Spor-Klenz). The floors of each ISO-classified area are disinfected at the end of each day upon which they have been entered. Additionally, the walls and ceilings of all ISO-classified areas are disinfected on a monthly basis. A breach clean is performed following 1) entry to lab by non-certified personnel such as outside contractors, maintenance personnel or semi-annual certification personnel, 2) the completion of any repair or maintenance work which has the capacity to disrupt pressure differentials or generate viable or non-viable particles, 3)

12. Who performs the sterile compounding process at your facility?

Sterile compounding pharmacist - Kim Hiddessen
Sterile compounding technicians - Kristen Salinas, Evie Jerdee, Ruth Muentes, Jaime Rosa

13. Who is responsible and accountable for the sterile compounding process at your facility?

Kim Hiddessen - Pharmacist-in-Charge

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Packaged in insulated mailing pouches with frozen cold packs. Volume of cold packs is increased during warmer months. Shipping speed (same-day courier, Next-Day Air or Second Day Air) is determined as required by outdoor weather conditions, storage requirements of the medication being shipped and the travel distance for the medication to arrive at the appropriate storage temperature.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)

1. What type of primary engineering controls will you be using in your facility?

ISO-5 Integrated Vertical Laminar Flow Zone

2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	■ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	■ No
4. Will you be compounding with antineoplastic HDs or HD API?	■ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	■ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	■ No

7. If yes, list the name of the device:

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Guidance is provided with each prescription dispensed covering the following topics:
1. Proper storage of medications
2. Preventing contamination of sterile medications
3. Proper disposal of expired and unused medications
4. Proper disposal of unused, expired or discontinued injectable medications
5. Descriptions of physical appearances of products which indicate a potential problem with the medication - e.g. broken capsules, cloudy solutions, broken emulsions.
6. Explanation of drop-off sites and National Take Back Day for drug disposal.
7. Contact information for staff pharmacist for patients and providers to obtain additional information.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Gowning validation must be performed three times consecutively with no failures before personnel can enter the clean room during compounding.
Personnel are trained in cleaning and decontamination of the clean room suite and the process of disinfection of materials to be brought into the clean room suite prior to being allowed to commence a media fill test.
A media fill test conducted under the most challenging conditions must be completed prior to being involved in the compounding process - whether as compounder or as support. These are repeated semi-annually. Any personnel responsible for mixing sterile compounds must pass a finished product assay (four ingredients are assayed) test to establish their ability to mix products to the required specifications.
Specific to hazardous drugs, personnel are trained in the proper safe handling and containment of chemicals and materials. Specific gowning items (gloves, sleeves and masks) are utilized. Personnel are made aware of the risks involved with compounding and handling hazardous drugs and the importance of proper PPE to minimize the potential for exposure.

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:

Testosterone Cypionate, Testosterone Enanthate, Testosterone Propionate, Nandrolone, Anastrozole, DHEA, Levocarnitine, Glutamine, Arginine, Leucine, Isoleucine, Valine, Ornithine, Lysine, Methionine, Inositol, Choline Chloride, Vitamin D3, Chromium Picolinate, Methylcobalamin, Phenylephrine, Papaverine, Phentolamine, Alprostadil, Atropine, ABP-7, AOD-9604, ARA-290, BPC-157, CJC-1295, Delta Sleep Inducing Peptide, Epithalon, GHK-Cu, Gonadorelin, IGF-1, Ipamorelin, Kisspeptin, LL-37, Melanotan II, Met-Enkephalin, MOTs-C, NAD+, PEG-MGF, PT-141, Semax, Semaglutide, Sermorelin, Terzepatide, Thymulin.

2. What sterilization methods are utilized at your facility?

Sterilization is achieved by 0.2 micron filtration in an ISO 5 environment using aseptic technique and sterile instruments.

3. Does your facility utilize biological indicators? ☑ Yes ☐ No

4. If yes, describe how they are utilized:

Biological indicators and endotoxin challenge vials are used for initial performance qualification and routine of the autoclaves and depyrogenation oven. Dry heat indicators and steam indicators are used to validate every sterilization cycle.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Watkins
Name of Person who Completed the Form

Quality Assurance Supervisor
Title

Signature (copies or stamps not accepted)

16 Feb 2023
Date

Board Use Only	Date Received:_____ Date Approved:_____ Approved By:_____



WP Pharma Labs, Inc
4001 McEwen Ste, 110
Dallas, TX 75244

Faiez Usman-President
[redacted]Colonnade Drive
Irving, TX 75039

Phone [redacted]

SS# [redacted]

DOB [redacted]

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Jerry L. May

Date: 04/04/2022
Amount:
License #: 22115

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/04/2022
Expires:10/31/2023

Jerry L. May

License #
22115
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

(License mail trim ID Card to fit your wallet

Jerry L. May

Cut Here

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WP Pharma Labs, Inc. (file number 803300056), a Domestic For-Profit Corporation, was filed in this office on April 24, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 18, 2023.

Jane Nelson
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	WP Pharma Labs
Address:	4001 McEwen Road, Suite 110 Dallas, Texas 75244
License No.:	33003
Date Issued:	November 21, 2019
Licensure Status:	Active
Expiration Date:	November 30, 2023
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. WP Pharma Labs (Texas Pharmacy License #33003) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

April 25, 2022
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

WP PHARMA LABS, INC
4001 MCEWEN RD STE 110
DALLAS, TX 75244-5388

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FW8979520	05-31-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	04-11-2022

WP PHARMA LABS, INC
4001 MCEWEN RD STE 110
DALLAS, TX 75244-5388

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (9/2016)

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **33003** Expiration Date: **11/30/2023**

Balances: **5**

WP PHARMA LABS
4001 MCEWEN RD STE 110
DALLAS TX 75244

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 33003

WP PHARMA LABS

License Information

License Status Active
License # 33003
Expiration Date 11/30/2023
Date License Issued 11/21/2019

Address

4001 MCEWEN RD STE 110
DALLAS, TX 75244
County DALLAS
Phone (800) 441-0048

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy
Community Sterile Compounding
Type of Ownership Corporation
Type of Pharmacy Community Independent
# of Hospital beds

Employment Information

Pharmacist in Charge
HIDDESSEN, KIM M

Pharmacy Profile ¥

Accessible to disabled persons?	No
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

- 1027047 33003 WPPHARMALABS 2019-11 11-2024.pdf
- 1027047 33003 WPPHARMALABS 2020-08 08-2025.pdf
- 1027047 33003 WPPHARMALABS 2021-11 11-2026.pdf

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	No
Class D (Expanded Formulary)	No

Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	Yes
Compounding Sterile-Risk Level Med	Yes
Compounding Sterile-Risk Level High	Yes
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	No
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	No
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
ABRAHAM, SHAHBAAZ	67867	10/29/2020	06/30/2024	Staff	Active
HIDDESSEN, KIM M.	56009	11/24/2014	12/31/2024	PIC	Active
MAY, JERRY LANCE	31737	04/27/1990	03/31/2023	Staff	Active

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Texas Registered Technician/Trainee Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
AQUINO, RODALENE CASTRO	285625	07/19/2018	01/31/2025	Staff	Active
BARRERA FLORES, JESSICA	252747	02/25/2016	07/31/2023	Staff	Active
CROCIATA, GIANNA MARIE	317876	02/09/2021	01/31/2024	Staff	Active
DUNCAN, CHEREE R	307502	04/24/2020	12/31/2023	Staff	Active
FLORES, JUANA	147270	05/04/2007	08/31/2023	Staff	Active
JERDEE, EVIE L	172886	03/30/2011	07/31/2023	Staff	Active
MACKEY, SAMARA	348849	12/08/2022	12/31/2024	Staff	Active
MUENTES, RUTH ESTHER	182078	03/09/2011	05/31/2023	Staff	Active
MYERS, KELSEY ALANAH	233168	08/06/2014	06/30/2024	Staff	Active
ROSA, JAIME JOEL	255662	05/06/2016	09/30/2024	Staff	Active
SALINAS, KRISTEN NICOLE	263152	11/08/2016	08/31/2023	Staff	Active

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Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
WP PHARMA LABS INC	OWNER	701 BRAZOS ST STE 720,	AUSTIN	TX	78701
USMAN, FAIEZ HAROON	OFFICER	,			

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Notice of Inspection

Facility Information

Name: *WP PHARMA LABS*
License Number: *33003*
Address: *4001 MCEWEN RD STE 110, DALLAS, TX 75244*
Phone: *(800) 441-0048*
Email:
Class of License: *AS*
License Expiration: *11/30/2023*
DEA #: *FW8979520*
DEA Expiration: *05/31/2022*

Inspection Information

Type: *Compliance*
Purpose: *Licensee Request*
Date: *11/09/2021*
Arrival Time: *9:15 AM*

Acknowledgment

This is to acknowledge that Texas State Board of Pharmacy Agent has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I have read the Notice of Inspection and understand its contents and purpose;
2. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
3. I have had the purpose of the entry into the above-described facility by the Boards agent stated to me; and
4. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.



KIM HIDDESSEN, PIC, 56009

Witnesses



ADRIENNE M. BAUER

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *WP PHARMA LABS* License Number: *33003*
Class of License: *AS*

Inspection Information

Type: *Complionce* Purpose: *Licensee Request*
Date: *11/09/2021* Arrival Time: *9:15 AM* Departure Time: *5:00 PM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Required licenses posted	*Satisfactory*
09. Active licenses/certifications	*Satisfactory*
62. No aiding and abetting	*Satisfactory*
65. Proper registration procedures	*Satisfactory*
79. Identification badges	*Satisfactory*

Inventory Records

15. Change of PIC inventory	*Not Applicable*
17. Meets inventory requirements	*Satisfactory*
59. Proper drug destruction	*Satisfactory*
68. Change of ownership controlled substance inventory	*Not Applicable*
69. Annual controlled substance inventory	*Satisfactory*

Comment

Annual controlled substance inventory completed on: 12/31/2020 O

Notifications

31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?)	*Satisfactory*
34. Notifications	*Satisfactory*
76. PIC (Does the pharmacy have a pharmacist-in-charge?)	*Satisfactory*

WP PHARMA LABS 33003

Environment/Equipment/Security

03. Orderly/Clean	Satisfactory
04. Balance inspection	Satisfactory
05. Equipment Inspection	Satisfactory
07. Security	Satisfactory
08. Environment	Satisfactory
48. Drugs (procurement, temperature, security, out-of-date, samples)	Satisfactory
90. TSBP complaint notification	Satisfactory

Controlled Substances

10. Prescriptions separated	Satisfactory
24. Theft/Loss	Satisfactory
Comment	
No theft or loss has occurred.	
26. Controlled substance prescription compliance	Satisfactory
Comment	
Ensure faxed controlled substance prescriptions bear the prescriber's manual signature.	
30. Controlled substance invoices dated/initialed by pharmacist	Satisfactory
35. Controlled substance invoices separated	Satisfactory
46. Drug distribution	Satisfactory
53. Possession of controlled substances	Satisfactory
57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?)	Satisfactory

Labeling/Prepackaging

32. Prescription label (Is prescription label complete?)	Satisfactory
45. Proper dispensing/labeling	Satisfactory
54. Proper prepackaging procedures	Not Applicable

Library

06. Required Library	Satisfactory

WP PHARMA LABS 33003

Training

60. Documentation of required training *Satisfactory*

297.6(e).

Pharmacy technician and pharmacy technician trainee training shall be outlined in a training manual. Such training manual shall, at a minimum, contain the following:
(1) written procedures and guidelines for the use and supervision of pharmacy technicians and pharmacy technician trainees. Such procedures and guidelines shall:
(A) specify the manner in which the pharmacist responsible for the supervision of pharmacy technicians and pharmacy technician trainees will supervise such personnel and verify the accuracy and completeness of all acts, tasks, and functions performed by such personnel; and
(B) specify duties which may and may not be performed by pharmacy technicians and pharmacy technician trainees; and
(2) instruction in the following areas and any additional areas appropriate to the duties of pharmacy technicians and pharmacy technician trainees in the pharmacy:
(A) Orientation;
(B) Job descriptions;
(C) Communication techniques;
(D) Laws and rules;
(E) Security and safety;
(F) Prescription drugs:
(i) Basic pharmaceutical nomenclature;
(ii) Dosage forms;
(G) Drug orders:
(i) Prescribers;
(ii) Directions for use;
(iii) Commonly-used abbreviations and symbols;
(iv) Number of dosage units;
(v) Strengths and systems of measurement;
(vi) Routes of administration;
(vii) Frequency of administration; and
(viii) Interpreting directions for use;
(H) Drug order preparation:
(i) Creating or updating patient medication records;
(ii) Entering drug order information into the computer or typing the label in a manual system;
(iii) Selecting the correct stock bottle;
(iv) Accurately counting or pouring the appropriate quantity of drug product;
(v) Selecting the proper container;
(vi) Affixing the prescription label;
(vii) Affixing auxiliary labels, if indicated; and
(viii) Preparing the finished product for inspection and final check by pharmacists;
(I) Other functions;
(J) Drug product prepackaging;
(K) Written policy and guidelines for use of and supervision of pharmacy technicians and pharmacy technician trainees; and
(L) Confidential patient medication records.

Comment

Advised to maintain a complete Technician Training Manual with all required topics. Ensure documentation of training bears signature of technician and PIC.

61. Supervision of supportive personnel *Satisfactory*

Patient/Computer/Dispensing Records

18. Records available *Satisfactory*

21. Data processing records complete *Satisfactory*

22. Data processing system compliance *Satisfactory*

WP PHARMA LABS 33003

Patient/Computer/Dispensing Records *(continued)*

25. Prescriptions (complete, retrievable, auto-refills, accelerated refills)	*Satisfactory*
37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?)	*Satisfactory*
56. Prescription transfers	*Satisfactory*
67. Written drug information provided	*Satisfactory*
80. Patient counseling	*Satisfactory*
82. Patient Medication Records	*Satisfactory*

291.34(c)(3).

Patient medication records. The pharmacist-in-charge shall assure that a reasonable effort is made to obtain and record in the patient medication record at least the following information:
(A) full name of the patient for whom the drug is prescribed;
(B) address and telephone number of the patient;
(C) patient's age or date of birth;
(D) patient's gender;
(E) any known allergies, drug reactions, idiosyncrasies, and chronic conditions or disease states of the patient and the identity of any other drugs currently being used by the patient which may relate to prospective drug regimen review;
(F) pharmacist's comments relevant to the individual's drug therapy, including any other information unique to the specific patient or drug; and
(G) a list of all prescription drug orders dispensed (new and refill) to the patient by the pharmacy during the last two years. Such lists shall contain the following information:
(i) date dispensed;
(ii) name, strength, and quantity of the drug dispensed;
(iii) prescribing practitioner's name;
(iv) unique identification number of the prescription; and
(v) name or initials of the dispensing pharmacists.

Comment

Advised to make a reasonable effort to complete PMR with all required information.

84. Drug regimen review	*Satisfactory*
86. Absence of pharmacist records	*Not Applicable*

Policies & Procedures

70. Required policies & procedures	*Satisfactory*
92. Automated dispensing policy & procedures	*Not Applicable*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Satisfactory*
43. Records for non-sterile compounding	***Unsatisfactory***

Comment

Review 291.131(d)(1)(D) regarding compounding commercially available products for patients with a specific medical need. Maintain documentation from prescriber.

291.131(d)(8).

Operational Standards.(8) Compounding process. (A) All significant procedures performed in the compounding area shall be covered by written SOPs designed to ensure accountability, accuracy, quality, safety, and uniformity in the compounding

WP PHARMA LABS 33003

43. Records for non-sterile compounding *(continued)* ***Unsatisfactory***

process. At a minimum, SOPs shall be developed for: (i) the facility; (ii) equipment; (iii) personnel; (iv) preparation evaluation; (v) quality assurance; (vi) preparation recall; (vii) packaging; and (viii) storage of compounded preparations. (B) Any compounded preparation with an official monograph in the USP/NF shall be compounded, labeled, and packaged in conformity with the USP/NF monograph for the drug. (C) Any person with an apparent illness or open lesion that may adversely affect the safety or quality of a drug product being compounded shall be excluded from direct contact with components, drug product containers, closures, any materials involved in the compounding process, and drug products until the condition is corrected. (D) Personnel engaged in the compounding of drug preparations shall wear clean clothing appropriate to the operation being performed. Protective apparel, such as coats/jackets, aprons, hair nets, gowns, hand or arm coverings, or masks shall be worn as necessary to protect personnel from chemical exposure and drug preparations from contamination. (E) At each step of the compounding process, the pharmacist shall ensure that components used in compounding are accurately weighed, measured, or subdivided as appropriate to conform to the formula being prepared.

Warning Notice **Due Date for Completed Correction:** *12/09/2021*

Failure to hand complete non-sterile compounding SOPs, including preparation recall procedure. Correct/resolve deficiency by date noted. Correct/resolve deficiency by date noted.

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*No*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*Yes*

Comment

Subcutaneous and IM Injectable preparations

Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*

Comment

Testosterone
7.5%

Nandrolone
1%

Oxandrolone

Comment (continued)

Phentermine
1%

Does the pharmacy use lyophilizer?	*Yes*

Environment (Sterile)

S109. Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
S110. Is the cleanroom used only for sterile preparations?	*Satisfactory*
S119. Does the cleanroom contain only appropriate supplies?	*Satisfactory*
S101. Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
S115. Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
S102. Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*
S106. Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
S108. Is there hands-free access to the buffer area?	*Satisfactory*
S113. Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
S112. Does the floor covering enable regular disinfection?	*Satisfactory*
S118. Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
S127. Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
S116. Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
S167. Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

S126. Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
S121. Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
S246. Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*

Comment

Pharmacy prepared a CSP batch containing mitomycin in ISO 5 laminar airflow workbench. Product was not dispensed. PIC states that the product will no longer be compounded.

WP PHARMA LABS 33003

Primary Engineering Control (PECs) Device *(continued)*

S247. Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Not Applicable*
S105. Does the CAI or CACI provide unidirectional airflow?	*Not Applicable*
S104. If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Not Applicable*
S122. If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
S124. Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
S125. Are prefilters inspected periodically and replaced as needed?	*Not Applicable*
S128. Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

S174. Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
S177. Does the pharmacy have lint-free towels or wipes?	*Satisfactory*
S180. Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
S176. Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
S175. Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
S179. Does the pharmacy have hazardous spill kits, if applicable?	*Not Applicable*
S171. Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
S170. Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
S178. Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
S181. If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Not Applicable*
S172. Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

S103. If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
S231. Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*

High Risk CSPs *(continued)*

S232. If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
S233. If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
S237. Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
S238. Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
S165. Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
S239. Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

S154. Does the pharmacy have a reference on injectable drugs?	*Satisfactory*

Comment

Advised to have an updated reference on injectable drugs.

S155. Does the pharmacy have a specialty reference?	*Satisfactory*
S156. Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

S242. Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Not Applicable*
S243. Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Not Applicable*
S244. Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Not Applicable*
S245. Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Not Applicable*
S248. Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Not Applicable*
S249. Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Not Applicable*
S250. Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Not Applicable*

	Satisfactory
	Satisfactory
	Satisfactory
WP PHARMA LABS	33003

Hazardous CSPs *(continued)*

Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Not Applicable*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Not Applicable*
Is hazardous drug waste quarantined in a designated area?	*Yes*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Yes*

Personnel Cleansing, Garbing, Hand Hygiene

S202. Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
S180. Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
S194. Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
S195. Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
S196. Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
S200. Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*
S192. Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
S241. When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
S201. Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
S203. Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
S204. Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*

Comment

Advised to apply waterless alcohol-based surgical scrub on hands, use sterile IPA on gloves.

S206. Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

S182. Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
S230. Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
S228. Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
S226. Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
S227. Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
S229. Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

S270. Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
S272. Is viable air sampling performed?	*Satisfactory*
S273. Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*

Comment

Advised to maintain documentation of training for individual performing viable air sampling.

S271. Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

S252. Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
S253. Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*

Comment

Advised to ensure compounding records contain the time of preparation of the compounded sterile preparation.

S254. Do compounding records include the complete formula of a CSP?	*Satisfactory*
S257. Do compounding records include the quantities of materials used in a CSP?	*Satisfactory*
S255. Do compounding records include the signature or initials of who prepared a CSP?	*Satisfactory*
S256. Do compounding records include the signature or initials of who conducted the final check of a CSP?	*Satisfactory*

WP PHARMA LABS 33003

Records of CSPs *(continued)*

S258. Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

S259. Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Not Applicable*

S260. Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

S261. Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

Comment

Advised to ensure master worksheets for batch compounding are complete with equipment and compounding instructions.

S262. Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

S166. Is a pharmacist available at all times (24/7)? *Satisfactory*

S187. Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? *Satisfactory*

S188. Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? ***Unsatisfactory***

291.133(g).

Recall Procedures.
(1) The pharmacy shall have written procedures for the recall of any compounded sterile preparation provided to a patient, to a practitioner for office use, or a pharmacy for administration. Written procedures shall include, but not be limited to the requirements as specified in paragraph (3) of this subsection.
(2) The pharmacy shall immediately initiate a recall of any sterile preparation compounded by the pharmacy upon identification of a potential or confirmed harm to a patient.
(3) In the event of a recall, the pharmacist-in-charge shall ensure that:
(A) each practitioner, facility, and/or pharmacy to which the preparation was distributed is notified, in writing, of the recall;
(B) each patient to whom the preparation was dispensed is notified, in writing, of the recall;
(C) the board is notified of the recall, in writing, not later than 24 hours after the recall is issued;
(D) if the preparation is distributed for office use, the Texas Department of State Health Services, Drugs and Medical Devices Group, is notified of the recall, in writing;
(E) the preparation is quarantined; and
(F) the pharmacy keeps a written record of the recall including all actions taken to notify all parties and steps taken to ensure corrective measures.
(4) If a pharmacy fails to initiate a recall, the board may require a pharmacy to initiate a recall if there is potential for or confirmed harm to a patient.
(5) A pharmacy that compounds sterile preparations shall notify the board immediately of any adverse effects reported to the pharmacy or that are known by the pharmacy to be potentially attributable to a sterile preparation compounded by the pharmacy.

Warning Notice **Due Date for Completed Correction:** *12/09/2021*

Failure to ensure pharmacy has written policies for CSP recall as required. Correct/resolve deficiency by date noted.

WP PHARMA LABS 33003

General Operational Requirements *(continued)*

S158. If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or,	*Not Applicable*
S158. Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)?	*Not Applicable*
S275. If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states?	*Satisfactory*

Office Use Compounding & Distribution of CSPs

S163. Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use?	*Satisfactory*
S162. If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution?	*Not Applicable*
Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)?	*No*

Quality Control & Verification of Compounding Accuracy

S207. Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
S185. Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
S191. Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
S191. Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Not Applicable*
S191. Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Not Applicable*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Yes*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Yes*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Yes*
Does the pharmacy document if the animal is a pet or used for food?	*Yes*

WP PHARMA LABS 33003

Veterinary Compounding *(continued)*

Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Applicable*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Applicable*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Yes*

Label

S209. Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
S210. For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*
S211. Does the label include a beyond-use date?	*Satisfactory*
S213. If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and	*Satisfactory*
S214. Quantity, and	*Satisfactory*
S215. Appropriate ancillary instructions, such as storage or cautionary statements, and	*Satisfactory*
S216. Any device-specific instructions, if appropriate?	*Satisfactory*
S220. Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing?	*Satisfactory*

Comment

Advised to ensure compounded sterile preparations are assigned a beyond-used date in accordance with specified manufactures' product labeling, appropriate literature sources, or direct testing. Drug-specific and general stability documentation and literature should also be considered. The nature of the drug and its degradation mechanism, the container in which the CSP is packaged, the expected storage conditions, and the intended duration of therapy should be taken into consideration when assigning a beyond-use date.

Training & Competency Testing

S129. Has each pharmacist completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S130. Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding?	*Satisfactory*
S142. Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program?	*Satisfactory*

Training & Competency Testing *(continued)*

S144. Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media fill testing, gloved fingertip/thumb testing, continuing education)? *Satisfactory*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

KIM HIDDESSEN, PIC, 56009

Adrienne M Bauer

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Warning Notice of Violation(s) Requiring Correction

Facility/Inspection Information

Name: *WP PHARMA LABS* **License Number:** *33003*
Class of License: *AS*

Signatures

Notice is hereby given that you are not in compliance with the following laws and rules governing the practice of pharmacy. Unless the conditions noted below are corrected, disciplinary action may be instituted against the pharmacy license and the license of the pharmacist-in-charge.

I hereby acknowledge that the laws and/or rules cited in the Warning Notice below have been explained to me by the Board of Pharmacy Officer/Inspector.

KIM HIDDESSEN, PIC, 56009

11/09/2021
Date

Warning Notice

1. **Rule/Law/Code:** 291.131(d)(8).

   Explanation of Violation and Correction Needed:
   Failure to hand complete non-sterile compounding SOPs, including preparation recall procedure. Correct/resolve deficiency by date noted. Correct/resolve deficiency by date noted.

   Due Date for Completed Correction: *12/09/2021*

2. **Rule/Law/Code:** 291.133(g).

   Explanation of Violation and Correction Needed:
   Failure to ensure pharmacy has written policies for CSP recall as required. Correct/resolve deficiency by date noted.

   Due Date for Completed Correction: *12/09/2021*

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

KH I am the Pharmacist-in-Charge (PIC) of *WP PHARMA LABS*, pharmacy license number *33003*, and I ✓ was/ — was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *11/09/2021*.

KH I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

KH I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

KH If applicable, the Warning Notice issued contains *2* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

KH I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: KH

Date: *11/09/2021*

Printed Name: *KIM HIDDESSEN*

License No.(if applicable): *56009*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially 8oard rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

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DOCUMENT APPROVAL	NAME	TITLE	SIGNATURE	DATE
Author/Revised by	Matt Watkins	Quality Assurance Supervisor	Signer ID: IXEQSVK3P6...	11/18/2021
Reviewer	Kim Hiddessen, PharmD	Pharmacist in Charge	Kim Hiddessen Signer ID: DACW9HY0R6...	11/18/2021
Approver	Mike Blaine	Director of Operations	Mike Blaine Signer ID: 6NAANGTVA6...	11/18/2021

1. INTRODUCTION

It is an absolute necessity that a system exists to rapidly remove a medicinal product from use if a defect is identified that could lead to the safety, quality or efficacy of the product being compromised and hence render the product unsuitable for its intended use.

The FDA is committed to providing assistance during a recall. Recall coordinators provide information about the recall process and are available to work closely with an organization throughout the course of the recall. If assistance is needed, contact a Division Recall Coordinator within the FDA Office of Regulatory Affairs (ORA). For a comprehensive list of FDA Recall Coordinator contact information by product type and location, please visit:
https://www.fda.gov/Safety/Recalls/IndustryGuidance/ucm129334.htm

2. SCOPE

This procedure describes the processing of information liable to result in medicinal product corrective action (PCA) and the organization of the systems set up at WP Pharma Labs (WPPL) for medicinal product Lot recall. The systems afford the possibility of rapidly and efficiently withdrawing manufactured products from the market in case of detection or suspicion of anomalies, and also the appropriate communication to ensure products supplied and distributed by WPPL are handled accordingly (e.g. quarantined, withdrawn, etc).

3. REFERENCES

21 CFR 7 Subpart C – Recalls
FDA Guidance - Initiation of Voluntary Recalls Under 21 CFR Part 7, Subpart C, April 2019

4. ASSOCIATED DOCUMENTS

9.190 Record Retention
9.280 Deviation Procedure
9.320 Pharmacovigilance Procedure

5. RESPONSIBILITIES

5.1. The QA Department is responsible for ensuring this procedure is followed and overseeing and coordinating recall activities at the site. The Site QA informs the Site Manager/PIC and the QA Manager of any manufacturing defect which could result in a medicinal product recall. If the site

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QA is not available, the Site Manager/PIC will assume the QA responsibilities for the product recall procedure.

5.2. The QA Manager approves all recall decisions. If the QA Manager is not available, the responsibility may be fulfilled by the Operations Manager.

5.3. Any person becoming aware of information liable to result in Product Corrective Action (e.g. Lot recall) is to forward the information immediately to the relevant Site QA and Management should be alerted immediately.

6. DEFINITIONS

Consignee – Anyone who received, purchased, or used the product being recalled.

Recall – as defined by the FDA, is a voluntary action by manufacturers to protect the public health from products that present a risk of injury or are defective. Recalls are applicable only to products that have been distributed and are not in the control of the manufacturer.

Note: Products enroute or products that have yet to be received by a customer are still considered to be in control by WP Pharma Labs, Inc.

7. PROCEDURE: NON-STERILE

7.1. The pharmacy shall immediately initiate a recall of any non-sterile preparation compounded by the pharmacy upon identification of a potential or confirmed harm to a patient.

7.2. Investigate the problem

7.2.1. QA department should investigate a potential problem with a product, which may include:

7.2.1.1. A timely investigation to determine whether a deviation in manufacturing occurred and, as applicable, whether the safety, purity, or potency of distributed products may have been affected

7.2.1.2. A prompt evaluation by a qualified person (Technical and Clinical evaluation by a Pharmacist and Management) and following established criteria, to ensure that potential risks are consistently assessed and investigated for products potentially affected.

7.3. Processing of the Information Liable to Result in Product Corrective Action

7.3.1. Product Corrective Action including medicinal product Lot recall of manufactured product is a decision taken in the event of:

7.3.1.1. Reports of adverse reactions (SOP 9.320) that could constitute a risk to public health, for which a causal relationship with the product administered, cannot be excluded and which are not listed in the summary of product characteristics as already identified effects.

7.3.1.2. Complaints evidencing, or giving rise to suspicion of, a quality defect.

7.4. Practical Conditions

7.4.1. The Site QA will notify the head of QA, the Site Manager/Pharmacist-in-Charge, or designee of the possibility of the need for a recall.

7.4.2. The Lot in question should be immediately quarantined, if a portion of the Lot is on site, and the need to examine other lots which could present the same defect is to be examined.

7.4.3. The Lot record and the quality control tests for the Lot will be examined in depth. Product distribution records and contact details should be immediately gathered.

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7.5. Notification of the FDA

7.5.1. If upon completion of a risk assessment there is a significant community risk, the FDA will be notified by the head of QA if a decision is made to recall a product due to detection of anomalies with distributed and unused product.

7.5.2. The FDA assigns the recall classification listed below based on an evaluation of the health hazard presented by the product:

7.5.3. Class I Recall: A situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death.

7.5.4. Class II Recall: A situation in which use of or exposure to a violative product may cause temporary or medically reversible adverse health consequences, or where the probability of serious adverse health consequences is remote.

7.5.5. Class III Recall: A situation in which use of or exposure to a violative product is not likely to cause adverse health consequences.

7.6. Recall Actions

7.6.1. When the recall decision has been taken, the QA department will execute Attachment 1 - Internal Notification of Product Recall and ensures that the following measures are immediately implemented.

7.6.1.1. Halt all shipments of the medicinal product Lot involved

7.6.1.2. Place the product, if available, in physical quarantine in an identified zone.

7.7. Identification of Customers

7.7.1. Site QA and Site Manager/Pharmacist-in-Charge obtains a list of customers to whom the product has been shipped.

7.7.2. The list states the quantities that have been shipped and the contact details.

7.7.3. Delivery companies will be contacted to allow a halt to distribution if the product is enroute.

7.8. Customer Information and Product Recall

7.8.1. It is necessary to alert all users (i.e. Physicians/Patients) of the affected product Lot or Lots requesting immediate discontinuation of use.

7.8.2. If deemed appropriate, a press release will also be used to notify patients.

7.8.3. In parallel, a Customer Notification Form (Attachment 2 - Customer Notification of Product Recall Example) is also completed and signed by the head of QA and forwarded by fax or email as rapidly as possible.

7.9. Effectiveness Checks

7.9.1. The purpose of effectiveness checks is to verify that all consignees (Physicians, Patients) have received notification about the recall and have taken appropriate action.

7.9.2. Consignees will be requested to complete Attachment 3 - Recall Response Form Example or may be contacted by personal visits, telephone calls, letters, or a combination thereof.

7.9.3. The recall strategy will specify the method(s) to be used for and the level of effectiveness checks that will be conducted, as follows:

7.9.3.1. Level A - 100 percent of the total number of consignees to be contacted;

7.9.3.2. Level B - Some percentage of the total number of consignees to be contacted, which percentage is to be determined on a case-by-case basis, but is greater than 10 percent and less than 100 percent of the total number of consignees;

7.9.3.3. Level C - 10 percent of the total number of consignees to be contacted;

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7.9.3.4. Level D - 2 percent of the total number of consignees to be contacted; or
7.9.3.5. Level E - No effectiveness checks

7.10. Notification of Regulatory Authorities

7.10.1. The local FDA district office should be informed immediately when a decision is made to recall a product. Each site should maintain contact information for their local FDA district office.

7.10.2. State Boards in which the affected site is licensed will be notified within 12 hours after the recall details have been finalized with CDER.

7.10.2.1. If the preparation is prepared as a batch, the board is notified of the recall in writing

7.10.2.2. If the preparation is distributed for office use (for WPPL purposes Vet only), the Texas Dept. of State Health Services, Drugs, and Medical Devices Group, will be notified of the recall in writing

7.11. Organization and Management of Returned Products

7.11.1. In the case of product return, it is to be implemented in compliance with the appropriate legislation.

7.11.2. The recalled products returned are clearly identified and stored separately in a defined rejected area.

7.11.3. A comparative balance of the quantities distributed and recovered (or destroyed in the user departments) is compiled and a full investigation is conducted and reported.

7.11.4. The Product Recall Report (Attachment 4) is completed and approved by the Site QA or designee.

7.12. Third-Party Recalls

7.12.1. In the event that a Vendor issues a recall on a product (i.e. drug product or device) that has been used in the preparation of a WP Pharma Labs product, a reconciliation (Attachment 5 - Third Party Product Recall Form) must be completed and customers who have received affected product will be notified (Attachment 6 - Customer Notification of Third-Party Product Recall Example).

7.13. Records

7.13.1. The records and archiving of the documents relating to medicinal product Lot recall are placed under the authority of the site QA. Refer to SOP 9.190 Record Retention.

7.13.2. A paper and hardcopy file are maintained which contains all details relevant to the inquiry including follow up investigations and the recommended corrective and/or preventative actions.

8. PROCEDURE – STERILE

8.1. The pharmacy shall immediately initiate a recall of any sterile preparation compounded by the pharmacy upon identification of a potential or confirmed harm to a patient.

8.2. Investigate the problem

8.2.1. QA department should investigate a potential problem with a product, which may include:

8.2.1.1. A timely investigation to determine whether a deviation in manufacturing occurred and, as applicable, whether the safety, purity, or potency of distributed products may have been affected

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8.2.1.2. A prompt evaluation by a qualified person (Technical and Clinical evaluation by a Pharmacist and Management) and following established criteria, to ensure that potential risks are consistently assessed and investigated for products potentially affected.

8.3. Processing of the Information Liable to Result in Product Corrective Action

8.3.1. Product Corrective Action including medicinal product Lot recall of manufactured product is a decision taken in the event of:

8.3.1.1. Reports of adverse reactions (SOP 9.320) that could constitute a risk to public health, for which a causal relationship with the product administered, cannot be excluded and which are not listed in the summary of product characteristics as already identified effects.

8.3.1.2. Complaints evidencing, or giving rise to suspicion of, a quality defect.

8.4. Practical Conditions

8.4.1. The Site QA will notify the head of QA, the Site Manager/Pharmacist-in-Charge, or designee of the possibility of the need for a recall.

8.4.2. The Lot in question should be immediately quarantined, if a portion of the Lot is on site, and the need to examine other lots which could present the same defect is to be examined.

8.4.3. The Lot record and the quality control tests for the Lot will be examined in depth. Product distribution records and contact details should be immediately gathered.

8.5. Notification of the FDA

8.5.1. If upon completion of a risk assessment there is a significant community risk, the FDA will be notified by the head of QA if a decision is made to recall a product due to detection of anomalies with distributed and unused product.

8.5.2. The FDA assigns the recall classification listed below based on an evaluation of the health hazard presented by the product:

8.5.3. Class I Recall: A situation in which there is a reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death.

8.5.4. Class II Recall: A situation in which use of or exposure to a violative product may cause temporary or medically reversible adverse health consequences, or where the probability of serious adverse health consequences is remote.

8.5.5. Class III Recall: A situation in which use of or exposure to a violative product is not likely to cause adverse health consequences.

8.6. Recall Actions

8.6.1. When the recall decision has been taken, the QA department will execute Attachment 1 - Internal Notification of Product Recall and ensures that the following measures are immediately implemented.

8.6.1.1. Halt all shipments of the medicinal product Lot involved

8.6.1.2. Place the product, if available, in physical quarantine in an identified zone.

8.7. Identification of Customers

8.7.1. Site QA and Site Manager/Pharmacist-in-Charge obtains a list of customers to whom the product has been shipped.

8.7.2. The list states the quantities that have been shipped and the contact details.

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8.7.3. Delivery companies will be contacted to allow a halt to distribution if the product is enroute.

8.8. Customer Information and Product Recall

8.8.1. It is necessary to alert all users (i.e. Physiciahs/Patients) of the affected product Lot or Lots requesting immediate discontinuation of use.

8.8.2. If deemed appropriate, a press release will also be used to notify patients.

8.8.3. In parallel, a Customer Notification Form (Attachment 2 - Customer Notification of Product Recall Example) is also completed and signed by the head of QA and forwarded by fax or email as rapidly as possible.

8.9. Effectiveness Checks

8.9.1. The purpose of effectiveness checks is to verify that all consignees (Physicians, Patients) have received notification about the recall and have taken appropriate action.

8.9.2. Consignees will be requested to complete Attachment 3 - Recall Response Form Example or may be contacted by personal visits, telephone calls, letters, or a combination thereof.

8.9.3. The recall strategy will specify the method(s) to be used for and the level of effectiveness checks that will be conducted, as follows:

8.9.3.1. Level A - 100 percent of the total number of consignees to be contacted;

8.9.3.2. Level B - Some percentage of the total number of consignees to be contacted, which percentage is to be determined on a case-by-case basis, but is greater than 10 percent and less than 100 percent of the total number of consignees;

8.9.3.3. Level C - 10 percent of the total number of consignees to be contacted;

8.9.3.4. Level D - 2 percent of the total number of consignees to be contacted; or

8.9.3.5. Level E - No effectiveness checks

8.10. Notification of Regulatory Authorities

8.10.1. The local FDA district office should be informed immediately when a decision is made to recall a product. Each site should maintain contact information for their local FDA district office.

8.10.2. State Boards in which the affected site is licensed will be notified within 12 hours after the recall details have been finalized with CDER.

8.10.2.1. WPPL shall notify the board immediately of any adverse effects reported to the pharmacy or that are known by the pharmacy to be potentially attributable to a sterile preparation compounded by the pharmacy

8.10.2.2. If the preparation is prepared as a batch, the board is notified of the recall in writing

8.10.2.3. If the preparation is distributed for office use (not applicable), the Texas Dept. of State Health Services, Drugs, and Medical Devices Group, will be notified of the recall in writing

8.11. Organization and Management of Returned Products

8.11.1. In the case of product return, it is to be implemented in compliance with the appropriate legislation.

8.11.2. The recalled products returned are clearly identified and stored separately in a defined rejected area.

8.11.3. A comparative balance of the quantities distributed and recovered (or destroyed in the user departments) is compiled and a full investigation is conducted and reported.

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8.11.4. The Product Recall Report (Attachment 4) is completed and approved by the Site QA or designee.

8.12. Third-Party Recalls

8.12.1. In the event that a Vendor issues a recall on a product (i.e. drug product or device) that has been used in the preparation of a WP Pharma Labs product, a reconciliation (Attachment 5 - Third Party Product Recall Form) must be completed and customers who have received affected product will be notified (Attachment 6 - Customer Notification of Third-Party Product Recall Example).

8.13. Records

8.13.1. The records and archiving of the documents relating to medicinal product Lot recall are placed under the authority of the site QA. Refer to SOP 9.190 Record Retention.

8.13.2. A paper and hardcopy file are maintained which contains all details relevant to the inquiry including follow up investigations and the recommended corrective and/or preventative actions.

9. ATTACHMENTS

9.1. Attachments are suggested templates and the necessary information will be included as dictated by the classification and size of the recall.

Attachment 1 – Internal Notification of Product Recall
Attachment 2 – Customer Notification of Product Recall Example
Attachment 3 – Recall Response Form Example
Attachment 4 – Product Recall Report
Attachment 5 – Third Party Product Recall Form
Attachment 6 – Customer Notification of Third-Party Product Recall Example

10. REVISION HISTORY

Revision	Details of changes	Change Control #	Effective Date
1	New document	N/A	28 August 2019
2	Updated Attachments Internal Notification and Customer Notification; Added Attachment 3 - Recall Response Form Example, Attachment 5 - Third Party Product Recall, and Attachment 6 - Customer Notification of Third-Party Product Recall Example; minor formatting adjustments	CC-DL-2020-011	17 February 2020
3	Amended Section 7 to Non-Sterile Recall Procedure Added section 7.1 Immediate initiation of recall if suspected or reported adverse reaction	CC-DL-2021-001	22 November 2021

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	Added section 7.10.2.1 and 7.10.2.2 to explain the notification procedure of state boards Added Section 8 – Sterile Recall Procedure Added sections 8.10.2.1, 8.10.2.2, and 8.10.2.3 to explain the notification procedure of state boards		

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Attachment 1 – Internal Notification of Product Recall

Internal Notification of Product Recall

This document is intended for internal communication only and is not to be shared with parties outside of WPPL. This document is to be distributed to the following WPPL personnel.			
Site Manager or designee:			
Pharmacist-in-Charge:			
GMP Consultant:			
Quality Assurance Manager:			
Upon receipt of this document immediately discontinue distributing the product listed below, quarantine the quantities available in an identified zone.			
Affected Product Name:			
Affected Product Lot #:			
QA Signature:		**Date:**	
Receipt of this document is acknowledged by the following WPPL personnel. Signatures must be made with wet, indelible ink or via HelloSign.			
Site Manager or designee:		**Date:**	
Pharmacist-in-Charge:		**Date:**	
GMP Consultant:		**Date:**	
Quality Assurance Manager:		**Date:**	

Reconciliation of the affected product.	
Total number of doses or prescriptions produced:	
Number of doses or prescriptions shipped:	
Number of doses or prescriptions quarantined:	

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Attachment 2 – Customer Notification of Product Recall Example

Customer Notification of Product Recall Example

Dear WP Pharma Labs Customer,

WP Pharma Labs Inc. ("WPPL") is initiating a voluntary recall of <product name>. The affected lot information is listed below. This product is being voluntarily recalled due to <insert reason>.

Product Name:			
Lot #:		**BUD / Expiration Date:**	

To reduce any risk, we ask for your cooperation in taking the following action:

Discontinue use of <product name> <Lot #> and quarantine any unused product.
Complete the enclosed Recall Response Form and return to WPPL immediately upon receipt.

Yours sincerely,

<QA Signature>
<Title>

Customers with questions regarding this recall can contact WP Pharma Labs at 800-441-0048 Monday through Friday between 8:00 am and 4:00 pm EST or email at khiddessen@wppharmalabs.com.

Adverse reactions or quality problems experienced may be reported to FDA in the following ways:

Online: Complete and submit the form at www.fda.gov/medwatch/report.htm.
U.S. Mail or Fax: Download form at www.fda.gov/MedWatch/getforms.htm or call 800-332-1088 to request a reporting form. Complete and return to the address on the pre-addressed form or submit by fax to 1-800-FDA-0178.

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Attachment 3 – Recall Response Form Example
Recall Response Form Example

Please immediately return the completed response form to WPPL in the enclosed envelope or scan/email to khiddessen@wppharmalabs.com. This response is required for the affected product listed below.

Product Name	<to be entered by WPPL>		
Lot #	<to be entered by WPPL>	**BUD / Expiration Date**	<to be entered by WPPL>

Name			
Address			
City, State, ZIP			
Telephone Number			
Email Address (optional)			
Product on Hand	Yes No	**Quantity on Hand**	#_____ or N/A
Disposition of Product	**Returned to WPPL** **Destroyed** *Contact WPPL if you are unsure of the correct method.*		
Have you experienced any Adverse Events associated with this Product?	Yes No	**If Yes, please provide detail:**	
I have read and understood the recall instructions provided to me in the Recall Notification Letter	Yes No		
Signature:		**Date:**	

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Attachment 4 – Product Recall Report **Page 1 of 2**

Product Recall Report

Site:	Lot number(s):	Date initiated:
Reason and justification for recall		
Reason for Recall: **Investigation (including review of Lot record and analytical results):** **Test/retest results summary (attach copies of alt chromatograms, printouts):**		
FDA Notification Date and Details:		
QA Signature:	**Date:**	
GMP Consultant	**Date:**	

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Attachment 4 – Product Recall Report **Page 2 of 2**

Recalled Doses			
Customer/Patient	**Rx / Prescription #**	**Courier or Customer Notified**	**Date / Time of Notification**
Signature:			**Date:**

Returned Doses			
Customer/Patient	**Rx / Prescription #**	**Courier or Customer Notified**	**Date / Time of Notification**
Signature:			**Date:**

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Attachment 5 – Third Party Product Recall Form
Third Party Product Recall Reconciliation Form

Site:	**Date:**
Third Party Issuing Recall:	**Date of Notification:**
Product Name(s):	**Product Lot(s):**
Class: ☐ Class 1 Recall ☐ Class 2 Recall ☐ Class 3 Recall	**Reason for Recall:**
Recalled Lots Currently In Stock: ☐ N/A _____ units	**Recalled Lots Quarantined:** ☐ N/A _____ units

Recalled Lots Dispensed:
☐ N/A

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Order #: _____ Lot #: _____ Dispensed Date: _____
Recall Notification Initiated: ☐ Yes ☐ No Date of Notification: _____

Initiator Signature		**Date**	
QA Signature		**Date**	

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Attachment 6 – Customer Notification of Third-Party Product Recall Example

Customer Notification of Third-Party Product Recall Example

Dear WP Pharma Labs Customer,

<Third-Party Vendor Name> is initiating a voluntary recall of <Product Name>.This product is being voluntarily recalled due to <insert reason>.

<Insert verbiage from third-party vendor recall notice>

<Third-Party Vendor Name> **provided the affected lot information below:**

Product Description	NDC Number	Lot Number	Expiration Date
<Product Name>	<NDC #>	<Lot #>	<Expiration Date>

To reduce any risk, we ask for your cooperation in taking the following action:

- Discontinue use of <Third-Party Vendor Name> <Product Name>, as well as any product mixture in which it was used.
- Quarantine any unused product and Contact WPPL at 800-441-0048 Monday through Friday, between 8:00 am and 4:00 pm CST or email at khiddessen@wppharmalabs.com to discuss the return of any unused product.
- Customers with questions regarding this recall can contact WPPL at 800-441-0048 Monday through Friday between 8:00 am and 4:00 pm CST or email at khiddessen@wppharmalabs.com
- Providers who have dispensed this product to a patient(s) for use outside of the provider's office should contact the patient(s) to whom the product was dispensed and advise the patient(s) of this recall.
- Adverse reactions or quality problems experienced with the use of <Third-Party Vendor Name> <Product Name> may be reported to FDA in the following ways:

  Online: Complete and submit the form at www.fda.gov/medwatch/report.htm.

  U.S. Mail or fax: Download form at www.fda.gov/MedWatch/getforms.htm or call 1-800-332-1088 to request a reporting form. Complete and return to the address on the pre-addressed form or submit by fax to 1-800-FDA-0178.

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Author	Matt Watkins	18 Nov 2021, 11:25:42, PST	18 Nov 2021, 14:15:18, PST

Document Details:

Name	9.310 Product Recall Procedure - Rev. 3
Type	
Document Ref	7bba6b7a0ffc11fdc8d18a3550ff27392bc113d15add350d092c586f605eb4dd
Document Total Pages	15

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Document History:

Matt Watkins created this envelope on 18 Nov 2021, 11:25:42, PST
Invitation sent to Matt Watkins on 18 Nov 2021, 11:31:36, PST
Invitation sent to Kim Hiddessen on 18 Nov 2021, 11:31:36, PST
Invitation sent to Mike Blaine on 18 Nov 2021, 11:31:36, PST

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	Invitation accepted by Matt Watkins on 18 Nov 2021, 11:31:37, PST
	Matt Watkins signed this envelope on 18 Nov 2021, 11:31:55, PST
	Invitation accepted by Mike Blaine on 18 Nov 2021, 11:33:10, PST
	Mike Blaine signed this envelope on 18 Nov 2021, 11:33:25, PST
	Invitation accepted by Kim Hiddessen on 18 Nov 2021, 14:14:39, PST
	Kim Hiddessen signed this envelope on 18 Nov 2021, 14:15:17, PST
	Document(s) successfully executed on 18 Nov 2021, 14:15:18, PST
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	Link Emailed to khiddessen@wppharmalabs.com
	Link Emailed to mblaine@wppharmalabs.com

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Change Control Form

Request Initiation		
Initiator Name	Matt Watkins	☐ **Process** ☐ **Vendor** ☐ **Analytical Technique** ☐ **Equipment** ☒ **SOP** ☐ **Documentation**
Current Situation	1. SOP 9.310 Product Recall Procedure (Rev 2) missing required procedure per Texas State Board of Pharmacy Rule 291.131G (Non-Sterile) and 291.133G (Sterile) stating that each compound type should have its own procedure.	
Change(s) to be Implemented	1. Add sections that delineate a sterile recall and a non-sterile recall.	
Expected Outcome	1. SOP will be updated to ensure proper verbiage in accordance with (g) Recall Procedures in TSBP Rules (pg. 265 sterile and pg. 231, non-sterile) on version 9/29/2021.	
Site(s)/ Department(s) Affected	Sterile Lab Dept., Non-sterile Lab Dept., and Quality Dept.,	

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Impact Analysis			
Additional equipment or modification of existing equipment: If yes, comment below ☒ NA			
New materials, or new specifications for existing materials: If yes, comment below ☒ NA			
Qualification of vendors: If yes, comment below ☒ NA			
Development of new procedures or Review of existing procedures: If yes, comment below ☒ NA ☐ No changes need to be implemented ☐ SOP Change Control is attached to update the procedure: ☐ SOP should be obsoleted, Change Control Log Number _____			
Requalification of equipment or revalidation of processes: If yes, comment below ☒ NA			
Revision/creation of documents affected by the change: If yes, comment below ☐ NA Internal Notification of Product Recall Form Customer Notification of Product Recall Form Recall Response Form Product Recall Report Form Third Party Product Recall Form Customer Notification of Third-Party Recall Form			
Training requirements: If yes, comment below ☐ NA Staff will be retrained in proper procedures in 9.310 Rev 3.			
Other: ☒ NA			
Initiator Signature	Signer ID: IXEQSVK3P6...	**Date**	11/18/2021
QA Approval			
Change Control Number	**CC-DL-2021-001**		
Assigned by	**Matt Watkins**	**Date**	**18 Nov 2021**

TITLE:	DOCUMENT NUMBER	REVISION	EFFECTIVE DATE	PAGE NO8:
Change Control Form	FRM-9.380.01	1	28 August 2019	3 of 3

Department	Approval Signature	Date
Quality Assurance ☐ **Approved** ☐ **Rejected**	Signer ID: IXEQSVK3P6	11/18/2021
Pharmacy Operations ☐ **Approved** ☐ **Rejected**	Mike Blaine Signer ID: 6NAANGTVA6...	11/18/2021
Pharmacist ☐ **Approved** ☐ **Rejected**	Kim Hiddessen Signer ID: DACW9HY0R6...	11/18/2021
Other (If Applicable): ☐ **Approved** ☐ **Rejected**		

Reason for Rejection:

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9.380.01 - Change Control Form - CC-DL-2021-001

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Matt Watkins created this envelope on 18 Nov 2021, 10:43:28, PST
Invitation sent to Matt Watkins on 18 Nov 2021, 10:50:12, PST
Invitation sent to Mike Blaine on 18 Nov 2021, 10:50:12, PST
Invitation sent to Kim Hiddessen on 18 Nov 2021, 10:50:12, PST
Invitation accepted by Matt Watkins on 18 Nov 2021, 10:50:12, PST

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	Matt Watkins signed this envelope on 18 Nov 2021, 10:50:53, PST
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	Mike Blaine signed this envelope on 18 Nov 2021, 10:51:09, PST
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	Link Emailed to mwatkins@wppharmalabs.com
	Link Emailed to mblaine@wppharmalabs.com
	Link Emailed to khiddessen@wppharmalabs.com

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: WP Pharma Labs, Inc.

Physical Address: 4001 McEwen Ste. 110

City: Dallas State: TX Zip: 75244

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 469-722-4500 Website: WPPharmalabs.com

Licensing Company Email: regulatoryaffairs@wppharmalabs.com

Section 2: Personal Information

First: Faiez Middle: H Last: Usman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Colonnade Drive

City: Irving State: TX Zip: 75039

Telephone: [redacted] Email: fusman@wppharmalabs.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: FR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	ATTACHED			
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Faiez Usman List of Addresses over the last 10 years

1. **09/2011 – 09/2012** [redacted] Goodman Ave, apt 3312, Addison, TX 75001
2. **09/2012 – 12/2014** [redacted] E Royal Ln, Apt 2111, Irving, TX 75039
3. **12/2014 - 03/2021** [redacted] Longmeadow Hill Dr., Irving, TX 75063
4. **08/2017 - 12/2017** [redacted] E Sonterra Blvd, Apt 5302, San Antonio, TX 78258
5. **03/21 - 06/21** [redacted] E Cityline Dr., Apt 1205, Richardson, TX 75082
6. **06/21 - Present** [redacted] Colonnade Dr, Irving TX 75039

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See attached			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				
Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Faiez Usman

[redacted] Colonnade Dr. ♦ Irving, Texas 75039
Phone [redacted]

EDUCATION

Doctor of Pharmacy (Pharm.D.)
Midwestern University, Chicago College of Pharmacy, Downers Grove, IL, March 2010
Pre-Pharmacy
Benedictine University, Lisle, IL, 2006

PROFESSIONAL EXPERIENCE

WP Pharma Labs — **04/2022 - Present**

President

Strukmyer Pharma — **07/2018 – 04/2022**

Director of Pharma - Pharmacist-in-Charge

ASP Cares Pharmacy — **08/2017 - 7/2018**

Director of 503B Operations

RxProStaff — **12/2011 - 08/2017**

Corporate Pharmacy Manager

ATRIUM MEDICAL CENTER, Corinth, TX — **12/2010 – 11/2011**

Staff Pharmacist

INTEGRA REHAB HOSPITAL PLANO, Plano, TX — **06/2010 – 12/2010**

Staff Pharmacist

RXPROSTAFF INC, Colleyville, TX — **06/2010 – 08/2017**

Agency Pharmacist
USMD HOSPITAL, Arlington, TX
INTEGRITY REHAB, Denton, TX
PHARMACY SOLUTIONS, Arlington, Texas

ADDITIONAL PROFESSIONAL EXPERIENCE

OSCO PHARMACY, Naperville, IL — **10/2004 – 06/2005**
Pharmacy Technician

PHARMACY LICENSURE

Texas State Board of Pharmacy Registered Pharmacist License, July 2010 - Present

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I, Faiez Usman, **certify that as the designated representative for** WP Pharma Labs, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Faiez Usman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/6/23

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Faiez Usman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/6/23

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Faiez Usman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/6/23

Date

Subscribed and Sworn to before me this 6TH day of February, 2023

Martha Rozell

Notary Public Signature

MARTHA ROZELL
My Notary ID # 6450477
Expires April 16, 2024

(Seal)

Applicant's initials

11

11A

VLL-66N-NV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

4

Where is the facility located?	☐ Nevada ☒ Out-of-State
Type of Application (check applicable box)	**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* Grandparent Level ☒ Name Change* ☐ Location Change* (in-state only) * If making a change, provide current license number: WH WH02256	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: VistaPharm, LLC

Physical Address: 13701 66th Street North

City: Largo State: FL Zip: 33771

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.vistapharm.com

Name of Designated Representative (DR): Kerry Lee Clawson

Licensing Company Email: VLL@slsny.com DR Email: kclawson@vistapharm.com

Entities the Wholesaler will Serve (✓ all applicable)	Products to be Handled or Wholesaled (✓ all applicable)	Type of Wholesaling (✓ all applicable)
☐ Pharmacies	☒ Dangerous Drugs	☒ Manufacturer
☐ Practitioners	☒ Controlled Substances	☐ Repacker
☒ Hospitals	☐ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☒ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☒ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/21/2009		FL	Tallahassee	Leon
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2009-17661; 2009-17660; 2009-12351		State of Florida Department of Health		
Reason/Charge				
Notice of Violation for purchased and sold/transferred of prescription drugs from an unauthorized source				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
VistaPharm, Inc.				

Provide explanation below:

Agents of the Department of Health detected the following violations of the Florida Drug and Cosmetic Act, Chapter 499, Florida Statutes, (2009) and the Florida Regulations for Drugs, Devices, and Cosmetics, Florida Administrative Code Rule 64F-12. These violations were detected during a routine compliance investigation conducted on July 8, 2009. The charge was that VistaPharm, Inc. purchased and sold/transferred prescription drugs from an unauthorized source. VistaPharm, Inc. made an offer of settlement that was executed with payment on or about 04/20/2010. Florida accepted settlement making this matter resolved and closed on 04/29/2011.

*See attached Docs

Original Signature (electronic, copies or stamps not accepted)

Brandon M. Rockwell

9/21/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
03/12/2019		FL		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
2019-013525, 2019-017710, 2019-017716, 2019-017304	State of Florida Department of Business & Professional Regulation

Reason/Charge
Violations of Chapter, 499, Florida Statutes or Chapter 61N-1, F.A.C

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
VistaPharm, Inc.

Provide explanation below:

On or about March 12, 2019, an agent of the Florida Department of Business and Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") performed an inspection of VistaPharm, Inc., located at 7265 Ulmerton Road, Largo, Florida, holder of over-the-counter drug manufacturer permit number 21 :790, prescription drug wholesale distributor permit number 22:20237, and prescription drug repackager permit number 27:63 (hereinafter, "VistaPharm"). Documents and information obtained during and subsequent to that inspection revealed that VistaPharm committed various violations of Chapter, 499, Florida Statutes. VistaPharm, Inc. agrees that they will be in compliance with Chapter 499 and agrees to pay the settlement fine to The Florida Department of Business & Professional Regulations, Division of Drugs, Devices and Cosmetics. Florida DBPR accepted settlement making this matter resolved on or around 12/18/2019.

* see attached Docs

Original Signature (electronic, copies or stamps not accepted)

Brandon M. Rockwell

9/21/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/20/2021		CA		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
CI 2020 90331		California State Board of Pharmacy		
Reason/Charge				
Violation of Code Section Bus. & Prof. Code § 4301				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
VistaPharm, Inc.				

Provide explanation below:

California Board of Pharmacy issued a citation of; Unprofessional Conduct - Business and Professions Code section 4301 (n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on December 18, 2019, the Florida Department of Business and Professional Regulation issued a fine to VistaPharm, Inc based on the distribution of prescription drugs. California Board of Pharmacy issued a fine and payment in full shall be represented as satisfactory resolution of the matter in any public disclosure. VistaPharm, Inc. paid fine in full and matter has been resolved on or about 12/21/2021.

* See attached Docs

Original Signature (electronic, copies or stamps not accepted)

Brandon M. Rockwell

9/21/22

Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
10/04/2021		CA		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-030-Q1	State of California Department of Health Care Access and Information

Reason/Charge
Penalty against Appellant for the late filing of its quarterly Wholesale Acquisition Cost ("WAC") Increase Report

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity
VistaPharm, Inc.

Provide explanation below:

On October 4, 2021, HCAI assessed a penalty against Appellant for the late filing of its quarterly Wholesale Acquisition Cost ("WAC") Increase Report. Appellant appealed the penalty by submitting a Request for Administrative Hearing form dated October 18, 2021 and received via email by the Hearing Office on October 18, 2021. The conclusion from the hearing is that VistaPharm, Inc. has paid the fine and matters have been resolved.

* See attached Docs

Original Signature (electronic, copies or stamps not accepted)

Brandon M. Rockwell

9/21/22

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

N/A

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

N/A

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: AL
Parent Company (if any): Vertice Pharma LLC
Corporation/Organization Name: VistaPharm, LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: VLL@slsny.com
Contact Person Name: Christine Cannon

Section 6: Partnership

N/A

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

N/A

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA# 1036352	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Vertive Pharma LLC 100% Sole Ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A - No devices, Equipment or Gases	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A - No Devices, Equipment or Gases	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

VistaPharm, LLC

Facility Name

Brandon M. Rockwell

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/21/22

Date

Board Use Only	Date Received: 1-9-23	Amount: 1000.00 CK-4492

VistaPharm, LLC

Corporate Address: Round Table Studios C/O Vertice, 200 Connell Drive, Berkeley Heights, NJ 07922 USA
FEIN: 63-1195016
www.vistapharm.com

Drug Labeler Code: 66689
Incorporation State: AL
Incorporation Date: 2/27/1998

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
66N	13701 66th Street North Largo, FL 33771 County: Pinellas	1036352	RV0422220/ RV0498027	18-666-7650	Yes	(727) 530-1633	(727) 507-0993

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Kerry Lee Clawson	[redacted] Carillon Pkwy Apt 401 St. Petersburg, FL 33716	Designated Representative		[redacted]			*all states except AL, FL & CA*
Glen Michael Ross	[redacted] 9th Ave N. St.Ptersburg, FL 33713	Designated Representative					*CA & FL only*
Ivan Cartagena Salaverris	[redacted] Whitewillow Drive Wesley Chapel, FL 33543	General Manager					*For AL only*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Vertice Pharma LLC	630 Central Avenue New Providence, NJ 07974	N/A	100	N/A	47-5458724	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Kurt J Orlofski	[redacted] North Pocono Road Mountain Lakes, NJ 07046	Chief Executive Officer		[redacted]		
Michael Allen Kody	[redacted] Powderhorn Dr Newtown, PA 18940	Chief Financial Officer				
Brandon M Rockwell	[redacted] Larch Road Cedar Knolls, NJ 07927	Chief Operating Officer				
Domenico Ciarico	[redacted] Seneca Rd Franklin Lakes, NJ 07417	Chief Commercial Officer				

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services			

Disciplinary History: CA 2021, CA 2022, DEA 2021, FL 2019, FL

Company Particulars
%Ownership

VistaPharm
a VERTICE PHARMA COMPANY

VistaPharm, LLC Officer List

Brandon M Rockwell-Chief Operating Officer

Domenico Ciarico-Chief Commercial Officer

Kurt J Orlofski-Chief Executive Officer

Michael Allen Kody-Chief Financial Officer

Brandon M Rockwell
Chief Operating Officer

Main Office
7325 Ulmerton Rd.
Largo, FL 33771

Manufacturing Operations
7265 Ulmerton Rd.
Largo, FL 33771

Distribution Operations
13701 66th Street North
Largo, FL 33771

Laboratory Operations
13707 66th Street North
Largo, FL 33771

Phone: 877.530.1633 | Fax: 727.507.0993 | www.vistapharm.com

Officer List

5877

VistaPharm
a VERTICE PHARMA COMPANY

VistaPharm, LLC Officer List

Brandon M Rockwell-Chief Operating Officer

Domenico Ciarico-Chief Commercial Officer

Kurt J Orlofski-Chief Executive Officer

Michael Allen Kody-Chief Financial Officer

Brandon M Rockwell
Chief Operating Officer

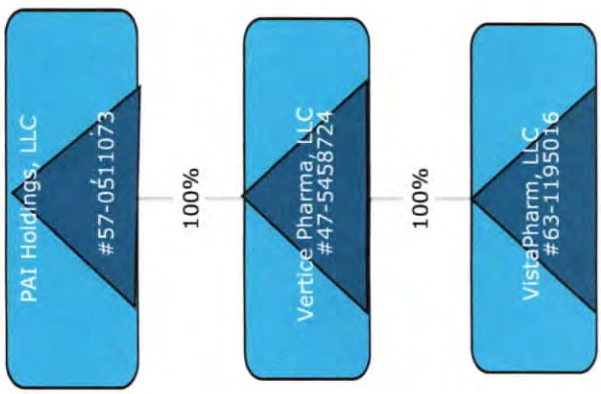
Main Office
7325 Ulmerton Rd.
Largo, FL 33771

Manufacturing Operations
7265 Ulmerton Rd.
Largo, FL 33771

Distribution Operations
13701 66th Street North
Largo, FL 33771

Laboratory Operations
13707 66th Street North
Largo, FL 33771

Phone: 877.530.1633 | Fax: 727.507.0993 | www.vistapharm.com


PAI Holdings, LLC
#57-0511073
100%
Vertice Pharma, LLC
#47-5458724
100%
VispaPharm, LLC
#63-1195016

Home State Verification of License- Manu

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

December 2, 2022

NAME: VISTAPHARM LLC

ADDRESS: 13701 66TH STREET, NORTH; LARGO, FL 33771

PROFESSION: PRESCRIPTION DRUG MANUFACTURER

LICENSE NUMBER: 20:327

STATUS: CURRENT

ISSUE DATE: DECEMBER 21, 2015

EXPIRATION DATE: DECEMBER 31, 2023

To Whom It May Concern:

THE LICENSE IS IN A CURRENT STATUS, AND EXPIRES ON DECEMBER 31, 2023.

Verification by:

Rebecca J Burnett

Rebecca J. Burnett
Regulatory Specialist Supervisor/Consultant
Florida Department of Business and Professional Regulation

You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

Home State Verification of License
Wholesaler

5880

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

December 2, 2022

NAME: VISTAPHARM LLC

ADDRESS: 13701 66TH STREET, NORTH; LARGO, FL 33771

PROFESSION: PRESCRIPTION DRUG WHOLESALE DISTRIBUTOR

LICENSE NUMBER: 22:20240

STATUS: CURRENT

ISSUE DATE: MAY 24, 2016

EXPIRATION DATE: MAY 31, 2024

To Whom It May Concern:

THE LICENSE IS IN A CURRENT STATUS, AND EXPIRES ON MAY 31, 2024.

Verification by:

Rebecca J. Burnett

Rebecca J. Burnett
Regulatory Specialist Supervisor/Consultant
Florida Department of Business and Professional Regulation

You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

Home State Verification of License Distributor

Florida dbpr Department of Business & Professional Regulation

Drugs, Devices and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Melanie S. Griffin, Secretary

Ron DeSantis, Governor

December 2, 2022

NAME: VISTAPHARM LLC

ADDRESS: 13701 66TH STREET NORTH; LARGO, FL 33771

PROFESSION: COMPLIMENTARY DRUG DISTRIBUTOR

LICENSE NUMBER: 40:710

STATUS: CURRENT

ISSUE DATE: JULY 21, 2016

EXPIRATION DATE: JULY 31, 2024

To Whom It May Concern:

THE LICENSE IS IN A CURRENT STATUS, AND EXPIRES ON JULY 31, 2024.

Verification by:

Rebecca J. Burnett
Regulatory Specialist Supervisor/Consultant
Florida Department of Business and Professional Regulation



You may also access online verification at https://www.myfloridalicense.com/wl11.asp?mode=0&SID=

Registrant Verification For

VISTAPHARM LLC

DEA Number:	RV0498027
Expiration Date:	05/31/2023
Additional Company Info:	
Registered Address:	13707 66TH ST N
City:	LARGO
State:	FL
Zip Code:	33771
Business Activity:	IMPORTER
DEA Schedules:	3 4
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	10/06/2022

Drug Codes:
2751 9064

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Datebese.

Registrant Verification For

VISTAPHARM LLC

DEA Number:	RV0422220
Expiration Date:	05/31/2023
Additional Company Info:	
Registered Address:	13701 66TH ST N
City:	LARGO
State:	FL
Zip Code:	33771
Business Activity:	DISTRIBUTOR
DEA Schedules:	2 3 4 5
Payment Indicator:	Paid
Registration Status:	ACTIVE
Date of Verification:	10/06/2022

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **vistapharm**

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
VistaPharm, Inc.	1036352	116743084	ANALYSIS; LABEL; MANUFACTURE; PACK; REPACK;	7265 Ulmerton Road, Largo, Florida (FL) 33771, United States (USA)	12/31/2022
VistaPharm, Inc.	1036352	125330188	ANALYSIS;	13707 66th Street North, Largo, Florida (FL) 33771, United States (USA)	12/31/2022

Showing 1 to 2 of 2 entries

Previous 1 Next

Data Current through: Friday, Apr 1, 2022

Return to Drug Firm Annual Registration Status Home Page

FDA Registration 5884

INCORP GOOD STANDING 5385

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that VistaPharm, LLC was formed in 59, Alabama on February 27, 1998. The Alabama Entity Identification number for this entity is 000-193910. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

10/04/2022

Date

J. H. Merrill

John H. Merrill **Secretary of State**

20221004000014194

VAWD 5886

Facility Name

State (All)

Search Reset

Current list of 1 NABP-Accredited Drug Distributors

Accreditation is valid for 3 years

Facilities listed with "Reaccreditation in process" remain accredited throughout the reaccreditation process.

Name	Address	Accreditation Date
VISTAPHARM, Inc	13701 66th Street North Largo, FL 33771	11/01/21

Verified 1/17/23 MS

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Contact

Employee List

VistaPharm Headcount as of 8/31/2022

Employee

ADAMS, DONALD - 1000
Allen, Tony - 1569
Alomia, Yolanda MBA - 1380
ANDRIC, NADA - 1096
ANGELOVA, NADEZHDA T - 1002
Arroyo, Bryan L - 1543
Arroyo, Jorge I - 1259
Ash, Teresa - 1444
AYALA, WALTER - 1192
Babaca, Selima - 1004
Baez, Nilied - 1289
Barnes, Stephanie A - 1228
Bayliff, Suzanne - 1545
Beniquez, Geisem - 1271
Bennett, Sabrina - 1466
Benson, Rahneia - 1498
Bernard, Brandon - 1114
Betancourt Toro, Adrian A - 1546
Bevilacqua, Kevin M - 1279
BIXHO, ILIRJAN - 1282
Blair, Betty - 1124
Blumberg, Charlene M - 1007
Bolton, Rita N - 1209
BONILLA, MADELYNE - 1206
Borroto, Zoe V - 1418
BOSCH, JUAN R - 1186
Bowling, Andrea - 1292
Bowman, Manuel R - 1165
Brady, Eternity - 1443
Branch, Kimberely A - 1211
Bryant, James - 1573
Burgos Negron, Luis A - 1283
Burgos Negron, Luis Tony - 1475
Burgos, Keishla M - 1429
Bustos, Ronald F - 1272
CAESAR, JOHNNY R - 1191
Cain, Tracy - 1382
Cantie, Bruce N - 1187
CAPPELLUTI, SERGIO - 1171
Caraballo, Manuel - 1526
Carde Lopez, Ada M - 9009
Carey, Leron - 1604
Carragher, Catherine M - 1399
Cartagena, Ivan - 1162

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Castro, Ana C - 1551
Chenette, Liza J - 1297
CHORAITIS DICKSON, PENNY - 1014
Clawson, Kerry - 1156
Colon, Jose A - 1339
CONNELL, WILLIAM - 1203
Correa Rodriguez, Helen - 1588
Cosme, Francisco - 1168
Cox, Anthony L - 1558
Craven, Amy M - 1277
Crawford, Alissa B - 1586
Cuozzo, Jeanne - 1501
Curtis, Anthony W - 1542
Delgado, Elisabel - 1454
Diaz Valencia, Melissa - 1408
Diaz, Marlene - 1260
Dickson, Charles E - 1522
Dilan-Morales, Maurice - 1511
Dillon, Michael M - 1021
Dobraca, Seada - 1022
Dodson, Derek S - 1208
Dorsey, Avery C - 1254
Doughty, Marlon - 1024
Duncan, William A - 1177
Espinoza, Amelia - 1541
Fernandez Rodriguez, Juan G - 1281
Fernandez, Gilbert - 1488
Fourari, Fatima - 1146
Fournier, Irene - 1029
Frazier, Michael - 1587
Gallego, Martha L - 1119
Garcia, Carlos - 1539
GASKINS, JOHN R - 1231
Giambalvo, Samuel J - 1509
GONZALEZ Rodriguez, SHEILA M - 1216
Green, Tarren L - 1232
Hamblin, Carla J - 1425
Hanna, Manal H - 1102
Harding, Travis J - 1584
Heery, Patrick - 1370
Hoover, Brandon D - 1331
HOPPER, JOHN M - 1287
Irizarry, Nicole - 1381
Janjos, Fadila Yasna - 1042
Jankovic, Paula - 1560
Jenkins, Barbara - 1540
Johnson, Dedra - 1508

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JONES, TAVON M - 1275
Kemmerly, Jennifer - 1490
KENDRICKS, MICHAEL A Jr - 1046
LAMBOY, ARNALDO - 1222
Lazic, Nena - 1571
Lee, Samuel - 1458
Lesko, Leah - 1583
Lesniak, Gabrielle - 1585
Levaku, Vineela - 1521
LINHTHASACK, NATHAN S - 1161
Lopez, Carlos - 1332
LUGO, DAVID - 1152
LYNN, NELLIE M - 1141
Maccarty, Cecilia A - 1248
Maguire, Matthew C - 1499
Martinez, Efrain X - 1574
Mast, Kaila - 1599
May, Saphary - 1570
Mccarthy, William A - 1246
Mclean, Marcus C - 1053
Mcpeck, Alan M - 1110
Mehta, Romita - 1264
Melendez, Jose - 1389
Mercado, Louis S II - 1550
Mijatovic, Milan - 1057
Miller, Jon - 1506
Moore, Kimberly J - 1285
MOORE, THOMAS D - 1060
More, Abhijit R - 1137
Nduulu, Victor - 1524
Negron, Marta - 1430
Nieves, Damiel - 1402
Novalija, Beadin - 1465
Nunez Colon, Lorraine M - 1269
Nurka, Inxhiko - 1065
O'Neil, Dylan - 1598
ONeill, Sean M - 1532
Oquendo, Denis - 1268
Outwater, Rebecca L - 1278
Patel, Archit - 1491
Payne, Sherri - 1507
Peacha, John - 1067
PHONTHIPSAVATH, SAKAO S - 1069
Pina, Veronica S - 1439
Powers, Samantha - 1577
Quinones, Antonio - 1296
Rader, Sydney - 1578

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Rainford, Conrad - 1202
Ralat, Michael A - 1074
Ramos, Eduardo - 1261
Reibling, Alita R - 1221
Reinke, Jason C - 1242
Rekanovic, Fajka - 1377
Reyes, Mellisa A - 1405
Reyes, Valerie - 1169
Reynolds, Zachary - 1567
RIVAS FOX, ALBERTO - 9030
Rivera Encarnacion, Liz - 1603
Rivera, Hector J - 1457
Robles, Edgar E - 1076
ROCAFORT, CHARLES - 1120
Rock, Fredric F III - 1563
Rodriguez, Francis M - 1284
Rodriguez, Kenny - 1302
Rodriguez, Marcelino - 1212
Roehling, Marie - 1552
Romero Perez, Martha L - 1256
Rosario, Gustavo J - 1233
Ross, Glen M - 1266
Roufley, James R - 1155
Rubio, Juan C - 1238
Ruiz, Elias - 1448
Salas, Samuel - 1520
Sanchez Torres, Carlos - 1423
Santos, Glorimar - 1235
SANTOS, Jorge A - 1185
Scott, Sage - 1565
Seay, Crystal M - 1217
Shafer, Jacob - 1125
Sokolova, Zlatka - 1482
SOSA, RADAMES MARCUS M - 1274
Stevens, Inez D - 1093
Stevenson, Paula A - 1083
Suarez, Alfredo - 1345
Tonuzi, Indrit - 1572
Tran, Tuan A - 1265
Tucker, Ryan J - 1372
Vaclavik, Jason - 1293
Valentin, Noemi - 1288
VAZQUEZ, ANTONIO M - 9038
Velazquez, Denise D - 1257
Velazquez, Mayra E - 1237
Velazquez, Patzy - 1251
Velez, Carlos - 1340

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Vialon, Fanny - 1463
Victor, Jordan J - 1360
White, Kenneth A - 1092
Wilkerson, Sandra I - 1097
Williams, Angeleque - 1566
WILLIAMS, SAMUEL L - 1197
Witherly, Erick G - 1201
WRIGHT, SCOTT C - 1220
Young, Carla M - 1366
Young, Nathan - 1564

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (05/12/2022)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: VistaPharm, LLC

Pharmacy/Wholesaler License # (if applicable): WH02256

Physical Address: 13701 66th Street North

City: Largo State: FL Zip: 33771

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.vistapharm.com

Licensing Company Email: VLL@slsny.com

Section 2: Personal Information

First: Kerry Middle: Lee Last: Clawson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Carillon Pkwy Apt [redacted]

City: St Petersburg State: FL Zip: 33716

Telephone: [redacted] Email: kclawson@vistapharm.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of South Florida		08/1996 - 05/2000	
Address	**City**	**State**	**Zip**
4202 E. Fowler Ave	Tampa	FL	33620
Diploma/Degree obtained, if any			
B.S. of Microbiology			

School Name		From - To (MM/YY – MM/YY)	
Boca Ciega High School		08/1986 - 06/1990	
Address	**City**	**State**	**Zip**
924 58th Street	Gulfport	FL	33707
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2021 - Present	[redacted] Carillon Pkwy Ap[redacted]	St. Petersburg	FL	33716
09/2018 - 10/2021	[redacted] 36th Ave N.	St. Petersburg	FL	33704
12/2016 - 09/2018	[redacted] Ibis Walk PL. N.	St. Petersburg	FL	33716
09/2016 - 12/2016	[redacted] Montarra Dr	Seffner	FL	33584
2014 - 09/2014	[redacted] S. Mascotte St	Tampa	FL	33616
2004 - 2014	[redacted] 4th Ave S.	St. Petersburg	FL	33711
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
VistaPharm, LLC			2017 - Present
Business Address	**City**	**State**	**Zip**
13701 66th Street North	Largo	FL	33771
Phone	**Title**		**Number of Employed Hours**
(727) 530-1633	(2017-2020) Microbiology Manager, (2020-2022) Director-Technical Assurance, (Present) Sr. Director of Quality		~10,400 hrs
Description of Duties			
In charge of various product testing, and all quality aspects of the business.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Kerry Lee Clawson, **certify that as the designated representative for**

VistaPharm, LLC,

that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):

1. KC I am at least 21 years of age;
3. KC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kerry Lee Clawson
Print Name (First, Last)

Kerry Clawson
Original Signature (electronic, copies or stamps not accepted)

09-23-22
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kerry Lee Clawson

Print Name (First, Last)

Kerry Clawson — 09-23-22

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Pinellas

I, Kerry Lee Clawson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kerry Clawson — 09-26-22

Original Signature Kerry Lee Clawson — **Date**

Subscribed and Sworn to before me this 26th day of September.

Notary Public Signature

AMY M. CRAVEN
Notary Public
State of Florida
Comm# HH235899
Expires 3/19/2026

(Seal)

VERIFICATION OF SURETY BOND RENEWAL

2 September 2022

RE: BOND #	**EACX4016956**
BOND AMOUNT:	**$100,000.00**
PRINCIPAL:	**VistaPharm LLC**
OBLIGEE:	**State of Nevada**
DESCRIPTION:	**Nevada Pharmaceutical Wholesaler Bond**
EFFECTIVE DATE:	**August 31, 2022**
PREMIUM TERM:	**January 1, 2022 to January 1, 2023**

THE ABOVE REFERENCED BOND CONTINUES TO BE IN FULL FORCE AND EFFECT. THE BOND IS CONTINUOUS IN NATURE AND WILL REMAIN IN FORCE UNTIL CANCELLED BY THE SURETY ACCORDING TO THE TERMS AND CONDITIONS OF THE BOND.

Endurance Assurance Corporation

Kellie A. Meyer
Attorney-in-Fact

SOMPO INTERNATIONAL
INSURANCE

POWER OF ATTORNEY

2775

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Rebecca S. Leal, C. Stephens Griggs, Tahitia M. Fry, Charles R. Teter, III, Jeffrey C. Carey, Evan D. Sizemore, Kellie A. Meyer, Patrick T. Pribyl, Debra J. Scarborough, Christy M. Braile, Mary T. Flanigan, Charissa D. Lecuyer, Veronica Lawver, Lauren Scott, Hillary D. Shepard, Erin C. Lavin** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **ONE HUNDRED MILLION Dollars ($100,000,000.00)**.

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation	Endurance American Insurance Company	Lexon Insurance Company	Bond Safeguard Insurance Company
By: Richard M Appel	By: Richard M Appel	By: Richard M Appel	By: Richard M Appel
Richard Appel; SVP & Senior Counsel	Richard Appel; SVP & Senior Counsel	Richard Appel; SVP & Senior Counsel	Richard Appel; SVP & Senior Counsel

Endurance Assurance Corporation CORPORATE SEAL 2002 DELAWARE

Endurance American Insurance Company CORPORATE SEAL 1996 DELAWARE

LEXON INSURANCE COMPANY SEAL STATE OF TEXAS

BOND SAFEGUARD INSURANCE COMPANY A SOUTH DAKOTA INSURANCE COMPANY

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she was an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

AMY TAYLOR NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this _____ day of SEP 0 2 2022.

By:
Daniel S. Lorie, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com
Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870

NAME CHANGE RIDER

To be attached to and form a part of Bond Number EACX4016956 in the amount of One Hundred Thousand and 0000/100 ($100,000.00) Dollars issued by Endurance Assurance Corporation on behalf of VistaPharm, Inc. in favor of Nevada State Board of Pharmacy.

It is understood and agreed that the bond described above is hereby modified to **Amend Principal Name**:

FROM: **VistaPharm, Inc**

TO: **VistaPharm LLC**

It is further expressly understood and agreed that the aggregate liability of the company under said bond to the obligee herein mentioned shall not exceed the amount stated above. Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, agreements, conditions or limitations of the above mentioned bond, other than as above stated.

To be effective this 6th day of July, 2022.

Signed, Sealed, and dated this 6th day of July, 2022.

VistaPharm LLC
Principal

Name:
Title:

Endurance Assurance Corporation
Surety

Kellie A. Meyer, Attorney-in-Fact

SOMPO INTERNATIONAL

POWER OF ATTORNEY

2775

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Rebecca S. Leal, C. Stephens Griggs, Tahitia M. Fry, Charles R. Teter, III, Jeffrey C. Carey, Evan D. Sizemore, Kellie A. Meyer, Patrick T. Pribyl, Debra J. Scarborough, Christy M. Bralie, Mary T. Flanigan, Charissa D. Lecuyer, Veronica Lawver, Lauren Scott, Hillary D. Shepard, Erin C. Lavin** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **ONE HUNDRED MILLION Dollars ($100,000,000.00)**.

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IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

Endurance Assurance Corporation
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Endurance American Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Lexon Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

Bond Safeguard Insurance Company
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/she is an officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public – My Commission Expires 5/9/23

CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified, that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the Individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the Individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this _____ day of JUL 06 2022.

By: Daniel S. Latne, Secretary

NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

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In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

Any reproductions are void.

Surety Claims Submission: LexonClaimAdministration@sompo-intl.com

Telephone: 615-553-6500 Mailing Address: Sompo International; 12900 Lebanon Road; Mount Juliet, TN 37122-3870

Name Change - Statement of Conversion

5904

Alabama
Sec. Of State
Entity Change
000-193-910 D/C
Date 6/27/2022
Time 17:02
220627 2 Pg

File $100.00
County $.00
Total $100.00
05/008

STATEMENT OF CONVERSION
OF
VISTAPHARM, INC. 000-193-910
TO
VISTAPHARM, LLC

June 27, 2022

For the purpose of converting VistaPharm, Inc., an Alabama corporation, into a limited liability company under Sections 10A-2A-9.01 *et seq.* of the Alabama Business and Nonprofit Entity Code (the "**Entities Code**"), the undersigned does hereby sign and adopt this Statement of Conversion.

1. The converting entity is VistaPharm, Inc., an Alabama corporation (the "**Converting Entity**"), with its principal office at 200 Connell Drive, Berkeley Heights, NJ 07922.

2. The Articles of Incorporation of the Converting Entity were filed with the Judge of Probate of Shelby County, Alabama, on February 27, 1998. The Alabama Entity ID number for the Converting Entity is 193-910.

3. The name of the converted company shall be VistaPharm, LLC (the "**Company**"). The Company is being converted from the Converting Entity to an Alabama limited liability company pursuant to Sections 10A-1-8.01 and 10A-2A-9.01 *et seq.* of the Entities Code.

4. There is at least one member of the Company.

5. The location and mailing address of the initial registered office of the Company shall be 4037 US Hwy 231, Suite A, Wetumpka, AL 36093. The initial registered agent at such address shall be InCorp Services, Inc.

6. The conversion of the Company from an Alabama corporation to an Alabama limited liability company was approved in accordance with Section 10A-2A-9.12 of the Entities Code.

7. The conversion and the existence of the Company under the name set forth above shall be effective upon the filing of this Statement of Conversion.

8. A copy of the Plan of Conversion will be furnished by the Company, on request and without cost, to any former stockholder of the Converting Entity.

(Signature page follows)

RECEIVED DATE

JUN 27 2022

SECRETARY OF STATE
OF ALABAMA

06460393.1

IN WITNESS WHEREOF, the undersigned has caused this Statement of Conversion to be duly executed, as of the date set forth above.

VISTAPHARM, INC.

By: _____
Name: Scott Meyers
Title: Chief Executive Officer

THIS INSTRUMENT PREPARED BY:
Jon L. Mills
Maynard, Cooper & Gale, P.C.
1901 Sixth Avenue North
Suite 1700
Birmingham, Alabama 35203
(205) 254-1000

06460393.1

Discipline Docs
5906
CA
HCAI # 21-030-Q1

BEFORE THE

DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

STATE OF CALIFORNIA

In the Matter of the Penalty Issued to: **VISTAPHARM INC.** Appellant.	HCAI No. 21-030-Q1

PROPOSED DECISION

This matter was heard before Michelle Church-Reeves, Hearing Officer, Department of Health Care Access and Information ("HCAI"), successor to the Office of Statewide Health Planning and Development ("OSHPD"),[1] State of California, on Wednesday, March 16, 2022, beginning at 10:32 a.m. PDT.

HCAI was represented by Geoffrey Trautman, Attorney. Dionne Evans-Dean, Staff Services Manager II, Cost Transparency in Prescription Drug Pricing ("CTRx") Section, Jacob Rivera, Staff Services Manager I, CTRx, and Rodney Garcia, Associate Governmental Program Analyst for CTRx, were also present on behalf of HCAI.

VistaPharm Inc., "Appellant," was represented by Samantha Kirkland, Sate License Servicing, Inc., contractor for Appellant, Ivan Cartagena, VistaPharm Vice President for Technical Operations, Noel Greenburger, Vertice Chief Commercial Officer, and James Farley, Vertice Senior Business Analyst. VistaPharm was acquired by Vertice Pharma in 2015.

Both documentary and testamentary evidence was received. The matter was submitted

[1] Stat. 2021, Ch. 143 (A.B. 133), §§ 30, 31.

for decision and the record was closed on Wednesday, March 16, 2022, at 11:26 a.m. PDT.

PROCEDURAL FINDINGS

1. On October 4, 2021, HCAI assessed a penalty against Appellant in the amount of $18,000 for the late filing of its quarterly Wholesale Acquisition Cost ("WAC") Increase Report.

2. Appellant appealed the penalty by submitting a Request for Administrative Hearing form dated October 18, 2021 and received via email by the Hearing Office on October 18, 2021.

3. Appellant submitted its appeal within the required thirty days from the date of the penalty notice.[2]

4. The hearing was held electronically using videoconferencing at the election of the Hearing Office. No party requested an in-person hearing or objected to an electronic hearing.

5. HCAI submitted written exhibits to the Hearing Office and Appellant in advance of the hearing in a timely manner. Exhibits 1 through 14 were found to be authentic and relevant; and admitted to the record.

6. Appellant submitted a written statement to the Hearing Office and HCAI at the time of appeal. The written statement was found to be authentic and relevant; and admitted to the record.

FACTUAL FINDINGS

1. Prior to the CTRx program implementation, Appellant was mailed the Notice of Proposed Rulemaking.[3] Appellant did not dispute its receipt.

2. On or about January 7, 2021, a representative for Appellant, Walter Ayala, registered with the CTRx program.[4] He was advised at the time that he should "add at least one additional, authorized user to the CTRx system."

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[2] Health & Saf. Code, § 127681(f).
[3] Exhibits 1 and 2.
[4] Exhibits 3, 4, and 5.

3. On or about February 10, 2021, Appellant submitted a New Drug Report.[5]

4. On or about July 9, 2021, HCAI sent a reminder email to Appellant's primary contact, Mr. Ayala, for the Saturday, July 31, 2021, due date.[6]

5. On or about July 30, 2021, Appellant contacted Mr. Garcia and requested that Walter Ayala be removed as the primary contact for Appellant and replaced by James Farley. Mr. Garcia updated Appellant's registration at approximately 12:13 p.m. PDT and confirmed that Mr. Farley had access for Appellant at approximately 1:50 p.m. PDT on Friday, July 30, 2021.[7]

6. At approximately 6:49 a.m. PDT on Monday, August 2, 2021, Mr. Farley logged in and updated his user profile.[8]

7. On or about August 18, 2021, Appellant submitted the quarterly WAC Increase Report at issue.[9]

8. Appellant was required under Health and Safety Code section 127679 to file its WAC Increase Quarterly Report for Donnatal Elixir by Saturday, July 31, 2021, at 11:59 p.m. Pacific Time.[10] Penalties accrued from August 1, 2021 until August 18, 2021 when the report was filed.

9. In accordance with Health and Safety Code section 127679, subsection (e), HCAI assessed penalties in the amount of $1,000 per day for 18 days, resulting in a total penalty amount of $18,000.[11] The Penalty Notice was transmitted to Appellant on October 4, 2021. Ms. Schneider of State License Servicing, Inc. contacted Mr. Garcia that same day to ask why the emailed report was not accepted. Mr. Garcia responded that he was unable to submit a report on behalf of a manufacturer.[12]

10. These facts were substantiated both by oral statements made under oath by Mr. Garcia at the hearing and written exhibits.

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[5] Exhibit 5.
[6] Exhibit 6.
[7] Exhibits 8 and 9.
[8] Exhibit 10.
[9] Exhibit 12.
[10] *See also* Cal. Code Regs., tit. 22, § 96071.
[11] Health & Saf. Code, § 127679. *See also* Cal. Code Regs., tit. 22, § 96080.
[12] Exhibit 13. *See also* Cal. Code Regs., tit. 22, § 96078.

11. Under Health and Safety Code section 127679, subsection (f), a penalty may "be reviewed on appeal, and the penalty may be reduced or waived for good cause."

12. Appellant submitted a written statement with its appeal and made oral statements of facts it believes show good cause why its reports were not submitted in a timely manner.

13. Appellant testified that it was aware of, registered with, and participating in the CTRx program prior to the report at issue. Appellant further testified that the CTRx team was not able to reassign login credentials prior to close of business on Friday, July 30, 2021. Appellant included an emailed spreadsheet with its communications with HCAI on Friday July 30, 2021, which it argued fulfilled the filing requirements as it was submitted in the Department's format. Appellant further testified that Mr. Farley was unable to add its report preparer, Jennifer Schneider, for several weeks after he was granted access.

14. Appellant further testified that its previous representative, Mr. Ayala, left employment on or about May of 2021.

15. These facts were substantiated by oral statements made under oath by Ms. Kirkland at the hearing and written exhibits.

16. The initial statements of both parties were not rebutted.

17. Mr. Garcia further testified that he had no reason to believe the emailed spreadsheet was lacking data elements or materially different from the data that was submitted on August 18, 2021. The emailed spreadsheet was not attached to the exhibits submitted by either party.

DISCUSSION AND LEGAL CONCLUSIONS

1. The issue here is whether Appellant had good cause, as required by Health and Safety Code section 127679, for failing to file its Donnatal Elixir quarterly WAC Increase Report by July 31, 2021, and whether the penalty should be reduced or waived.

2. In *Waters v. Superior Court*, the California Supreme Court stated that, "good cause may be equated to a good reason for a party's failure to perform that specific requirement from which

he seeks to be excused."[13] Good cause is sometimes defined as circumstances beyond the party's control, and not related to the party's own negligent act or failure to act. On an individual basis, courts and administrative bodies have often found that hospitalization, incapacitation, accident involvement, or loss or unavailability of records may constitute good cause.[14] However, good cause is not limited to the listed reasons, or to factors outside the control of the party. The determination of good cause in a particular context should utilize common sense based upon the totality of the circumstances, including the purpose of the underlying statutory scheme.[15]

3. A party's diligence is a factor in determining good cause for an extension or a delay.[16] The substantiated facts show that Appellant was aware that its reports were coming due through its own processes. However, Appellant's primary contact left employment and Appellant took no steps to update its contact information with the CTRx program until Friday, July 30, 2021, the day before the report at issue was due. HCAI staff acted on Appellant's request to change its primary contact that same day and within normal business hours, albeit at approximately 4:50 p.m. EDT. Appellant further testified it made a good faith effort to comply with law by submitting the required information via email. In addition, Appellant testified has always acted in good faith; it registered with the CTRx program before its first reports were due and timely filed one previous report. This testimony was not rebutted and is credible.

4. However, Mr. Farley also accessed the filing system on behalf of Appellant on Monday, August 2, 2021, but Appellant failed to submit the report at issue for more than two weeks. Appellant merely offered that Mr. Farley had difficulty adding Ms. Schneider to the system as its only explanation for the additional delay between August 2, 2021 and August 18, 2021. Nor did

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[13] *Waters v. Super. Ct. of Los Angeles County* (1962), 58 Cal.2d 885, 893 (hereafter *Waters*).

[14] Fair Political Practices Commission, Guidelines for Waiving Late Fines (Nov. 2017) http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/TAD/FilingOfficer/700FO-Folder/Late%20Fine%20Guidelines.pdf [as of December 4, 2019]. See also *Waters*, *supra*, 58 Cal.2d 885, 893.

[15] *Laraway v. Sutro & Co.* (2002) 96 Cal.App.4th 266, 274.

[16] *People v. Financial Casualty & Surety, Inc.* (2016) 2 Cal.5th 35, 45. See also *Wang v. Unemployment Ins. Appeals Bd.* (1990) 225 Cal.App.3d 412, 420.

Appellant offer any explanation for the delay in submitting its request to update its primary contact between May of 2021 and July 30, 2021. This failure occurred because, although Appellant had months to add additional users and update its primary contact information, it negligently waited until the last minute to do so. For these reasons, Appellant did not establish good cause for its delay.

5. HCAI regulations clearly state that CTRx reports "shall be submitted to the Office through the Office's website using the report submission portal at https://oshpd.ca.gov/data-and-reports/cost-transparency/rx/."[17] Appellant did email the information in good faith, and there is no evidence which indicates that that email did not contain the elements required by statute. However, this did not comply with HCAI regulations. Furthermore, the fact that the report at issue was eventually submitted online using the CTRx system makes it clear that Appellant was aware that submitting the report via email was not an authorized submission method, and Appellant provided insufficient justification for the additional delay.

6. These facts taken together demonstrate that the circumstances which contributed to the late filing were largely within the Appellant's control. Therefore, Appellant has not demonstrated good cause for a reduction or waiver of the $18,000 penalty.

CONCLUSION

For the reasons set forth above, the $18,000 penalty assessed against Appellant for failure to timely file the quarterly WAC Increase Report for Donnatal Elixir by July 31, 2021 is upheld.

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[17] Cal. Code Regs., tit. 22, § 96078(a).

PROPOSED ORDER

The assessed penalty is upheld.

Dated: April 22, 2022

Michelle Laura Church-Reeves

MICHELLE L. CHURCH-REEVES
Hearing Officer
Department of Health Care Access and Information

DECISION

Pursuant to California Code of Regulations, Title 22, Section 96087, after due consideration of the record, the Proposed Decision is:

[x] Accepted

[ ] Rejected

Dated: April 29, 2022

Elizabeth A Landsberg

ELIZABETH A. LANDSBERG
Director
Department of Health Care Access and Information

DECLARATION OF SERVICE

I am a resident of the United States and of the County of Sacramento, California. I am over the age of eighteen years and not a party to the within above-entitled action. My business address is 2020 W El Camino Avenue, Suite 1217, Sacramento, California 95833.

That on the date below, I served the following **Proposed Decision and Decision in Administrative Appeal HCAI No. 21-030-Q1, Appeal from Penalty,** and any enclosure(s), on all parties in the said action as addressed below by causing a true copy thereof to be:

_____ BY MAIL. I am familiar with this Office's practice whereby the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U. S. mailbox in the City of Sacramento, California, after the close of the day's business.
□ Certified Mail/Return Receipt Requested, Article #

_____ BY PERSONAL SERVICE. I caused such document(s) to be delivered by hand to the office of the person(s) listed below

_____ BY OVERNIGHT DELIVERY. I caused the above-listed document(s) to be delivered by overnight delivery to the office of the person(s) listed below:

_____ BY FACSIMILE. I caused the above-listed document(s) to be transmitted by facsimile transmission from (916) 322-2561 to the facsimile number listed below. The transmission was reported as completed and without error. The transmission report was properly issued by the transmitting facsimile machine.

X BY E-MAIL. I caused the above-listed document(s) to be transmitted by electronic mail from HCAILegalOffice@hcai.ca.gov to the e-mail address(s) listed below.

James Farley, Senior Business Analyst VistaPharm, Inc. James.Farley@Verticepharma.com	Jacob Rivera, Staff Services Manager I Cost Transparency: Prescription Drugs Section, HCAI Jacob.Rivera@HCAI.CA.Gov
Dionne Evans-Dean, Staff Services Manager II Cost Transparency Section, HCAI Dionne.Evans-Dean@HCAI.CA.Gov	Geoffrey Trautman, Attorney III Legal Division, HCAI Geoffrey. Trautman@HCAI.CA.Gov

I declare under penalty of perjury that the foregoing is true and correct. Executed at Sacramento, California on May 5, 2022.

Joanna Luce

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

October 20, 2021

VISTAPHARM INC
ATTN: GLEN MICHAEL ROSS, EIC
13701 66TH ST N
LARGO, FL 33771

RE: CI 2020 90331
VISTAPHARM INC
OSD 7172

The attached Citation CI 2020 90331, has been issued to VISTAPHARM INC, OSD 7172. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Sincerely

Joshua Monforte
Citation and Fine Analyst

Attachments

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2020 90331	VISTAPHARM INC, OSD 7172

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$5,000.00

CONDUCT:

Unprofessional Conduct – Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on December 18, 2019, the Florida Department of Business and Professional Regulation issued a $16,000 fine to VistaPharm Inc based on the distribution of prescription drugs on 629 occasions without a designated representative-in-charge present, manufacturing and repackaging drugs that were not registered with the Department of Business and Professional Regulation and operating without a valid complimentary drug distributor permit.

[redacted]

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

October 20, 2021

DATED MATERIAL ENCLOSED

VISTAPHARM INC
ATTN: DONALD DEGOLYER, CEO
13701 66TH ST N
LARGO, FL 33771

RE: CI 2020 90331
VISTAPHARM INC
OSD 7172

The attached Citation and Fine, ("Citation") is being issued pursuant to Business and Professions Code section 125.9 and California Code of Regulations, title 16, section 1775 et. seq., for violations of the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the Board's web site, at www.pharmacy.ca.gov, under Pharmacy Law and Regulation).

The attached Citation references the specific statutes and regulations violated, defines each violation charged and specifies any fine(s) assessed. The attached Citation details the conduct that resulted in the issuance of the Citation.

IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE CITATION AND INSTRUCTIONS, TO UNDERSTAND THE PROCESS FOR CONTESTING THE CITATION AND TO RESPOND TO THE CITATION WITHIN THE FOLLOWING TIME FRAMES:

- November 19, 2021: Unless the Citation is contested payment of fine(s) must be received by the Board.
- November 03, 2021: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- November 19, 2021: Any contest of the Citation by request for a formal Appeal must be received by the Board.

The issuance of a Citation by the Board of Pharmacy is considered an administrative action and substantiated resolution of a complaint and/or investigation. If a hearing is not requested to contest the Citation(s), payment of any fine(s) shall not constitute an admission of the violation(s) charged. Payment in full of the fine(s) assessed shall be represented as a satisfactory resolution of the matter in any public disclosure. (Business and Professions Code section 125.9; California Code of Regulations section 1775).

Additionally, if, at the time of license renewal, the Board has not received full payment of assessed fine(s) and a request to contest the Citation has not been received within the time frames specified, the license shall not be renewed until the assessed fine(s) and renewal fee/s are paid in full.

If you have any questions regarding this Citation please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Anne Sodergren
EXECUTIVE OFFICER

By: 

Attachments

Joshua Monforte
Citation and Fine Analyst

INSTRUCTION

Read the Following Carefully and Thoroughly

You are hereby served with a Citation issued by the Executive Officer of the California State Board of Pharmacy or her designee. The following instructions are provided to assist you in your timely completion of the Citation process.

PAYMENT OF FINE

- Payment must be made by **November 19, 2021.**
- Make check or money order payable to the Board of Pharmacy. Do not submit cash.
- Attach the enclosed "copy" of your Citation

Mail payment to: State Board of Pharmacy
Attn: Cashier
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833

Unless contested, Citations are final 30 days from the date of service. Payment of a fine is not an admission of the violation charged. A Citation becomes part of your record, and remains there for five years. It can be used as an aggravating factor for future violations. Citations are public information and as such may be released to the public in accordance with the Public Records Act and Information Practices Act.

CONTESTING THE CITATION (CCR §1775.4)

If you wish to contest all or part of your Citation you may request an informal office conference or an appeal before an administrative law judge, or both. If you wish to request both you must submit both forms. If you prevail at the office conference your request for an appeal shall be deemed withdrawn. Please note that the time frames that allow you to request an office conference and an appeal run concurrently. You must submit your request(s) according to the following instructions:

REQUEST FOR OFFICE CONFERENCE (CCR §1775.4 subd. (b))

- Complete attached "Request for Office Conference".
- Mail form to arrive at the Board office no later than November 03, 2021 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than November 19, 2021 to the address at the bottom of the form.
- You will be advised in writing as to the date and time of your hearing.

An appeal is a formal adjudicative hearing before an Administrative Law Judge. A Deputy Attorney General will represent the Board of Pharmacy at this hearing. These proceedings shall be conducted in accordance with the provisions of Chapter 5, commencing with Section 11500 of Part 1 of Division 3 of Title 2 of the Government Code.

If you have any questions regarding any documents enclosed please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number	Name, License No
CI 2020 90331	VISTAPHARM INC, OSD 7172

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$5,000.00

CONDUCT:

Unprofessional Conduct – Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on December 18, 2019, the Florida Department of Business and Professional Regulation issued a $16,000 fine to VistaPharm Inc based on the distribution of prescription drugs on 629 occasions without a designated representative-in-charge present, manufacturing and repackaging drugs that were not registered with the Department of Business and Professional Regulation and operating without a valid complimentary drug distributor permit.

[redacted]

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

COPY

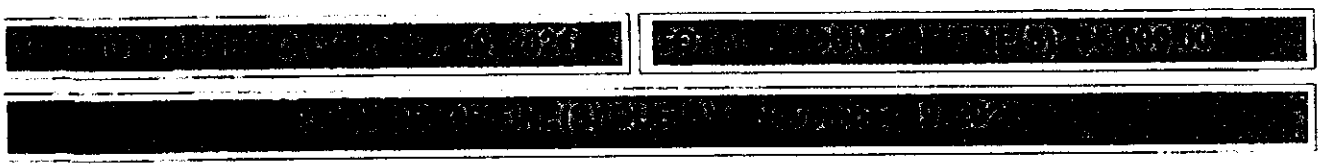
Citation Number	Name, License No
CI 2020 90331	VISTAPHARM INC, OSD 7172

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (n)	Unprofessional Conduct - Out of state disciplinary action	$5,000.00

CONDUCT:

Unprofessional Conduct – Business and Professions Code section 4301(n) authorizes the Board to take action against a licensee for the revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required. Specifically, on December 18, 2019, the Florida Department of Business and Professional Regulation issued a $16,000 fine to VistaPharm Inc based on the distribution of prescription drugs on 629 occasions without a designated representative-in-charge present, manufacturing and repackaging drugs that were not registered with the Department of Business and Professional Regulation and operating without a valid complimentary drug distributor permit.



California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: VISTAPHARM INC

License No: OSD 7172

Citation Number : CI 2020 90331

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

_____

_____

_____

_____

_____

_____

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Daytime Phone: ( ) _____ Email Address:( ) _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address:

California State Board of Pharmacy
Attn: Citation and Fine Unit
2720 Gateway Oaks Drive #100
Sacramento, CA 95833
(916) 518 - 3100

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an Administrative Law Judge.

In the Matter of the Citation Against:	Citation Case No : CI 2020 90331
VISTAPHARM INC OSD 7172 Respondent	NOTICE OF APPEAL (Pursuant to sections 11505, and 11506 Government Code)

I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Citation.

I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in said Citation.

DATED _____ _____
(Respondent)

Mailing Address of Respondent:

_____
(Street Address)

_____ ( )
(City (State) (Zip) (Telephone)

Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please complete the following:

Mailing Address of Attorney

_____
(Attorney's Name

_____
(Street Address)

_____ ( )
(City (State) (Zip) (Telephone)

California State Board of Pharmacy

DECLARATION OF SERVICE BY CERTIFIED MAIL

Name: VISTAPHARM INC, OSD 7172
Citation and Fine CI 2020 90331

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On, October 20, 2021 I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California, addresses as follows:

NAME	CERTIFIED MAIL NO
VISTAPHARM INC ATTN: DONALD DEGOLYER, CEO 13701 66TH ST N LARGO, FL 33771	7019 1120 0000 6821 7706

I declare under penalty of perjury that the forgoing is true and correct.

Executed on October 20, 2021

DECLARANT

Joshua Monforte
Citation and Fine Analyst

Good Morning

Check was cashed

CA Citation
CI 2020 90331
Proof of Payment

Checking - xxx3245 Dec 21, 2021



CADENCE BANK
61-829/622

32675

VISTAPHARM, INC.
630 CENTRAL AVE
NEW PROVIDENCE, NJ 07974

32675

828992

DATE

AMOUNT

***Five Thousand & No/100 Dollars

PAY

11/05/21

$5,000.00

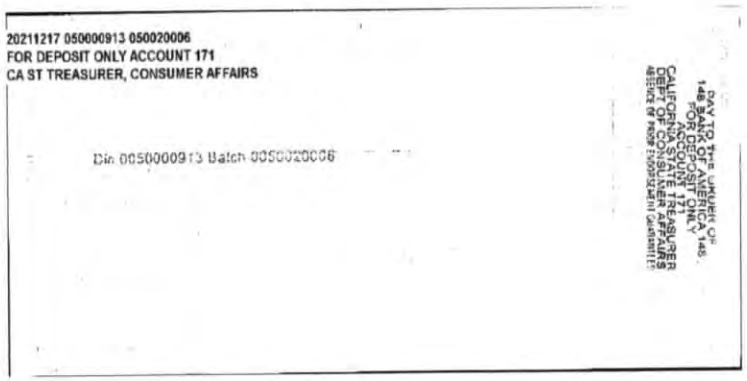
VOID AFTER 90 DAYS

TO THE ORDER OF

California State Board of Pharmacy
Cashier
2720 Gateway Oaks Dr. Ste 100
Sacramento, CA 95833

[redacted]

Checking - xxx3245 Dec 21, 2021



20211217 050000913 050020006
FOR DEPOSIT ONLY ACCOUNT 171
CA ST TREASURER, CONSUMER AFFAIRS

Dln 050000913 Batch 00500200006

PAY TO THE ORDER OF
148
BANK OF AMERICA
FOR DEPOSIT ONLY
ACCOUNT 171 TREASURER
CALIFORNIA CONSUMER AFFAIRS
DEPT OF CONSUMER AFFAIRS
RESERVE FOR PROOF ENDORSEMENT QUARANTEE

FL Dept Business & Professional Regulation
Settlement Case#s
2019-013525, 2019-017710,
2019-017716, 2019-017304

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,

Petitioner,

v.

VISTAPHARM, INC.,

Respondent.

Case Nos.: 2019-013525
2019-017710
2019-017716
2019-017304

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case numbers 2019-013525, 2019-017710, 2019-017716, and 2019-017304 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. VistaPharm, Inc. (hereinafter, "Respondent") is permitted as an over-the-counter drug manufacturer, a prescription drug wholesale distributor, and a prescription drug repackager by the Department, having been issued permit numbers 21:790, 22:20237, and 27:63 respectively.

2. Respondent's address of record is 7265 Ulmerton Road, Largo, Florida 33771.

3. Respondent was issued a Notice of Violation on September 24, 2019, alleging that

it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department for this specific matter and allegations.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case numbers 2019-013525, 2019-017710, 2019-017716, and 2019-017304, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent affirms that it currently is or will be in compliance with Chapter 499, Florida Statutes, within 60 days of the adoption of this agreement in a final order by the Department.

7. Respondent agrees to pay a settlement amount of sixteen-thousand dollars ($16,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: George Coukoulis, Administrative Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement, and all allegations contained herein will be resolved.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative

Code. While Respondent understands that certain disclosures must be made by Florida Public Records Law, Respondent agrees to only the minimum exposure under the Public Records Law and reserves the right to protect all trade/secret confidential information as described under federal FOIA regulations, FDA regulations and Florida law.

STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case numbers** 2019-013525, 2019-017710, 2019-017716, and 2019-017304. **The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

VISTAPHARM, INC.,	**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,**
By: D. P. DeGolyer	By: _____
Name: Don DeGolyer	Name: _____
Title: Founder/CEO	Title: _____
Date: 12.18.19	Date: _____

Discipline Docs
5930
FL Dept of Health
Final Order
Case#s 2009-17661, 2009-17660, 2009-12351

Final Order No. DOH-11-2139-S-MQA
FILED DATE 8.30.11
Department of Health
By: Deputy Agency Clerk

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case Nos.: 2009-17661; 2009-17660; 2009-12351

vs.

VISTAPHARM, INC.,

Respondent.
_____/

FINAL ORDER

A Notice of Violation letter was sent to the Respondent by the Department on December 21, 2009. Having received an Offer of Settlement, which is attached hereto as Exhibit A, this matter is before the Department of Health for the entry of a final order.

The Offer of Settlement was executed on or about April 20, 2010, and submitted together with the payment.

The Offer of Settlement is accepted and incorporated by reference. The parties are directed to comply with the terms of the Agreement.

It is, therefore, ORDERED that this matter and proceeding be CLOSED.

DONE and **ORDERED** this 29th day of August 2011, in Tallahassee, Leon County, Florida.

H. Frank Farmer, Jr., MD, PhD., FACP
State Surgeon General

By: _____
Mark Whitten
Executive Director
Drugs, Devices and Cosmetics

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished via U.S. mail to **Vistapharm, Inc., Attention: Mr. Robert Rice, 7265 Ulmerton Road, Largo, Florida 33771,** this 30th day of August, 2011.

Deputy Clerk

cc: Kathryn E. Price, DOH, 4052 Bald Cypress Way, Bin #A-02, Tallahassee, FL 32399
Robert F. Jernigan, DOH, 4052 Bald Cypress Way, Bin #A-02, Tallahassee, FL 32399

SETTLEMENT AGREEMENT

VistaPharm, Inc
Case No: 2009-17661, 2009-17660, 2009-12351

Pursuant to S. 120.57(4), Florida Statutes, the above named party hereby enters into this stipulation as disposition of the attached administrative action, in lieu of any other administrative proceedings authorized in Chapter 120, Florida Statutes. The terms herein become effective upon rendition of the final order which shall incorporate the Settlement Agreement.

STIPULATED FACTS

1) VistaPharm, Inc. was issued a Notice of Violation for receipt of prescription drugs from an unauthorized source, sale or transfer of a prescription drug to an unauthorized source, failing to maintain minimum audit trail/record keeping requirements; receiving prescription drugs without a pedigree and failing to pass pedigrees.
2) During the time the violations occurred VistaPharm, Inc. was a permitted Prescription Drug Wholesaler, Prescription Drug Repackager, and a Prescription Drug Manufacturer have been issued permit numbers 22:1296, 28:1, and 20:150, respectively.
3) The Department is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.43, Florida Statutes and Chapter 499, Florida Statutes.

CONCLUSIONS OF LAW

4) VistaPharm, Inc. by and through its undersigned agent, admits that it is subject to the provisions of Chapter 499, Florida Statutes, and the jurisdiction of the Department.
5) VistaPharm, Inc. admits that the findings set forth in the Notice of Violation, if proven, would constitute a violation of Chapter 499, Florida Statutes.

SETTLEMENT

6) VistaPharm, Inc. agrees to pay a fine of **fourteen thousand dollars ($14,00.00)**, and acknowledges that payment is enclosed with this agreement.



7) VistaPharm, Inc. affirms the violations cited the Notice of Violation letter issued under this case number have been corrected.

8) VistaPharm, Inc. affirms that it shall comply with all provisions of the Florida Drugs, Devices and Cosmetic Act, Chapter 499, Florida Statutes, and the rules adopted thereunder.

9) It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary actions may be taken.

10) VistaPharm, Inc. expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Settlement Agreement incorporated in the Final Order.

11) VistaPharm, Inc. waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

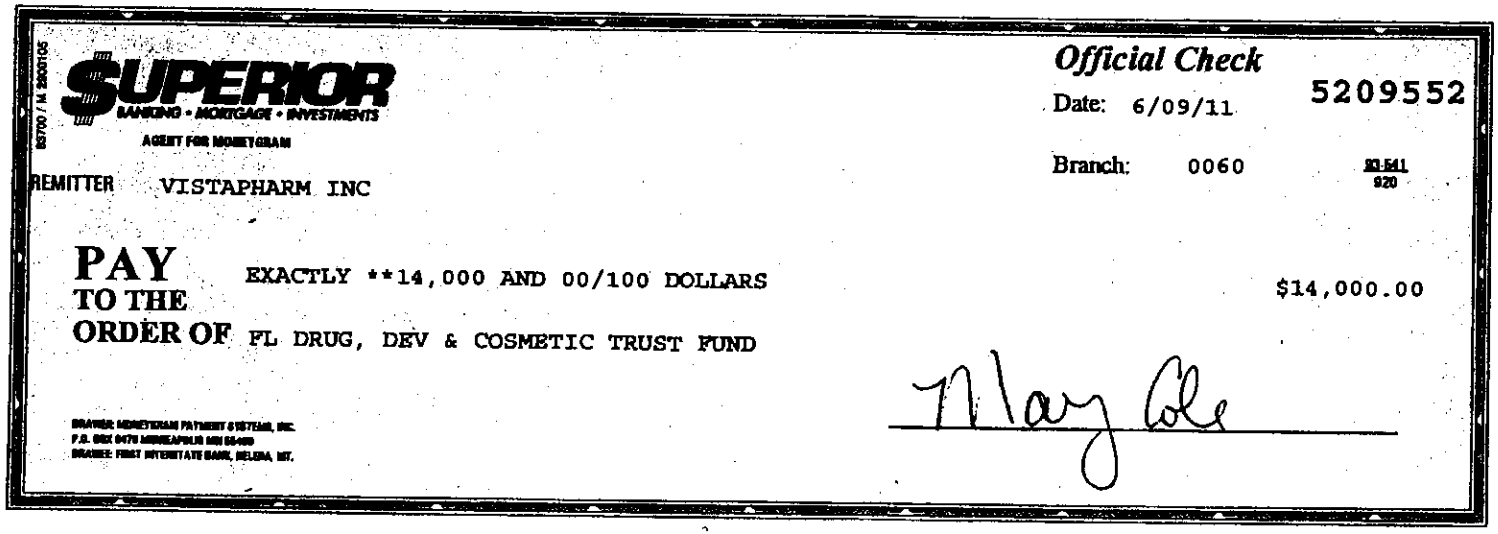
Corporate Seal:

By: _____, CFO — 4/20/10
President (or authorized agent) — Date

Attested by: _____ — 4/20/10
Corporate Secretary — Date

[Note this line only applies if the respondent is a corporation.]

5934



SUPERIOR
BANKING • MORTGAGE • INVESTMENTS
AGENT FOR MONEYGRAM

Official Check

Date: 6/09/11 **5209552**

Branch: 0060

REMITTER VISTAPHARM INC

PAY EXACTLY **14,000 AND 00/100 DOLLARS $14,000.00

TO THE ORDER OF FL DRUG, DEV & COSMETIC TRUST FUND

Mary Cole

DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.
P.O. BOX 0470 MINNEAPOLIS MN 55440
DRAWEE: FIRST INTERSTATE BANK, BILLINGS, MT.

Official Check

DATE: 6/09/11

REMITTER: VISTAPHARM INC

TO: FL DRUG, DEV & COSMETIC TRUST FUND

BRANCH:	0060
ORIGINATOR:	GLASSFORDS
TIME:	10:33:57
CK AMT:	$14,000.00
FEE AMT:	$.00
TOTAL:	$14,000.00

NON-NEGOTIABLE

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Non-Refundable $1,000 Fee

Rev (08/17/2022)

Where is the facility located?		☐ Nevada ☐ Out-of-State
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler ☐ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH _____	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Zimmer US, Inc.

Physical Address: 1535 West Center Street

City: Warsaw State: IN Zip: 46580

Mailing Address (if different from physical address): 345 East Main Street

City: Warsaw State: IN Zip: 46580

Telephone: 574-549-3029 Website: www.zimmerbiomet.com

Name of Designated Representative (DR): N/A ~~Evan Torres~~ see NAC Section 639.5935

Licensing Company Email: legal.americas@zimmerbiomet.c DR Email: contactus@zimmerbiomet.com

Entities the Wholesaler will Serve (✓ all applicable)	**Products to be Handled or Wholesaled (✓ all applicable)**	**Type of Wholesaling (✓ all applicable)**
☐ Pharmacies	☐ Dangerous Drugs	■ Manufacturer
☐ Practitioners	☐ Controlled Substances	☐ Repacker
■ Hospitals	■ [a]Medical devices, equipment, supplies, gases	☐ Reverse Distributor
☐ Wholesalers	☐ Others:	☐ Warehouse
☐ Veterinarians		☐ Retail pharmacy wholesale distributor
☐ Others:		☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # n/a . **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Julia Slawson

Original Signature (electronic, copies or stamps not accepted)

10-17-2022

Date

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: n/a do not distribute pharmaceutical products

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Zimmer Biomet Holdings, Inc.

Corporation Name: Zimmer Biomet

Mailing Address: 345 East Main Street

City: Warsaw State: IN Zip: 46580

Telephone: 574 549 3029 Email: julia.lawson@zimmerbiomet.com

Contact Person Name: Julia Lawson

Date of SEC Registration: 9-29-2014 | SEC Registration Number: 0001136869 | Stock Exchange Symbol: ZBH

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** (First 15 pages only)	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
• [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/	✓	✓	✓	✓
• **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00).	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.

Zimmer US, Inc.

Facility Name

Julia S. Lawson

Print Name of Authorized Person Submitting Application

Julia S Lawson

Original signature of Authorized Person (copies or stamps not accepted)

10-17.2022

Date

Board Use Only	Date Received: 10-19-22	Amount: 1000.00 RC

Section 8 – Bond requirement

Pursuant to the bond application:
*An applicant that is a Publicly-Traded corporation is not required to file a bond or other security pursuant to NRS 639.515.

Section 9 attachments – for publicly traded companies:

List of Officers & Directors

List of top four shareholders and percent ownership

Certificate of good standing

Not handling controlled substances – no DEA Certificate

Current SEC 10k (first 15 pages)

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Copy of your license- not included – Indiana does not license medical device manufacturers.

Not included – Zimmer Biomet distributes to hospitals, not directly to patients. • This application is required if Medical Devices, Equipment and Gases (MDEG) products will be sold directly to a patient by a prescription.

Proof of insurance

Per NAC Section 639.5935, The requirement to designate a representative set forth in this subsection does not apply to:**(a)** An applicant that is a publicly traded corporation;

List of Officers & Directors

Bryan Hanson CEO
Rachel Ellingson Senior VP
David Kunz Senior VP
Angela Main Senior VP
Keri Mattox Senior VP
Chad Phipps Senior VP
Paul Stellato VP
Zeeshan Tariq Senior VP
Ivan Tornos COO
Kenneth Tripp Senior VP
Suketu Upadhyay Executive VP
Lori Winkler Senior VP

Directors:

Christopher Begley
Betsy Bernard
Michael Farrell
Robert Hagemann
Bryan Hanson
Artur Higgins
Maria Teresa Hilado
Syed Jafry
Sreelaksmi Kolli
Michael Michelson

List of top four shareholders and percent ownership

The Vanguard Group 10.83%
BlackRock Fund Advisors 5.27%
T. Rowe Price Associates, Inc. 4.26%
SSgA Funds Management, Inc. 4.20%

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZIMMER US, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZIMMER US, INC." WAS INCORPORATED ON THE SIXTH DAY OF MAY, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3522047 8300

SR# 20220243961

Authentication: 202481925

Date: 01-25-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

Mark I. Sedar

From: Mark I. Sedar
Sent: Tuesday, November 8, 2022 1:44 PM
To: Peter Keegan
Subject: RE: Zimmer Biomet request for temporary wholesaler license

Yes, please!

Mark Sedar

From: Peter Keegan <p.keegan@pharmacy.nv.gov>
Sent: Tuesday, November 8, 2022 1:43 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: FW: Zimmer Biomet request for temporary wholesaler license

Hi, Mark:

Do you want to notify Dave/Yenh that Zimmer Biomet has requested a temporary license?

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy
(775) 850-1440 ext. 123

From: Lawson, Julia <Julia.Lawson@zimmerbiomet.com>
Sent: Tuesday, November 8, 2022 11:26 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Cc: Peter Keegan <p.keegan@pharmacy.nv.gov>
Subject: Zimmer Biomet request for temporary wholesaler license

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Gentlemen –

Attached is the Administrator license application. The original has been mailed via the US Mail.

Note, the address in the Administrator license is slightly different from the original application – the correct address is on the Administrator license. According to the administrator license application form, the medical provider should be able to service the medical products sold, including repair and maintenance, and we are to employ people to provide these services. Our administrator wanted to make it clear that most of our medical devices are implants and must be implanted by surgeons. After implantation, we cannot repair or maintain the implants. We do provide representatives that are available for the surgeries so that the surgeon can ask questions about the implants. Additionally, he is available to direct questions to the appropriate person if any issues arise.

- - - CONFIDENTIALITY NOTICE - - -

This communication and any attachments hereto may contain confidential and/or privileged information. Unauthorized use or disclosure to additional parties is prohibited. If you are not an intended recipient, kindly notify the sender and destroy all copies in your possession.

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

EmpName
Craig, Colleen
Breske, Jacqueline
Justice, Carolyn
Fingerle, Tammy
Spangle, Teresa
Clay, Lonnie
Hedington, Patricia
Adams, James
Becker, Jennifer
Pence, Amanda
Early, Jennifer
Ammons, Michael
Ferrolino, Keith
Morris, Reece
Slone, Carey
Burris, Rachael
Slone, Gintry
Johnston, Laura
Hively, Christina
Svensson, Kayla
Skinner, Michael
Thomas, Craig
Brown, Richard
Miller, Paulette
Kann, Nicole
Bauder, Thomas
Corban, Jeffrey
Denison, Brandon
Emrick, Gina
Islas, Denise
Perkins, Kelli
Hutchinson, Kellie
Perkins, Vondarene
Klinger, Elizabeth
Simons, Brittany
Hendrix, Alexandrea
Diaz Barriga Marin, Hugo
Riley, Destinee
Ross, Alexander
Bradley, Maxon
Pidgeon, Maylee
Bell, Timothy
Mcallister, Michael
Bailey, Joshua
Robbins, Benjamin
Stidams, Gaige
Nelson, Kaitlyn

Brent, Christina
Black, Emily
Olmstead, Andrew
Wood, Jason
Huffer, Nicholas
Lisenbee, Jeremy
Rutledge, John
Gonzalez, Bryan
Nelson, Joseph
Miller, Tina
De Jesus, Neithan
Mitchell, Issiac
Schoff, Kristopher
Walker, Jensyn
Campbell, Autumn
Stacey, Jennifer
Williams, Heather
Railsback, Penny
Zellers, Emilie
Schafer, Echo
Swick, Penny
Weidenbenner, Olivia
Greenwood, Jennifer
Bumbaugh, Brandon
Howard, Carissa
Holland, Joshua
Mendoza, Luis
Ramirez, Michelle
Bennington, Eli
Hendrix, Landon
Reyes, Marysa
Patrick, J
Petty, Tyler
Hammond, Vanessa
Hernandez, Johnny
Ruiz, Daniela
Miller, Ashlee
Griffin, Melissa
Jimenez, Rafael
Presson, Bobbi
Carr, Vicki
Hyde, Brittany
Stinson, Rebecca
Schmucker, Nancy
Tlahuetl-Zaca, Olivia
Stone, Joseph
Turley, Rhonda
Cochran-Sutherlin, Branden
Zarse, Jacob
Wagley, Mark
Cowan, Stephanie

Pittman, Amber
Martinez, Gloria
Corwin, Noelle
Boyer, Tony
Oquendo, Daniel
Harter, Ryan
Lucas, Jacob
Allen, Shelley
Cervantes, Milagros
Hunt, David
Perez, Christian
Cotton, Jeffrey
Busz, Ander
Perkins, Brice
Rivera, Jocelyn
Conwell, Rhonda
Hygema, Ansel
Wynn, James
Dilley, Jocelyn
Whiting, Emmalee
Burk, Emily
Amini Kashani, Shafagh
Dunham, Nicole
Miller, Luke
Carvajal, Saris
Zarse, Hanna
Thompson, Joshua
Dresch, Kimberly
Heisler, Ryan
Rose, Robert

JPMORGAN CHASE BANK, N.A.,
BOFA SECURITIES, INC.,
BARCLAYS BANK PLC,
BNP PARIBAS SECURITIES CORP.,
CITIBANK, N.A.,
DNB MARKETS, INC.,
GOLDMAN SACHS BANK USA
HSBC SECURITIES (USA) INC.,
MIZUHO BANK, LTD.,
MORGAN STANLEY MUFG LOAN PARTNERS LLC,
RBC CAPITAL MARKETS1 and
SUMITOMO MITSUI BANKING CORPORATION

Proof of insurance

See attached – the certificate covers all subsidiaries of Zimmer Biomet Holdings, Inc.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 6410 Poplar Avenue, Suite 540 Memphis, TN 38119 Attn: Karen Angus (k.angus@marsh.com) CN103092394-ZB-GAWU-22-23	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED Zimmer Biomet Holdings, Inc. Attn: Maureen Smith 345 E. Main Street Warsaw, IN 46580	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Hartford Fire Insurance Co — 19682 **INSURER B :** Hartford Accident & Indemnity Co. — 22357 **INSURER C :** ACE Property & Casualty Insurance Company — 20699 **INSURER D :** Twin City Fire Insurance Co — 29459 **INSURER E :** Hartford Casualty Ins Co — 29424 **INSURER F :** Hartford Underwriters Insurance Company — 30104

COVERAGES **CERTIFICATE NUMBER:** ATL-005165546-04 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			20CS31702	10/01/2022	10/01/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 1,000,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ EXCLUDED
A F	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			20ABS31704 (AOS) 20ABS31706 (HI)	10/01/2022 10/01/2022	10/01/2023 10/01/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 2,000,000 $ $ $
C	X **UMBRELLA LIAB** [X] OCCUR **EXCESS LIAB** CLAIMS-MADE DED [X] RETENTION $ 25,000			XEUG7254366A 002	10/01/2022	10/01/2023	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B D E	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		20WNS31700 (AOS) 20WBRS31701 - Retro (WI/MA) 20 XWE S31707 - Excess (OH) Ohio - SIR $250,000	10/01/2022 10/01/2022 10/01/2022	10/01/2023 10/01/2023 10/01/2023	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance -Zimmer Biomet Holdings Inc. and its subsidiaries are included as named insured

CERTIFICATE HOLDER

Evidence of Insurance
c/o Zimmer US Inc.
Attn; Maureen Smith
345 E. Main Street
Warsaw, IN 46580

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marsh USA Inc.

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Mark I. Sedar

From: Lawson, Julia <Julia.Lawson@zimmerbiomet.com>
Sent: Wednesday, October 26, 2022 5:43 AM
To: Mark I. Sedar
Subject: Zimmer Biomet temporary license request

Follow Up Flag: Flag for follow up
Flag Status: Flagged

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello –

I am requesting that you provide a temporary license for Zimmer Biomet to distribute medical devices into Nevada. We have patients with surgeries scheduled that need the devices.

What needs to be done so that you provide the license?

Regards,

Julia

THE POWER OF US.

Julia Lawson
Legal Counsel, Commercial Solutions- Central Region
345 East Main Street
Mail Stop 3246
Warsaw, IN 46580
Cell: 574 549-3029
julia.lawson@zimmerbiomet.com

Samantha.neal@zimmerbiomet.com

ZIMMER BIOMET
Your progress. Our promise.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Zimmer US, Inc. MDEG License # (if applicable): _____

Physical Address: 1777 West Center Street

City: Warsaw State: IN Zip: 46580

Mailing Address (if different from physical address): 345 East Main Street

City: Warsaw State: IN Zip: 46580

Telephone: 574-549-3029 Website: www.zimmerbiomet.com

Licensing Company Email: legal.americas@zimmerbiomet.com

Section 2: Personal Information

First: Michael Middle: Dean Last: Skinner

Alias(es, nicknames, name changes, etc.): Mike Skinner

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] N 500 E

City: Kendallville State: IN Zip: 46755

Telephone: [redacted] Email: michael.skinner1@zimmerbiomet.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana Institute of Technology		08/05 - 02/12	
Address	**City**	**State**	**Zip**
1600 East Washington Blvd	Fort Wayne	IN	46803
Diploma/Degree obtained, if any			
MBA, BS Business, and Associate Business			

School Name		From - To (MM/YY – MM/YY)	
Lovell High School		08/91 - 05/95	
Address	**City**	**State**	**Zip**
502 Hampshire Av	Lovell	WY	82431
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/21 - current	[redacted] N 500 E	Kendallville	IN	46755
08/19 - 12/21	[redacted]W 525 N	Albion	IN	46701
09/14- 08/19	[redacted]reenfield Trail	Forney	TX	75126
03/13 - 09/14	[redacted]anielle Circle	Bellevue	NE	68123
08/09 - 03/13	[redacted]CR 194	Tyler	TX	75701
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

Business Name: Zimmer US, Inc.			From - To (MM/YY – MM/YY): 09/22 - current	
Business Address: 1777 W. Center Street		City: Warsaw	State: IN	Zip: 46580
Phone: 574 373 2224	Title: Warehouse Manager		Number of Employed Hours: 360 hours	
Description of Duties: Oversee inbound and outbound shipping and receiving medical device products.				

Business Name: NFI			From - To (MM/YY – MM/YY): 07/16 - 04/18	
Business Address: 2 Cooper Street		City: Camden	State: NJ	Zip: 08102
Phone: 877 634 3777	Title: General Manager		Number of Employed Hours: over 2500	
Description of Duties: Oversee inbound and outbound shipping and receiving				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline.		✓

Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted) _____ Date _____

I, Michael Skinner, **certify that as the MDEG Administrator for**

Zimmer US, Inc.,

that I (initial that you have read and meet the following requirements):

1. MS Have a high school diploma or its equivalent;
2. MS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care; business of providing medical devices
3. MS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Skinner
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/8/2022
Date

Board Use Only	Date Received: 11-10-22

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): August 19, 2022

ZIMMER BIOMET HOLDINGS, INC.
(Exact name of registrant as specified in its charter)

Delaware	001-16407	13-4151777
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

345 East Main Street
Warsaw, Indiana 46580
(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code: (574) 267-6131

Not applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.01 par value	**ZBH**	**New York Stock Exchange**
1.414% Notes due 2022	**ZBH 22A**	**New York Stock Exchange**
2.425% Notes due 2026	**ZBH 26**	**New York Stock Exchange**
1.164% Notes due 2027	**ZBH 27**	**New York Stock Exchange**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter)

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 1.01 Entry into a Material Definitive Agreement.

On August 19, 2022, Zimmer Biomet Holdings, Inc. (the "Company") entered into a new five-year revolving credit agreement and a new 364-day revolving credit agreement, as described below.

The Five-Year Revolving Credit Agreement, dated as of August 19, 2022, among the Company, the lenders party thereto and JPMorgan Chase Bank, N.A., as administrative agent (the "Five-Year Credit Agreement"), is a five-year unsecured revolving facility of $1.5 billion (the "Five-Year Revolving Facility"). The Five-Year Credit Agreement will mature on August 19, 2027, with two one-year extensions exercisable at the Company's discretion and subject to required lender consent. The Five-Year Credit Agreement also includes an uncommitted incremental feature allowing the Company to request an increase of the facility by an aggregate amount of up to $500.0 million. Borrowings under the Five-Year Revolving Facility will be used for general corporate purposes.

Borrowings under the Five-Year Credit Agreement will bear interest at floating rates, based upon either an adjusted Term secured overnight financing rate ("SOFR") for the applicable interest period or an alternate base rate, in each case, plus an applicable margin determined by reference to the Company's senior unsecured long-term debt credit rating. The Company will pay a facility fee on the aggregate amount of the Five-Year Revolving Facility at a rate determined by reference to the Company's senior unsecured long-term debt credit rating.

The Five-Year Credit Agreement contains customary affirmative and negative covenants and events of default for unsecured financing arrangements, including, among other things, limitations on consolidations, mergers, and sales of assets. The Five-Year Credit Agreement also requires that the Company maintain a consolidated indebtedness to consolidated EBITDA ratio of no greater than 4.5 to 1.0 as of the last day of any period of four consecutive fiscal quarters (with such ratio subject to increase to 5.0 to 1.0 in connection with a qualified material acquisition and certain other restrictions).

The 364-Day Revolving Credit Agreement, dated as of August 19, 2022, among the Company, the lenders party thereto and JPMorgan Chase Bank, N.A., as administrative agent (the "364-Day Credit Agreement"), is an unsecured revolving credit facility in the principal amount of $1.0 billion (the "364-Day Revolving Facility"). The 364-Day Credit Agreement will mature on August 18, 2023, and borrowings under the 364-Day Revolving Facility will be used for general corporate purposes.

Borrowings under the 364-Day Credit Agreement will bear interest at floating rates based upon either an adjusted Term SOFR for the applicable interest period or an alternate base rate, in each case, plus an applicable margin determined by reference to the Company's senior unsecured long-term debt credit rating. The Company will pay a facility fee on the aggregate amount of the 364-Day Revolving Facility at a rate determined by reference to its senior unsecured long-term debt credit rating.

The 364-Day Credit Agreement contains customary affirmative and negative covenants and events of default for an unsecured financing arrangement, including, among other things, limitations on consolidations, mergers and sales of assets. The 364-Day Credit Agreement also requires that the Company maintain a consolidated indebtedness to consolidated EBITDA ratio of no greater than 4.5 to 1.0 as of the last day of any period of four consecutive fiscal quarters (with such ratio subject to increase to 5.0 to 1.0 in connection with a qualified material acquisition and certain other restrictions).

The foregoing descriptions of the Five-Year Credit Agreement and the 364-Day Credit Agreement are qualified in their entirety by reference to the full text of the Five-Year Credit Agreement and the 364-Day Credit Agreement, which are filed as Exhibit 10.1 and Exhibit 10.2 hereto, respectively, and are incorporated herein by reference.

In the ordinary course of business, certain of the lenders under the Five-Year Credit Agreement and/or the 364-Day Credit Agreement and their affiliates have provided, and may in the future provide, investment banking,

commercial banking, cash management, foreign exchange or other financial services to the Company and its affiliates for which they have received, and may in the future receive, compensation.

Item 1.02 Termination of a Material Definitive Agreement.

In connection with the entry into the Five-Year Credit Agreement and the 364-Day Credit Agreement, on August 19, 2022, the Five-Year Revolving Credit Agreement dated as of August 20, 2021, among the Company, JPMorgan Chase Bank, N.A., as administrative agent, and the lenders party thereto (the "2021 Five-Year Credit Agreement"), and the 364-Day Revolving Credit Agreement dated as of August 20, 2021, among the Company, JPMorgan Chase Bank, N.A., as administrative agent, and the lenders party thereto (the "2021 364-Day Credit Agreement" and, together with the 2021 Five-Year Credit Agreement, the "Prior Credit Agreements") were terminated and are of no further force or effect (except with respect to any obligations and provisions that survive the termination thereof). There were no borrowings outstanding under either of the Prior Credit Agreements at the time they were terminated, and all existing letters of credit issued under the 2021 Five-Year Credit Agreement were transitioned to, and now constitute outstanding letters of credit under, the Five-Year Credit Agreement.

Item 2.03 Creation of a Direct Financial Obligation or an Obligation under an Off-Balance Sheet Arrangement of a Registrant.

The disclosure required by this Item is included in Item 1.01, which is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
10.1	Five-Year Revolving Credit Agreement, dated as of August 19, 2022, among Zimmer Biomet Holdings, Inc., the lenders party thereto and JPMorgan Chase Bank, N.A., as administrative agent
10.2	364-Day Revolving Credit Agreement, dated as of August 19, 2022, among Zimmer Biomet Holdings, Inc., the lenders party thereto and JPMorgan Chase Bank, N.A., as administrative agent
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Dated: August 22, 2022

ZIMMER BIOMET HOLDINGS, INC.

By: /s/ Chad F. Phipps
Name: Chad F. Phipps
Title: Senior Vice President, General Counsel and Secretary

EXHIBIT 10.1

FIVE-YEAR REVOLVING CREDIT AGREEMENT

dated as of August 19, 2022,

among

ZIMMER BIOMET HOLDINGS, INC.,

THE LENDERS PARTY HERETO

and

JPMORGAN CHASE BANK, N.A.,
as Administrative Agent

JPMORGAN CHASE BANK, N.A.,
BOFA SECURITIES, INC.,
BARCLAYS BANK PLC,
BNP PARIBAS SECURITIES CORP.,
CITIBANK, N.A.,
DNB MARKETS, INC.,
GOLDMAN SACHS BANK USA,
HSBC SECURITIES (USA) INC.,
MIZUHO BANK, LTD.,
MORGAN STANLEY MUFG LOAN PARTNERS, LLC,
RBC CAPITAL MARKETS[1] and
SUMITOMO MITSUI BANKING CORPORATION,
as Joint Lead Arrangers and Joint Bookrunners

CITIBANK, N.A. and
MIZUHO BANK, LTD.,
as Syndication Agents

BANK OF AMERICA, N.A.,
BARCLAYS BANK PLC,
BNP PARIBAS SECURITIES CORP.,
DNB BANK ASA, NEW YORK BRANCH,
GOLDMAN SACHS BANK USA,
HSBC BANK USA, N.A.,
MORGAN STANLEY MUFG LOAN PARTNERS, LLC,

[1] RBC Capital Markets is a brand name for the capital markets businesses of Royal Bank of Canada and its affiliates.

ROYAL BANK OF CANADA and
SUMITOMO MITSUI BANKING CORPORATION,
as Documentation Agents

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Exhibit E-3 Form of U.S. Tax Compliance Certificate for Non-U.S. Participants that are Partnerships for U.S. Federal Income Tax Purposes
Exhibit E-4 Form of U.S. Tax Compliance Certificate for Non-U.S. Lenders that are Partnerships for U.S. Federal Income Tax Purposes

FIVE-YEAR REVOLVING CREDIT AGREEMENT dated as of August 19, 2022 (as amended and in effect from time to time, this "Agreement"), among ZIMMER BIOMET HOLDINGS, INC., a Delaware corporation (the "Borrower"), the LENDERS party hereto and JPMORGAN CHASE BANK, N.A., as administrative agent.

The Borrower has requested that the Lenders, on the terms and subject to the conditions herein set forth, extend credit to the Borrower in the form of Loans at any time and from time to time prior to the Maturity Date in an aggregate principal amount not in excess of $1,500,000,000 at any time outstanding. The proceeds of the Loans shall be used for general corporate purposes. The Borrower has also requested that the Issuing Lenders, on the terms and subject to the conditions herein set forth, issue Letters of Credit in an aggregate face amount at any time outstanding not in excess of $50,000,000 to support payment obligations incurred for general corporate purposes of the Borrower and the Subsidiaries.

Accordingly, the parties hereto agree as follows:

ARTICLE I

Definitions

SECTION 1.01. Defined Terms. As used in this Agreement, the following terms have the meanings specified below:

"ABR Borrowing" shall mean any Borrowing comprised of ABR Loans.

"ABR Loan" shall mean any Loan that bears interest at a rate determined by reference to the Alternate Base Rate.

"Additional Amount" shall have the meaning set forth in Section 5.12(a).

"Adjusted Daily Simple SOFR" shall mean an interest rate per annum equal to (a) the Daily Simple SOFR plus (b) 0.10% per annum; provided that if the Adjusted Daily Simple SOFR as so determined would be less than zero, such rate shall be deemed to be zero.

"Adjusted Term SOFR" shall mean, for any Interest Period, an interest rate per annum equal to (a) the Term SOFR for such Interest Period plus (b) 0.10% per annum; provided that if the Adjusted Term SOFR as so determined would be less than zero, such rate shall be deemed to be zero.

"Administrative Agent" shall mean JPMorgan in its capacity as administrative agent under any of the Loan Documents, or any successor administrative agent.

"Administrative Questionnaire" shall mean an administrative questionnaire in the form supplied by the Administrative Agent.

"Affected Financial Institution" shall mean (a) any EEA Financial Institution or (b) any UK Financial Institution.

"Affiliate" shall mean, when used with respect to a specified Person, another Person that directly or indirectly Controls or is Controlled by or is under common Control with the Person specified.

"Agent Parties" shall have the meaning set forth in Section 12.01(c).

"Aggregate Commitments" shall mean, at any time, the Commitments of all the Lenders at such time.

"Agreement" shall have the meaning set forth in the preamble.

"Alternate Base Rate" shall mean, for any day, a rate per annum equal to the greatest of (a) the Prime Rate in effect on such day, (b) the NYFRB Rate in effect on such day plus ½ of 1% per annum and (c) the Adjusted Term SOFR for a one-month Interest Period as published two U.S. Government Securities Business Days prior to such day (or, if such day is not a U.S. Government Securities Business Day, the immediately preceding U.S. Government Securities Business Day) plus 1% per annum. For purposes of clause (c) above, the Adjusted Term SOFR for any day shall be based on the Term SOFR Reference Rate at approximately 5:00 a.m., Chicago time, on such day (or any amended publication time for the Term SOFR Reference Rate, as specified by the CME Term SOFR Administrator in the Term SOFR Reference Rate methodology); provided that (i) if such rate shall be less than zero, such rate shall be deemed to be zero and (ii) if such rate is not available or cannot be determined, such rate shall be deemed to be zero. Any change in the Alternate Base Rate due to a change in the Prime Rate, the NYFRB Rate or the Adjusted Term SOFR shall be effective from and including the effective date of such change in the Prime Rate, the NYFRB Rate or the Adjusted Term SOFR, as the case may be.

"Ancillary Document" shall have the meaning set forth in Section 12.10(b).

"Anti-Corruption Laws" shall mean all laws, rules, and regulations of any jurisdiction applicable to the Borrower or any of its Affiliates from time to time concerning or relating to bribery, corruption or money laundering, including the United States Foreign Corrupt Practices Act of 1977 and the UK Bribery Act of 2010 (and any regulations promulgated thereunder).

"Applicable Margin" shall mean, for each Loan, the applicable rate per annum determined pursuant to the Pricing Grid.

"Applicable Percentage" shall mean, with respect to any Lender at any time, the percentage (carried out to the ninth decimal place) of the Aggregate Commitments represented by such Lender's Commitment at such time; provided that, for purposes of Section 5.15 when a Defaulting Lender shall exist, "Applicable Percentage" shall mean, with respect to any Lender at any time, the percentage (carried out to the ninth decimal place) of the Aggregate Commitments (but disregarding any Defaulting Lender's Commitment) represented by such Lender's Commitment at such time. If the Commitment of each Lender has been terminated pursuant to Article X or if the Aggregate Commitments have expired, then the Applicable Percentage of each Lender shall be determined based on the Applicable Percentage of such Lender most recently in effect, giving effect to any subsequent assignments and to any Lender's status as a Defaulting Lender at the time of determination.

"Approved Fund" shall mean any Person (other than a natural person, or a holding company, investment vehicle or trust for, or owned and operated for the primary benefit of, a natural person) that is (or will be) engaged in making, purchasing, holding or investing in bank loans and similar extensions of credit in the ordinary course of its business and that is administered or managed by (a) a Lender, (b) an Affiliate of a Lender or (c) an entity or an Affiliate of an entity that administers or manages a Lender.

"Arranger" shall mean each of JPMorgan, BofA Securities, Inc., Barclays Bank PLC, BNP Paribas Securities Corp., Citibank, N.A., DNB Markets, Inc., Goldman Sachs Bank USA, HSBC Securities (USA) Inc., Mizuho Bank, Ltd., Morgan Stanley MUFG Loan Partners, LLC, acting through Morgan Stanley Senior Funding, Inc. and MUFG Bank, Ltd., RBC Capital Markets and Sumitomo Mitsui Banking Corporation, in each case in its capacities as a joint lead arranger and a joint bookrunner for the credit facilities established hereunder.

"Assignment and Assumption" shall mean an assignment and assumption entered into by a Lender and an Eligible Assignee in the form of Exhibit A, or such other form as shall be approved by the Administrative Agent (including electronic documentation generated by use of an electronic platform).

"Available Tenor" shall mean, as of any date of determination and with respect to the then-current Benchmark, as applicable, any tenor for such Benchmark (or component thereof) or payment period for interest calculated with reference to such Benchmark (or component thereof), as applicable, that is or may be used for determining the length of an Interest Period for any term rate or otherwise for determining any frequency of making payments of interest calculated pursuant to this Agreement as of such date and not including, for the avoidance of doubt, any tenor for such Benchmark that is then-removed from the definition of "Interest Period" pursuant to Section 5.09(b)(iv).

"Bail-In Action" shall mean the exercise of any Write-Down and Conversion Powers by the applicable Resolution Authority in respect of any liability of an Affected Financial Institution.

"Bail-In Legislation" shall mean (a) with respect to any EEA Member Country implementing Article 55 of Directive 2014/59/EU of the European Parliament and of the Council of the European Union, the implementing law, rule, regulation or requirement for such EEA Member Country from time to time which is described in the EU Bail-In Legislation Schedule, and (b) with respect to the United Kingdom, Part I of the United Kingdom Banking Act 2009 and any other law, regulation or rule applicable in the United Kingdom relating to the resolution of unsound or failing banks, investment firms or other financial institutions or their affiliates (other than through liquidation, administration or other insolvency proceedings).

"Bankruptcy Event" shall mean, with respect to any Person, that such Person has become the subject of a voluntary or involuntary bankruptcy or insolvency proceeding, or has had a receiver, conservator, trustee, administrator, custodian, assignee for the benefit of creditors or similar Person charged with the reorganization or liquidation of its business appointed for it, or, in the good faith determination of the Administrative Agent, has taken any action in furtherance of, or indicating its consent to, approval of or acquiescence in, any such proceeding or appointment

or has had any order for relief in such proceeding entered in respect thereof; provided that a Bankruptcy Event shall not result solely by virtue of (a) any ownership interest, or the acquisition of any ownership interest, in such Person by a Governmental Authority so long as such ownership interest does not result in or provide such Person with immunity from the jurisdiction of courts within the United States or from the enforcement of judgments or writs of attachment on its assets or permit such Person (or such Governmental Authority) to reject, repudiate, disavow or disaffirm any contracts or agreements made by such Person or (b) an Undisclosed Administration.

"Benchmark" shall mean, initially, the Term SOFR; provided that if a Benchmark Transition Event and the related Benchmark Replacement Date have occurred with respect to the Term SOFR or the then-current Benchmark, then "Benchmark" shall mean the applicable Benchmark Replacement to the extent that such Benchmark Replacement has replaced such prior benchmark rate pursuant to Section 5.09(b)(i).

"Benchmark Replacement" shall mean, for any Available Tenor, the first alternative set forth in the order below that can be determined by the Administrative Agent for the applicable Benchmark Replacement Date:

(1) the Adjusted Daily Simple SOFR; and

(2) the sum of: (a) the alternate benchmark rate that has been selected by the Administrative Agent and the Borrower as the replacement for the then-current Benchmark for the applicable Corresponding Tenor giving due consideration to (i) any selection or recommendation of a replacement benchmark rate or the mechanism for determining such a rate by the Relevant Governmental Body and/or (ii) any evolving or then-prevailing market convention for determining a benchmark rate as a replacement for the then-current Benchmark for Dollar-denominated syndicated credit facilities at such time in the United States; and (b) the related Benchmark Replacement Adjustment.

If the Benchmark Replacement as determined pursuant to clause (1) or (2) above would be less than the Floor, the Benchmark Replacement will be deemed to be the Floor for the purposes of this Agreement and the other Loan Documents.

"Benchmark Replacement Adjustment" shall mean, with respect to any replacement of the then-current Benchmark with an Unadjusted Benchmark Replacement for any applicable Interest Period and Available Tenor for any setting of such Unadjusted Benchmark Replacement, the spread adjustment, or method for calculating or determining such spread adjustment, (which may be a positive or negative value or zero) that has been selected by the Administrative Agent and the Borrower for the applicable Corresponding Tenor giving due consideration to (a) any selection or recommendation of a spread adjustment, or method for calculating or determining such spread adjustment, for the replacement of such Benchmark with the applicable Unadjusted Benchmark Replacement by the Relevant Governmental Body on the applicable Benchmark Replacement Date and/or (b) any evolving or then-prevailing market convention for determining a spread adjustment, or method for calculating or determining such spread adjustment, for the replacement of such Benchmark with the applicable Unadjusted Benchmark Replacement for Dollar-denominated syndicated credit facilities at such time in the United States.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

July 21, 2022

VIA CERTIFIED MAIL

Zimmer Biomet
1800 West Center Street
Warsaw, IN 46580

Re: CEASE and DESIST/CITATION: Case No. 22-223
Unlicensed Activity in Nevada

Dear Sir or Madam:

The Nevada State Board of Pharmacy ("Board") has determined, based upon an audit conducted by Board's staff, that Zimmer Biomet ("Zimmer") has engaged in the business of wholesaling, and/or distributing prescription drugs/medical products or devices into this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310, NAC 639.593, and NAC 639.6944.

Zimmer is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical products/devices in this State unless and until a license is fully approved and issued. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

Zimmer must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Zimmer has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0279 8320 95

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

October 19, 2022

VIA CERTIFIED MAIL

Zimmer Biomet
1800 West Center Street
Warsaw, IN 46580

Re: ***CEASE and DESIST/CITATION: Case No. 22-223***
Unlicensed Activity in Nevada
SECOND NOTICE

Dear Sir or Madam:

The Nevada State Board of Pharmacy ("Board") has determined, based upon an audit conducted by Board's staff, that Zimmer Biomet ("Zimmer") has CONTINUED TO engage in the business of wholesaling, and/or distributing prescription drugs/medical products or devices into this State without a license. This constitutes a violation of Nevada law, including, without limitation, NRS 639.100, NRS 639.233, NRS 639.288, NRS 639.310, NAC 639.593, and NAC 639.6944.

Zimmer is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical products/devices in this State unless and until a license is fully approved and issued. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed another administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

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Zimmer has the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this letter. *See* NRS 639.2895(2).

Please be aware that the foregoing does not preclude a formal investigation or filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or c.lee@pharmacy.nv.gov.

cc: Julia Lawson, Esq. via email

Sincerely,

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0265 0823 98

12

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New OUTSOURCING FACILITY
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☑ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Partnership - Pages 1-3 & 6
☑ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: BPI Labs, LLC

Physical Address: 12393 Belcher Road

City: Largo State: FL Zip Code: 33773

Telephone: 727-471-0850 Fax: 727-544-3595

Toll Free Number: 1-833-423-5243 (Required per NAC 639.708)

E-mail: complaints@belcherpharma.com Website: www.bpi-labs.com

Supervising Pharmacist: Cletis Kontoulakis Nevada License #: 22391

SERVICES PROVIDED

Yes/No

☑ ☐ Parenteral
☑ ☐ Sterile Compounding
☐ ☑ Non Sterile Compounding
☑ ☐ Mail Service Sterile Compounding
☐ ☑ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: $500 check 3450

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3015156709

Please provide the name of the facility as registered with the FDA and the registration number:
BPI Labs, LLC

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
BPI Labs

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Cletis Koukoulakis Nevada License Number: 22391

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☐

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Cletus Koukoulakis

Print Name of Authorized Person

03/24/22

Date

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Belcher Pharmaceuticals, LLC

Business Name: Belcher Pharmaceuticals, LLC

Current Business Address: 6911 Bryan Dairy Road

City: Largo State: FL Zip Code: 33773

Telephone: 727-471-0850 Fax: 727-544-3595

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

Name: N/A %:

Name: N/A %:

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 08/16/2022
Amount:
License #: 22391

Cletis M. Koukoulakis

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:08/16/2022
Expires:10/31/2023

Cletis M. Koukoulakis

License #
22391
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA

STATE BOARD OF PHARMACY

Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22391
Effective Date:08/16/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Cletis M. Koukoulakis

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Department of Health

BPI LABS LLC BPI Labs

License Number: PH32473

Data As Of 5/1/2023

Profession	Pharmacy
License	PH32473
License Status	CLEAR/
Qualifications	Special Sterile CompoundingOutsourcing Facility
License Expiration Date	2/28/2025
License Original Issue Date	12/10/2019
Address of Record	12393 BELCHER RD. Suite 450 and 420 LARGO, FL 33773
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

5983

Company Management

bpi Labs

- **Jugal Taneja - Managing Member**

Responsible Corporate Officer of Belcher Pharmaceuticals.

BS in Mining & Petroleum, MSc in Mechanical Engineering, and MBA with over 30 years of experience managing healthcare and high-tech manufacturing companies, community banks, and petroleum energy industries.

Phone Number: (727) 471-0850 Extension 222, Email: jt@belcherpharma.com

- **Supriya Taneja - Vice President and General Counsel**

Juris Doctor, Law (Corporate Law concentration) with over 16 years in the healthcare industry. Licensed attorney specializing in health care regulatory and contract law for 12 years with a large firm. Her practice included both health law, including regulatory compliance, fraud and abuse, HIPAA, and licensure and certification, and corporate transactional matters for a range of healthcare providers, reviewing employment contracts and business sale agreements.

Phone Number: (727) 471-0850 Extension 241, Email: sst@belcherpharma.com

- **Fabio Lanzieri - President**

Leading marketing and sales. PhD in International Business and MBA with over 35 years of experience in pharmaceutical industry, with 20 years in executive roles.

Phone Number: (732) 339 3573, Email: fabiol@bpi-labs.com

- **Chandra Kasireddy - Director Technical Operations (Head of Operations Unit)**

Overseeing Sterile Drug Products Manufacturing and Technical Operations, Warehouse and Purchasing, Regulatory Affairs, Product Development, AR&D and Quality Control, Microbiology, and Maintenance.

Bachelor in Pharmacy with over 20 years of experience in production, validation / qualification, technology transfer, quality assurance, and operations in pharmaceutical products.

Phone Number: (727) 471-0850 Extension 289, Email: chandrak@belcherpharma.com

- **Mauricio Salazar - Chief Quality & Compliance Officer (Head of Quality Unit)**

Overseeing In-Process Quality Assurance, Product Release, Quality Systems, Training, Compliance, Complaints, Calibration, Validation, and EHS.

Industrial Engineer with over 20 years of experience in quality and compliance in pharmaceutical products, medical devices, and consumer goods.

Phone Number: (727) 471-0850 Extension 200, Email: mauricios@belcherpharma.com

- **Lana Radowick - Chief Financial Officer**

BS in Accounting and MBA (Strategic Management Concentration) with over 20 years of experience in public accounting, steel industry, and dental appliance manufacturing and distribution across 7 international entities in Europe, Asia, and Middle East.

Phone Number: (727) 471-0850 Extension 276, Email: lanar@belcherpharma.com

- **Cletis Koukoulakis, Pharm.D., C.Ph. - 503B Supervisory Pharmacist**

Over 20 years in Pharmacy Compounding Experience and Management, Pharmacy and Long Term Care Consulting.

Phone Number: (727) 471-0850 Extension 751, Email: cletisk@belcherpharma.com

BPI Labs' associates possess over 100 years of combined experience in pharmaceuticals development, manufacturing, and distribution. Currently, approximately 50 employees work for BPI Labs, LLC; refer to attached organizational structure.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

Section 1: General Information

Pharmacy Name: BPI Labs, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): N/A

Physical Address: 12393 Belcher Road

City: Largo State: FL Zip: 33773

Mailing Address (if different from physical address): 12393 Belcher Road, Suite 450

City: Largo State: FL Zip: 33773

Telephone: 727-471-0850 Toll Free # (NAC 639.708, NRS 639.23286): 1-833-423-5243

Fax: 727-471-0858 Contact Email: cletisk@belcherpharma.com

Website: www.bpi-labs.com

Nevada Business License # (if applicable) N/a

Supervising/Managing Pharmacist Name (NRS 639.220): Cletis Koukoulakis

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22391

Name of Person with direct knowledge of compounding procedures: Cletis Koukoulakis

Email of Person with direct knowledge of compounding procedures: cletisk@belcherpharma.com

Telephone of Person with direct knowledge of compounding procedures: 727-471-0850 x 751

Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ■ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Currently produced one batch of Testosterone Pellets (225mg), distributed one order each to two FL wellness clinics.

Future plans for vials and prefilled syringe products to hospitals and diagnostic clinics.

We are a full generic drug manufacturer with 12 sterile products on the commercial market.

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

We follow the same robust stability program executed with our commercial products. The SOP (IQC-002) is included for review.

6. What laboratory performs this additional testing?

Name: Medizap (for e beam terminal sterilization of pellets only) -- Everything else in-house (full R&D, QC, Micro Labs)

Address: 600 B St Suite 300, San Diego, CA 92101

City: San Diego State: CA Zip: 92101

Telephone: (775) 386-6677

7. What is your procedure for visual inspection of compounded sterile products?

I have included the SOP (IPD-007) for visual inspection.

8. How often do you perform glove fingertip and medial fill testing?
Media fill testing is completed every six months. We have fully contained robotic filling isolators. There is glove access to the sterile areas without breaching the isolators, the gloves fingertips are tested with touchplates after every batch. The gloves are also tested for punctures before each batch begins.

9. What is your policy if an employee fails a glove fingertip or media-fill test?
It would not be an employee, but if one of the glove sets fails, then a full investigation would be initiated.

10. Describe your initial and annual training program for all personnel performing sterile compounding:
Initital and annual trainning SOP (ITD-001) is provided.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:
Cleaning of Processing and Non-Processing Rooms SOP (IGN-028) is provided.

12. Who performs the sterile compounding process at your facility?
Robotic fill machines, assisted by Engineers and production technicians.

13. Who is responsible and accountable for the sterile compounding process at your facility?
All personel involved in the manufacturing process, 503B products under the supervision of the licensed pharmacist, with Quality Assurance checks and final release of batch.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?
Specifications and standard test methods for all containers and closures are generated for primary and secondary packaging components (testing types include description, physical tests, sterility and endotoxin (if applicable), and C of A check).

Final product shipping studies are performed (drop/ship test) utilizing primary and secondary containers.

Stability and freeze thaw studies are performed to document product behavior during temperature excursions.

Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)		
1. What type of primary engineering controls will you be using in your facility? N/A - No sterile Hazardous Compounding		
2. Is your BSC or CACI vented 100% to the outside?	☐ Yes	☐ No
3. Do you have a negative pressure buffer room at your facility?	☐ Yes	☐ No
4. Will you be compounding with antineoplastic HDs or HD API?	☐ Yes	☐ No
5. If yes, are the drugs stored in an externally ventilated, negative pressure room?	☐ Yes	☐ No
6. Will you be utilizing a closed system transfer device?	☐ Yes	☐ No
7. If yes, list the name of the device:		
8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?		
9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?		

Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)

1. List the specific high risk sterile products that your facility compounds:
503B : Testosterone Pellets 225mg (10 count blister pack)

Current Commercial products include :
Hyoscyamine Sulfate Inj, USP 0.5mg/mL (NDC 54288-111-01),
Epinephrine Inj, USP 10mg/10mL (NDC 54288-120-01),
Epinephrine Chloride Nasal Solution 10mg/10mL (NDC 54288-123-01),
Tetracaine HCL Inj, USP 20mg/2mL (NDC 54288-127-01),
Phenobarbital Sodium Inj, USP 65mg/mL (NDC 54288-136-01) ,
Phenobarbital Sodium Inj, USP 130mg/mL (NDC 54288-137-01) ,
Papaverine HCl Inj, USP 60mg/2mL (NDC 54288-142-01),
Methylene Blue Inj, USP 100mg/10mL (NDC 54288-147-01),
Epinephrine Chloride Nasal Solution 30mg/30mL (NDC 54288-154-01)

2. What sterilization methods are utilized at your facility?
A 3 step 0.22 micron filtration process with one time use sterile bags and tubing. Autoclave for any glassware or components used during the mixing process.

3. Does your facility utilize biological indicators? ■ Yes ☐ No

4. If yes, describe how they are utilized:
In the robotic machines, a risk assessment is established. BIs are placed , VPHP cycles are run, results are assessed and guidelines are established after achievieving acceptable levels.

BIs are also utilized n the component prep and filter tubing process, those that undergo autoclaving.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cletis Koukoulakis, Pharm.D.
Name of Person who Completed the Form

Pharmacist and Manager of Medical Affairs
Title

Signature (copies or stamps not accepted)

04/27/23
Date

Board Use Only	Date Received:_____ Date Approved: _____ Approved By: _____

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
503b Outsourcing Inspection

File # 26555
Insp # 185806

NAME	PERMIT NUMBER	DATE OF INSPECTION
BPI LABS LLC	32473	04/03/2023
DOING BUSINESS AS		
BPI LABS		
STREET ADDRESS	**TELEPHONE #**	**EXT**
12393 BELCHER RD. Suite 450 and 420	727-471-0850	
CITY	**COUNTY**	**STATE/ZIP**
LARGO	PINELLAS	FL/33773

Additional Information

Business Operation Hours

Registered Pharmacist / Intern / Tech

ACS Manager

Optional Information

Basic License Data - PSD

License Relations

Pharmacy Affiliate

TANEJA, MANJU	License #
TANEJA, SUPRIYA	License #

RX DPT MGR/COR/POR

KOUKOULAKIS, CLETIS MICHAEL	License # 36693

503b - Outsourcing Inspection

Quality

Firm has an independent Quality Control Unit	Yes
The QC unit has the authority and responsibility to approve or reject all components, drug product containers or closures, end process materials, packaging materials, labeling and drug products.	Yes
QC unit reviews and approves/rejects: SOP's, Batch Records (completeness and accuracy, components, API's, materials, OOS results	Yes
Investigations are conducted within time limits specified per SOP *1 batch Testosterone 225mg pellets released since previous inspection, no complaints related to batch.*	N/A
All written quality procedures are current and approved	Yes
The QC unit follows their procedures	Yes
QC unit personnel are qualified through training and experience.	Yes
The production batch record and release test results are reviewed for accuracy and completeness prior release of finished product *Reviewed Batch Record for Testosterone 225mg pellets.*	Yes

Facilities and Equipment

The facility design is suitable for compounding sterile products	Yes
The layout and organization of the facility is designed to prevent contamination and mix ups.	Yes
The control of air pressure, dust, humidity and temperature is adequate for the manufacturing, processing, storage or testing of drug products	Yes
Pressure gauges that monitor pressure differentials are calibrated	Yes

503b Outsourcing Inspection

Insp # 185806 BPI LABS LLC File # 26555

The facility is maintained in a clean and sanitary condition	Yes
Certifications conducted under dynamic, worst case conditions with the maximum number of personnel allowed per SOP present	No
The facility has written procedures that describe in sufficient detail the cleaning schedule, methods, equipment and material	Yes
The facility has a procedure for rotating cleaning solutions	Yes
Sporicidal agents are used . How often *Monthly*	Yes
The facility has documentation of the effectiveness of the cleaning solutions	Yes
Primary and secondary engineering controls currently certified *No PEC's, particle count testing in rooms, ISO 8 rooms for compounding of pellets.*	Yes
Ceiling tiles are clean room grade and gasketed and sealed/clipped.	N/A
Air return vents are not blocked	Yes
HEPA filters are all leak tested *In house HEPA leak testing.*	Yes
Compounding of hazardous drugs is clearly separated from non hazardous drugs to prevent cross contamination. *Testosterone Pellets compounded in suite that is used for Testosterone only.*	Yes
All equipment has written procedures for use.	Yes
Facility has documentation of equipment calibration, maintenance, cleaning.	Yes
All equipment is validated for its intended use.	Yes
Refrigerators and freezers are monitored with a calibrated thermometer.	Yes
Documentation of training personnel on use of equipment.	Yes
Surfaces that contact materials or finished goods non-reactive, non-adsorptive and non- additive	Yes

Personnel Qualification

All Personnel involved in the preparation and handling of csp's are trained and qualified in their roles.	N/A
Facility has a written training program that describes the required training, frequency of training and process for evaluating the performance of individuals involved in sterile compounding.	N/A
Facility has documentation that compounding personnel have the required skills necessary to perform their assigned task	Yes
Compounding personnel receive ongoing periodic GMP training by GMP trainers.	Yes
Are GMP trainers qualified through experience and training.	Yes
Prior to beginning to prepare CSP's personnel have completed training and have demonstrated proficiency in the principles and hands on skills of aseptic manipulations. *Firm only produces pellets which are sterilized by E Beam after packaging*	N/A
Compounding personnel have ongoing training for specific tasks they are authorized to perform.	Yes
Personnel have been periodically trained in core competencies, visual observation is conducted to confirm personnel have necessary skills (i.e. Hand hygiene and garbing, aseptic manipulations, cleaning and disinfecting).	N/A
Personnel sampling including GFT is conducted after compounding and documented on each batch record.	N/A
Personnel have completed media fill simulations for all aseptic compounding under the most difficult and challenging processing conditions which include the most manipulations/units, most complex flow of material, longest time to compound and all breaks.	N/A
Personnel are retrained and requalified after failure of media fill, GFT or batch failures.	N/A

Environmental Monitoring

Facility has an environmental monitoring program.	Yes
Air quality is monitored regularly using volumetric air sampling to ensure the environment remains suitable for sterile compounding.	Yes
Settling plates are used during compounding to monitor the quality of air during compounding processes and documented in the batch records.	Yes
Surface sampling is conducted after each batch prior to cleaning and documented on batch records.	Yes
Surface sampling is routinely conducted in all classified spaces in those locations identified to be at highest risk of contamination	Yes
Media used in environmental and personnel monitoring has been shown to promote the growth of microorganisms and contains agents to neutralize cleaning solutions and disinfectants.	Yes
Sampling data is collected and reviewed on a periodic basis as a means of evaluating the overall state of control of the compounding environment.	Yes
Adverse changes in the environment are investigated and promptly remediated. *No growth has occurred in the rooms.*	N/A
Alert and action levels for CFU counts have been established in SOP's for the facility.	Yes
Air pressure differentials are continuously monitored and demonstrate that a cascading pressure differential is maintained throughout the compounding area during production of sterile compounding. *Manual documentation*	Yes

Materials

Facility has a quality agreement with API suppliers to ensure all API's are manufactured in registered FDA facilities.	Yes
Facility tests API's for identity, strength and purity to confirm the specifications in the Certificate of Analysis.	Yes
Facility maintains and follows SOP's for testing of incoming materials.	Yes

503b Outsourcing Inspection

Insp # 185805

BPI LABS LLC

File # 26555

Facility has appropriate sterile PPE *Firm only produces pellets which are sterilized by E Beam after packaging*	N/A
Materials for cleaning the PEC's are sterile and the effectiveness is validated. *No PEC's.*	N/A
Filters used for sterilization have documentation that they are compatible with the product, are pharmaceutical grade, non-pyrogenic and capable of sterilizing the intended volume.	N/A
Integrity testing is conducted on all filters used to sterilize product.	N/A
All materials are quarantined until approved by the QC department.	Yes
Written procedures identify storage times beyond which materials must be reexamined before use.	N/A
Release of re tested material clearly identified for reuse.	N/A
Written procedures identify steps in the materials for production.	Yes
Written procedures include release by QC, documentation of correct weight or measure and proper identification of containers.	Yes

Production

Materials are sanitized prior to introduction into the clean room	Yes
All glassware is depyrogenated and cycles are validated and documented.	N/A
Autoclaved cycles are properly validated with BI's.	N/A
Sterilization methods are validated *Ebeam.*	Yes
All components are identified on batch records and traceable to the finished product.	Yes
SOP's identify hold times for depyrogenated glassware and the hold times have been validated.	N/A
Deviations and OOS's are adequately documented and thoroughly investigated.	N/A
Facility maintains complete batch records for all compounded sterile products	N/A
Facility maintains separate, complete, readily retrievable records of dispensing into the State of Florida	Yes
Written procedures indicate how and who verifies that correct containers and packages are used for the finished product.	Yes
All finished products are held in quarantine until QC has completed testing and releases the batch.	Yes
Personnel who conduct visual inspection of finished products have been qualified through training and yearly eye exams.	N/A
Firm has an SOP for adverse event reporting to FDA	Yes
Firm has record of adverse event reports submitted to FDA	N/A

Labeling

Written procedure specify who is authorized to issue labels.	Yes
Written procedure specify how labels are issued, used, reconciled with production, returned when unused, and the specific steps for evaluation of any discrepancies.	Yes
Written procedures call for the destruction of excess labeling on which lot and control #'s have been stamped or imprinted.	Yes
Written procedures require that representative samples of units be visually examined upon completion of packaging to verify correct labeling.	Yes
Drug labels include the statement "this is a compounded drug, the name, address and phone # of the facility	Yes
The label of the drugs contain the lot or batch #, the established name of the drug, dosage form and strength, quantity or volume, the date the drug was compounded, the expiration date, storage and handling instructions, NDC # (if available), the statement "not for resale" and a list of active and inactive ingredients identified by established name and the quantity or proportion of each ingredient and route of administration.	Yes
The label or container contains the following: www.fda.gov/medwatch and 1-800-FDA-1088	Yes
Written procedures detail how equipment is to be checked immediately prior to use for removal of any labels and labeling from prior print operations. *10 Pellets into blister, labeled and sealed.*	Yes

Laboratory

Contract labs are FDA registered	Yes
Facility has qualified their contract labs	Yes
All products have stability studies to justify the BUD *Testosterone 225mg BUD 1 year with studies.*	Yes
Stability studies, microbial effectiveness testing on the preservative, container closure studies and sterility testing have been conducted to ensure the CSP continues to meet all specifications over the intended shelf life of the product.	N/A
Sterility testing for all batches is conducted using a USP 71 test.	Yes
Method suitability has been conducted for all products	N/A
Endotoxin testing is conducted on all batches.	Yes
Potency is conducted on all batches.	Yes
Appropriate # of articles/volume is tested for sterility	N/A
Facility maintains and follows SOP for product release.	Yes
Facility has approved finished product specifications for all csp's.	N/A

Remarks:

Facility has compounded and distributed 1 lot of Testosterone 225mg pellets. Dedicated Testosterone Suite.
Inspection completed with Mauricio Salazar and Cletis Koukoulakis.

503b Outsourcing Inspection

Insp # 185806

BPI LABS LLC

File # 26555

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signature

STAIKOS, GILLIAN

Date:4/3/2023

Representative:

Cletus Koukoulakis

Date:4/3/2023

SOP No.	Title	Revision No.
ITD-001	TRAINING SYSTEM	04

Prepared By / Date	Reviewed By / Date	QA Approved By / Date	Effective Date
Sanja Mizic 07/12/22	Srdjan S.V 07/13/22	M. Salazar 07/18/22	JUL 2 7 2022
			Change Control No.
Title: QA Group Leader	Title: QA/C Supervisor	Title: CQCO	I-22417

1.0 PURPOSE

To outline the procedure for training personnel to perform their job functions in compliance with cGMP requirements and all federal and state regulations applicable to BPI Labs. This document will describe training requirements and procedures in terms of new employee orientation, continuing training program, cGMP training, new / revised documents, and other training, and qualification techniques.

2.0 SCOPE

This procedure applies to all personnel employed at the company as full time, part time, or temporary basis.

Training activities are coordinated by the Quality Assurance Department.

3.0 RESPONSIBILITY

3.1 All employees are responsible to attend the new employee orientation at the time of hiring, conduct training on a continuous basis as per approved curriculum and qualification technique, attend to cGMP training at least once a year, and perform training on new and revised documents, as required.

3.2 Quality Assurance Department is responsible for:

3.2.1 Determining the training requirements and qualification techniques (when applicable) for employees together with department managers.

3.2.2 Maintaining training curriculums and qualification techniques (when applicable) for job functions.

3.2.3 Coordinating and conducting new hire training with department managers.

3.2.4 Conducting cGMP training for all employees at least once a year.

3.2.5 Coordinating and/or conducting training of existing employees with department managers.

3.2.6 Maintaining training records for all employees.

3.2.7 Identifying and training trainers within the company.

3.2.8 Identifying and hiring external training resources when required.

3.2.9 Ensuring trainers possess the necessary qualifications to conduct training.

3.2.10 Assessing training effectiveness.

3.2.11 Providing training tracking and trending information for Management Reviews.

3.3 Department Managers are responsible to:

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3.3.1 Ensure that all new employees attend to the new employee orientation at the time of hiring.

3.3.2 Assure that their employees are trained on the documents and job skills relevant to their area.

3.3.3 Ensuring their personnel do not perform job tasks or functions for which they are not appropriately trained.

3.3.4 Creating with the assistance of Quality Assurance training curriculums and qualification techniques for their employees.

3.3.5 Conducting on the job training of employees.

3.3.6 Identifying via performance evaluations training deficiencies of their reportees.

3.3.7 Coordinating and conducting training to promptly resolve training deficiencies of their reportees.

3.4 BPI Labs management is responsible for providing the necessary resources to implement a training system compliant with cGMPs and all federal and state regulations applicable to the company.

4.0 REFERENCES

4.1 21 CFR Part 211.25 Personnel qualifications

4.2 21 CFR Part 820.25 Personnel

4.3 SOP IQA-002 Document Control System

4.4 SOP IPD-017 Qualification and Validation of Inspection Processes

4.5 Form ITD-001-F1 Training Record Form

4.6 Form ITD-001-F2 Self Training Record Form

4.7 Training Curriculum TC-IGN-001 All Departments - (All Employees) New Employee Training

4.8 Training Curriculum TC-IGN-002 All Departments - (All Employees) Annual Employee Training

4.9 Training Curriculum TC-IGN-003 All Departments - (All Employees) Biennial Employee Training

4.10 Qualification Technique QT-ITD-001 Training and Development - cGMP Training

4.11 Qualification Technique QT-IEH-002 EH - General Industry Safety Training

5.0 ATTACHMENTS

Not Applicable.

6.0 PROCEDURE

6.1 General requirements:

6.1.1 Documentation and Filing of Training Records:

6.1.1.1 A training record (Forms ITD-001-F1 and ITD-001-F2) is documented accordingly for any type of training upon training completion. Form ITD-001-F1 is used to document all trainings other than self training. Form ITD-001-F2 is utilized to document self training only. Following sections shall be completed:

6.1.1.1.1 Topic or Document Name.

6.1.1.1.2 Document Number and its Document Revision, when applicable.

6.1.1.1.3 Type of Training (what kind of training).

6.1.1.1.4 Method of Training (how is the training conducted). This is not applicable on Form ITD-001-F2.

6.1.1.1.5 Trainer. This is not applicable on Form ITD-001-F2.

6.1.1.1.6 Date of Training.

6.1.1.1.7 Employee Name, Department, and Signature.

6.1.1.1.8 Acknowledgement of Training Understanding. This is not applicable on Form ITD-001-F1.

6.1.1.2 Upon training completion, employees, department head, or designee submit all original training records to Training and Development.

6.1.1.3 Training and Development verifies the training record for accuracy and completeness and files training records appropriately.

6.1.1.4 Training and Development keeps all employees training records and any other document pertaining to training.

NOTES:

a) Training curriculums and qualification techniques are also considered a training record since these documents are used by personnel to acknowledge the completion of self training.

b) The signature log included in the batch and packaging records is also considered a training record since the personnel involved during the manufacturing, packaging, and inspection activities of the product use this record to acknowledge their competence and understanding of the work to be done and the precautions required during the execution of each activity.

6.2 Type of Training:

6.2.1 New Employee Orientation:

6.2.1.1 At the time of hiring all new employees are required to attend the new employee orientation program following general and specific training.

6.2.1.2 New Employee Training (General and Specific Training):

6.2.1.2.1 General Training consist in an overview and completion of respective forms, overview of general safety, overview of cGMPs, overview of quality systems, and a general SOP self training session as per Training Curriculum TC-IGN-001. A combination of group training and self-training method is used as part of the training session and discussion.

6.2.1.2.2 Discussion and completion of respective forms (i.e., Employee Signature List, Employee Screening Questionnaire, Respiratory Medical Evaluation Questionnaire, Respiratory Fitness Test, Company Safety Policies) is coordinated by Training and Development and acknowledged on respective Training Curriculum TC-IGN-001.

6.2.1.2.3 An overview of federal regulations, current Good Manufacturing Practices based on 21 CFR Parts 210, 211, 820, and 4, WHO Guidelines – Hormones, FDA Guidance – 503B, DBPR, DOH, internal audits, warning letters, and annual trend of 483s, overview of general safety, and overview of quality systems is coordinated by Training and Development and documented on respective Training Curriculum TC-IGN-001.

6.2.1.2.4 General SOP Self Training (coordinated by Training and Development) identifies a list of SOPs / documents required to complete general SOP self-training session. New employees are required to read each SOP / document according to section 6.3.1; self training record is documented upon completion using the respective Training Curriculum TC-IGN-001. Training and Development coordinates questions and answers session upon self training session completion to ensure trainee has comprehended the material read.

6.2.1.2.5 Upon completion of General cGMP Training, General Department Core Training and Specific Training Curriculum are issued to employee on the respective employee's training folder for execution. Respective training is coordinated by each department supervisor or designee based on respective training curriculums and depending on functions to be performed.

6.2.1.2.6 An assessment is done by the department head or designee based on the person's education, job experience, and previous training to determine the extent of the training and its method of training (i.e., self-training, on the job training).

6.2.1.2.7 Conducted self-training is documented on respective General Department Core Training Curriculum, and Specific Training Curriculum assigned to employee's training folder. In addition, conducted on the Job / Hands on Training is documented using Form ITD-001-F1.

6.2.1.2.8 Upon completion of respective training curriculums, the department head or designee informs by any means (i.e., via e-mail) to Training and Development.

6.2.1.2.9 Training and Development ensures that all trainings were properly performed and documented, and acknowledgement of completion of

respective training curriculums is performed by employee, supervisor and training group accordingly by placing signatures and date on respective section at the end of Department and Specific Training Curriculums (refer to section 6.5 for details of training evaluation).

6.2.1.2.10 After acknowledgement of completion of training curriculum, final release is performed. Employee is required to sign on respective section of Training Curriculum TC-IGN-001 (i.e., Completion of Department General Training section). Lastly, employee and supervisor are required to perform respective acknowledgment of completion of new employee training by placing respective signatures and date on the Acknowledgement of Completion of New Employee Training section using Training Curriculum TC-IGN-001. Training Group releases the trainee for normal activities by informing the department head or designee by any means (i.e., via e-mail) if all training requirements were met using TC-IGN-001.

NOTE: As a general practice, new employees should complete the new employee orientation training ideally within 3 months from their hiring date.

6.2.2 Biennial Training (Continuing Training Program):

6.2.2.1 Training curriculums are used as a tool to assure that training is performed on a continuing basis. They include the list of documents and skills training that are required to perform assigned position adequately. Training curriculums need to be executed by employees at least once every two years.

6.2.2.2 Each department supervisor prepares training curriculums by position following SOP IQA-002, contacts at the beginning of the period his / her employees to plan for the execution of the training curriculum throughout the two-year period, identifies additional training needs, updates training curriculums as needed, and coordinates any extra training not included in the training curriculum.

6.2.2.3 After completion of respective training curriculum, acknowledgement of completion of training curriculum is performed as part of employee evaluation. Signature and date are placed by employee, supervisor, and training group on respective section as part of an overall evaluation of the training curriculum (refer to section 6.5 for details of training evaluation).

NOTES:

a) **Employee's training folder is prepared using the training plan. The training plan is established after discussing with the supervisor / manager to include all the applicable training curriculums based on the employee's job functions and responsibilities.**

b) **Training and Development group prepares a training folder using the training plan by employee including the applicable training curriculums to be executed during the respective training period (i.e., TC-IGN-002, TC-IGN-003, General Department Training Curriculum). Applicable training curriculums are distributed to respective employee's training folder based on each employee's applicable job functions and responsibilities.**

c) The Training and Development group keeps track of the progress of the employee's biennial training curriculum on a quarterly basis.

d) Training curriculum impact assessment is performed each time a training curriculum is revised via change control in order to assess that the respective document is not impacted by the change and to determine the need of distribution to respective training folders (i.e., if an additional SOP is added to the training curriculum, that training curriculum might not require to be distributed within the training period if respective training has been completed as part of change control).

e) Training plan is assessed for the employees who are transferred to other functions or departments. The training plan is updated accordingly for such employees and the progress about completion of the issued training curriculums as per the updated training plan is tracked by Training and Development group for completeness. As a general practice, this training should be completed ideally within 3 months from the transfer / new functions date.

6.2.3 Annual Training (Update of Forms, cGMP Training and General Safety Training):

6.2.3.1 Update of Forms (i.e., Employee Signature List, Employee Screening Questionnaire, Respiratory Medical Evaluation Questionnaire, Respiratory Fitness Test, Company Safety Policies) are discussed and coordinated by Training and Development at least once a year and acknowledged by employee on respective Training Curriculum TC-IGN-002.

6.2.3.2 cGMP training is conducted for all employees by Training and Development at least once a year as per Training Curriculum TC-IGN-002. Topics are selected from federal regulations (i.e., 21 CFR Parts 210, 211, 820, and 4, WHO Guidelines – Hormones, FDA Guidance – 503B, DBPR, DOH, internal audits, warning letters, and annual trend of 483s), documentation practices, data integrity, compliance programs, among others.

6.2.3.3 General Safety Training is conducted for all employees by Training and Development at least once a year as per Training Curriculum TC-IGN-002. Training consists of a refreshment of the company's safety program standard operating procedures.

6.2.3.4 Conducted cGMP and General Safety trainings are documented on respective group training form ITD-001-F1, and acknowledgement of completion of training is documented by employee on training curriculum TC-IGN-002 located on each employee respective training folder.

6.2.3.5 Completion of Training Curriculum TC-IGN-002 is acknowledged by employee, supervisor, and training group by placing respective signature and date on "Acknowledgement of Completion of Annual General Employee Training Section" at the end of respective training curriculum.

6.2.4 New / Revised Documents Training:

6.2.4.1 As a general practice, training on new / revised documents is applicable at least to SOPs, Forms, STMs, Master Batch Records, and Master Packaging Records before they become effective.

6.2.4.2 When a document is written or revised and that document is needed by users that are not the authors, reviewers, or approvers, training should be conducted.

6.2.4.3 During the change control approval process, area management and Quality Assurance evaluate the impact of changes against the established training curriculums in the quality system and training needs and decide the extent and the method of training (i.e., individual training, group training, practical training) as well as determine all the individuals affected with the change; this decision is documented on the change control form. Upon training notification from Quality Assurance, area management or designee coordinates the execution of the training ideally in not more than fifteen (15) business days from the training notification date.

6.2.4.4 Training sessions can be coordinated by the subject matter expert (i.e., author) depending on the topic of the activity (i.e., change control system). A training assessment quiz might be administered to the employees, as required by trainer, Quality Assurance, and / or area management.

6.2.4.5 Upon completion of the training the designee informs Training and Development / Document Control and submits all training records accordingly.

6.2.4.6 Each department destroys the training document copies (training copy) upon training completion. Under no circumstances the training copy can be used for reference, nor can it replace the official effective copy.

6.2.4.7 Once training requirements are met, Training and Development and Document Control confirm each other to ensure that the document can be made effective.

6.2.4.8 Only employees trained in the most recent version of the document can be released to perform the work described in the document.

6.2.4.9 Following the initial training period, the department supervisor conducts training of the missing employees (i.e., for those who are on short term disability or leave) and documents this activity in a separate training record.

6.2.4.10 Department head is responsible for assuring that all reporting personnel are trained on job-related documents.

NOTES:

a) Minor changes to documents such as but not limited to editorial updates to documents, creation or revision of documents used for reference only (i.e., official list), change in revision number and revision history without any change in the content of the document as a result of triennial review, and change due to typographical errors, might not require training. This decision is documented on the change control form.

b) Major changes to documents such as but not limited to addition of equipment in master batch records and master batch packaging records, update of processes and parameters in master batch records and master batch packaging records, revision of analytical procedure in test methods, update of practices in SOPs, and implementation of new Forms require training.

6.2.5 Other Training:

6.2.5.1 Department supervisor, Training and Development and / or Quality Assurance may determine that one or more employees need training or retraining. If that is the case, a trainer is designated, and a training session is conducted. Whenever retraining is conducted the training record should be identified as such.

6.2.5.2 Department supervisors identify outside training needs for their employees, as required, and coordinate the registration for the courses. Employees submit copy of the training certificate to Training and Development department upon completion.

6.3 Method of Training:

6.3.1 Self Training:

6.3.1.1 Training conducted by one person and considered as a read and understanding session. Training shall be performed following these steps:

6.3.1.1.1 Overview the document briefly. Get familiarized with it. Review its sections and any additional parts of it (i.e., forms, charts, tables, etc.). Perform these activities before starting reading.

6.3.1.1.2 Read slowly and if possible loud enough that one can hear himself / herself.

6.3.1.1.3 Ensure to understand what it is read. Have a paper and pen to write down any question and/or suggestion to be later discussed with supervisor, co-worker, trainer, or designee.

6.3.1.1.4 A self training record (Form ITD-001-F2) is documented accordingly.

NOTE: Training curriculums and qualification techniques can be used to acknowledge the completion of self training. In these cases, Form ITD-001-F2 is not required.

6.3.1.2 Upon training completion, self training conducted by the employee is evaluated by discussing respective topic between employee and supervisor or designee (refer to section 6.5 for details of training evaluation). Respective evaluation is documented accordingly in the respective section of the training record as follows:

6.3.1.2.1 For self training using Form ITD-001-F2, supervisor or designee performs evaluation of respective topic (s) with employee by asking random questions of the topic (s) to the employee for discussion in order to measure the level of understanding. At the end of the evaluation, supervisor or designee acknowledges that the employee has understood respective material read on the appropriate section of the form.

6.3.1.2.2 For self training using training curriculums and qualification techniques, supervisor or designee performs evaluation of respective topic (s) with employee during the training period by asking random questions of the topic (s) to the employee for discussion and by assessing performance of the employee related to job functions and assigned tasks, in order to confirm the appropriateness of the extent of the training in line with the work responsibilities. Overall evaluation and acknowledgment of completion of the training is performed by the supervisor or designee

using the respective section of the training curriculums and qualification techniques at the end of the training period.

NOTE: If during the training evaluation performed by the supervisor or designee an opportunity of additional training is identified to enhance the level of understanding of the topic, the extent and method of training are determined and coordinated accordingly as per this SOP.

6.3.2 Group Training:

6.3.2.1 Training conducted between two or more persons and considered as a read, understand, and discussion session. Trainer can be the second person.

6.3.2.2 A training record (Form ITD-001-F1) is documented accordingly.

6.3.3 On The Job Training / Hands-on Training / Practical Training:

6.3.3.1 On the Job Training (OJT) is a training that takes place while employees are actually working; this means the skills are gained while trainees are carrying out their jobs. This training can be executed following below tasks. Equivalent approaches are considered acceptable as long as the process leads to proficiency for specific job tasks.

6.3.3.2 Department head or designee assigns a trainer to work with the trainee.

NOTE:

Authorized Trainers: BPI Labs employees or contractors who have the education, training and experience or any combination thereof, that enables them to conduct training. This includes but is not limited to:

a) The training coordinator.

b) External trainers upon approval of Quality Assurance via verification of their credentials.

c) All supervisors and managers after completion of their training curriculum unless pre-employment qualifications to conduct training are provided and approved by Quality Assurance.

d) Personnel designated by department managers or supervisors upon approval of Quality Assurance via verification of qualifications that include, but are not limited to:

- **Submission of a resume.**
- **Completion of the training curriculum for their position.**
- **Completion of the qualification technique for the unit operation, module or technique.**
- **Verifiable experience of outside training (certifications, diplomas, etc.)**

6.3.3.3 The trainer shall be an employee well experienced, knowledgeable, and fully trained on the topics to be covered and shall have good training / communication skills.

6.3.3.4 The trainee performs a self training according to section 6.3.1 for all documents included in the training curriculum in addition to others assigned by the Department head or designee.

6.3.3.5 The trainer performs the job and the trainee observes. The trainer goes over the procedure together with the trainee and in the work area showing where every equipment, files, documents, or any other item related to the training are located and, when applicable, its function and/or operation. Every practice, and method, is followed by the trainee with the written procedure and discussed / explained by the trainer, as needed. Trainer and trainee review the written procedures. This step can be repeated, as required. A training record (Form ITD-001-F1) is documented accordingly and identified as On the Job Training.

NOTE: As part of execution of qualification techniques, these documents are used to acknowledge the completion of this step. In these cases, Form ITD-001-F1 is not required.

6.3.3.6 Trainee performs the job with the reference of the written procedure, in presence of the trainer, and with the help and guidance of the trainer.

6.3.3.6.1 The trainer observes and verifies performance and execution against the written procedure. The activity or task performed are initialed / signed and dated by the trainee and trainer using appropriate records according to the activity. This record confirms that trainer has been present at the time of the task execution.

NOTE: During execution of qualification techniques, these documents are used to acknowledge the completion of this step. In these cases, Form ITD-001-F1 is not required.

6.3.3.6.2 Trainer conducts a question and answer session with the trainee. The trainer clarifies any doubt. Trainer verifies for comprehension.

6.3.3.6.3 This step can be performed as needed at the discretion of the trainer and department head according to performance observed and taking into consideration the trainee's performance, experience, and previous training. In case additional training is needed, trainer informs department head or designee for further instructions.

6.3.3.7 The trainer informs by any means (i.e., via e-mail) to the department head or designee about the completion of on the job training program.

6.4 Qualification Techniques:

6.4.1 Qualification techniques are used by department supervisors as a tool to qualify an employee in regards to a specific unit operation, module, or technique (i.e., sterile filtration, aseptic filling, sampling, HPLC analysis) and to acknowledge his / her competence and qualification on a continuous basis.

6.4.2 Qualification techniques records include, but are not limited to, the list of reference documents, the list of related equipment and measuring devices, the reference for the on the job training completion, and the approval of the exercise.

6.4.3 Each department supervisor prepares qualification techniques as needed based on the criticality of the unit operation, module, or technique, and coordinates execution with the selected employee.

6.4.4 Qualification techniques need to be executed by personnel at least once every three years according to the overall evaluation by the supervisor of the employee's performance throughout the entire certification process taking in consideration job performance, quality / accuracy of work, dependability, ability to work as part of a team, and compliance with company procedures. Acknowledgement of completion of training for the qualification technique unit operation / module is performed by placing employee and supervisor's signatures and date at the respective section of the Qualification Technique Form. Training and Development group assigns the re-certification due date for employees based on above criteria and supervisor's recommendations.

NOTES:

a) **Qualification Technique re-certification for production visual inspection of injections needs to be executed by personnel at least once every year according to the guidelines outlined on SOP IPD-017.**

b) **The qualification techniques for cGMP and Safety (i.e., QT-ITD-001 and QT-IEH-002, respectively) are executed once every two years and annual refreshment training is completed every year to be up to date on all the training needs from time to time.**

6.4.5 The qualification techniques matrix shows the core / primary activities that qualified personnel (i.e., subject matter experts) can perform unsupervised.

NOTES:

a) Training and Development group prepares a training folder by employee including the applicable qualification techniques to be executed during the respective certification period. Respective Qualification Technique Matrix is updated accordingly, and training folders are distributed to respective supervisor or designee upon request.

b) As a general practice, the employees should complete the initial qualification technique ideally within 3 months from the date of issuance.

c) Qualification Technique impact assessment is performed each time a qualification technique is revised via change control in order to assess that the respective document is not impacted by the change and to determine the need of distribution to respective training folders (i.e., if an additional SOP is added to the qualification technique, that qualification technique might not require to be distributed within the training period if respective training has been completed as part of change control).

d) As part of qualification technique recertification exercise, whenever the employee is unable to execute hands on / on the job training verification (Section – 4, Training Reference of Execution by Trainee) at the time of the recertification due period, then the employee must complete the self-training related to the respective qualification technique and inform Training and Development group accordingly to acknowledge this situation in the training system (i.e., Qualification Technique Matrix and corresponding qualification technique). The hands on / on the job training is executed once the activity / unit operation becomes available as per the department's needs.

e) The qualification technique recertification due date is assigned from the date of issuance of the qualification technique for the execution purposes. Whenever the qualification technique is recertified,

Training and Development group updates the Qualification Technique Matrix and re-issues the respective qualification technique for the next period.

f) On a quarterly basis, Training and Development group verifies the Qualification Technique Matrix for the employee's pending recertification for the next quarter. The Training and Development designee prepares a list of all the employees due for recertification and communicates to the employees and the supervisor to inform them about the qualification technique recertification. This list is monitored and updated on a monthly basis by the Training and Development group until completion.

6.5 Evaluation of Training:

6.5.1 Training and Development may, at its sole discretion, conduct an evaluation at any time of any part of the training process (i.e., training sessions, trainees, trainer, training material, retraining, repetitive human mistakes) to verify training effectiveness. Evaluation of training process involves the identification of unwanted trends that are discussed with supervisors and managers in order to determine the further action needed to enhance the performance of the personnel.

6.5.2 Supervisor or designee is fully responsible to evaluate training effectiveness of his / her employees routinely by assessing the job performance, quality and accuracy of work, consistency of work, among others, in order to understand the adequacy of the extent and method of training. The training evaluation is verified continuously and documented in all the available records in the quality system related to training and specific job functions.

6.5.3 In order to further measure the understanding of the training conducted to employees and as part of assessment check to ensure employees comprehend the SOPs related to their job function, Training and Development performs a quarter evaluation of the training system via verification of employee training records, and via review of quality system records such as but not limited to incidents, non-conformances, deviations, laboratory incidents, laboratory out of specifications, laboratory out of trends, CAPAs, and documentation errors with the purpose of identifying unwanted trends including repetitive human errors that may have been contributed due to lack of training understanding. The findings of this evaluation are discussed with supervisors and management to determine improvement plans for the specific employee in case a negative tendency is observed. The improvement plan, when needed, is designed between supervisor, employee, and Training and Development and executed accordingly to enhance the performance of personnel.

7.0 REVISION HISTORY

Revision No.	Effective Date	Description of Changes
01	SEP 22 2017	Original SOP
02	FEB 14 2018	1. Add a note for training record associated with training curriculums and qualification techniques under Sections 6.1.1 and 6.3.1.1.4 2. Update procedure of completion of training record in Sections 6.2.1.2.2 and 6.2.1.2.3 3. Add a note for preparation of training folder by employee under Sections 6.2.2.2 and 6.4.6 4. Remove statement related to training not required for other documents in Section 6.2.4.1 5. Update on the job training procedure after Section 6.3.3.4 6. Update re-certification frequency for qualification techniques in Section 6.4.4 7. Make editorial corrections throughout the whole document

SOP No.	Title	Revision No.
ITD-001	TRAINING SYSTEM	04

Revision No.	Effective Date	Description of Changes
03	MAR 19 2019	1.To mention qualification techniques into sections 1.0 and 3.0. 2. To update section 4.0 to include Training Curriculums TC-IGN-001, TC-IGN-002, and TC-IGN-003. 3. To add section 6.1.1.1.8 to mention that Acknowledgement of Training Understanding is not applicable for Form ITD-001-F1. 4. To remove section 6.1.2 and move the content to section 6.5 as section 6.5.1. 5. To update and combine section 6.2.1.2 and 6.2.1.3 to explain training and final release process as part of Training Curriculum TC-IGN-001. 6. To add section 6.2.2.3 to include acknowledgement of completion of training curriculum. 7. To Modify section 6.2.3 to explain the process of Annual Training as part of Training Curriculum TC-IGN-002. 8. To add section 6.3.1.2 to explain self training evaluation process. 9. To add a point on section d) of section 6.3.3.2 to mention completion of qualification technique verification. 10. To update section 6.4.4 to explain acknowledgment of completion of training for the qualification technique unit operation / module and qualification technique re-certification for visual inspection of Injections. 11. To update the "Notes" section on section 6.4 to mention qualification technique matrix, training folders, and qualification technique impact assessment. 12. To add section 6.5 to explain evaluation of training.
04	JUL 2 7 2022	1. Add qualification techniques in the Reference Section 4.0 2. Add 21 CFR Part 4, WHO Guidelines – Hormones, FDA Guidance – 503B, DBPR, DOH, internal audits, warning letters, and annual trend of 483s under Sections 6.2.1 New Employee Orientation and 6.2.3 Annual Training. 3. Add notes under Section 6.2.2 Biennial Training (Continuing Training Program) related to preparation, issuance, and tracking of training curriculums. 4. Add notes under Section 6.4 related to qualification techniques to explain the issuance tracking and completion of the qualification technique for initial and recertification purposes. 5. Remove Section 6.4.6 from Revision 03. 6. Editorial changes made throughout the entire procedure.

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IQC-002	STABILITY PROGRAM	05

Prepared By / Date	Reviewed By / Date	QA Approved By / Date	Effective Date
Vineela 03/03/21	03-05-21	M. Salazar 03/05/21	MAR 1 1 2021
			Change Control No.
Title: QC chemist	Title: Manager, QC	Title: CQCO	I-21090

1.0 PURPOSE

To establish a standard operating procedure that describes about the stability studies conducted at long term, accelerated, and intermediate storage conditions to establish the shelf life and labeled storage conditions of drug products and medical devices.

2.0 SCOPE

This procedure is applicable to drug products and medical devices manufactured by BPI Labs.

3.0 RESPONSIBILITY

3.1 Product Development designee is responsible to initiate the stability studies for R&D products.

3.2 Quality Assurance designee is responsible to initiate the stability studies for commercial products.

3.3 Quality Assurance and Quality Control management are responsible for proper implementation of this SOP.

4.0 REFERENCES

4.1 FDA Guidelines for Submitting Documentation for the Stability of Human Drugs and Biologics (1987)

4.2 FDA Guidance for industry Q1A (R2) Stability Testing of New Drug Substance and Products

4.3 FDA Guidance for Industry ANDAs: Stability Testing of Drug Substances and Products

4.4 ICH Guidance Q1A (R2) Stability Testing of New Drug Substances and Products

4.5 ICH Guidance Q1B Photostability Testing of New Drug Substances and Products

4.6 ICH Guidance Q1C Stability Testing for New Dosage Forms

4.7 ICH Guidance Q1D Bracketing and Matrixing Designs for Stability Testing of New Drug Substances and Products

4.8 ICH Guidance Q1E Evaluation of Stability Data

4.9 Current USP

4.10 21 CFR 211.166 Stability Testing

4.11 Stability Protocol

4.12 SOP IQA-001 Change Control System

4.13 SOP IQC-001 Investigating Out of Specification (OOS) and Out of Trend (OOT) Test Results

4.14 SOP IQC-003 Standard Procedure for Sample Management in Analytical Development and Quality Control Department

4.15 SOP IGN-030 Operation of the Building Management System

4.16 Form IQA-006-F4 Initiation of Stability Study

4.17 Form IQC-002-F1 Discontinuation of Stability Study Form

4.18 Form IGN-030-F1 Security Monitoring of Environment Controlled Chambers

5.0 ATTACHMENTS

Not Applicable.

6.0 PROCEDURE

6.1 Definitions / Acronyms:

6.1.1 Stability:

The capacity of a drug product to remain within specifications established to ensure its identity, strength, quality, and purity.

6.1.2 Accelerated Testing:

Studies designed to increase the rate of chemical degradation or physical change of a drug substance or a drug product by using exaggerated storage conditions as part of the formal stability studies.

6.1.3 Long-term Testing:

Stability studies under the recommended storage condition for the retest period or shelf life proposed (or approved) for labeling.

6.1.4 Intermediate Testing:

If any "Significant Changes" occur at any time during testing at the accelerated storage condition, additional testing at the intermediate storage condition should be conducted.

6.2 Materials and Equipment:

6.2.1 Chambers or Walk-in Stability Room:

6.2.1.1 Controlled Room Temperature (CRT) / Long-term:

Environmental chamber / Walk-in Stability Room capable of controlling temperature to 25°C ± 2°C and relative humidity to 60%RH ± 5%RH.

6.2.1.2 Accelerated (AA):

Environmental chamber capable of controlling temperature to 40°C ± 2°C and relative humidity to 75%RH ± 5%RH.

6.2.1.3 Intermediate:

Environmental chamber capable of controlling temperature to 30°C ± 2°C and relative humidity to 65%RH ± 5%RH.

6.2.1.4 Refrigerator:

Environmental chamber capable of controlling temperature to 5 °C ± 3 °C.

6.2.2 Quality Assurance department shall arrange to calibrate the chambers / monitoring devices either in-house or coordinate with the external calibration consultants. Calibrate all the chambers every year.

6.3 Monitoring:

6.3.1 The actual temperature and relative humidity for all chambers and walk-in stability rooms will be monitored and recorded by Quality Assurance Department and Quality Control Department.

6.3.2 All monitoring devices (prints / charts / graphs) will be read and reviewed on a daily basis (business days) by the Quality Assurance Department.

6.3.3 The Quality Assurance Department shall inform to Quality Control Department whenever the temperature and relative humidity reading exceeds out of the temperature and relative humidity tolerances of ± 2°C and / or ± 5%RH, respectively.

6.3.4 All the chambers and walk-in stability rooms are connected to the Security System. This system sends a notification to Security System Operator in case any temperature and relative humidity reading exceeds out of the temperature and relative humidity tolerances of ± 2°C and / or ± 5%RH, respectively. The Security System Operator informs to concerned persons at BPI Labs immediately.

6.3.5 The Security monitoring system of Stability Chambers / Walk-in Stability Room is checked once in every six months by maintenance department in coordination with Security System Company.

6.3.6 After checking the Security monitoring system, details are entered in Form IGN-030-F1 Security Monitoring of Environment Controlled Chambers by maintenance department. The form is submitted to QA for final approval and filing.

6.4 Excursions:

6.4.1 Short term spikes due to opening of doors are acceptable as unavoidable.

6.4.2 If for any reason (e.g., power, equipment failures, etc.), chamber / walk-in stability room is in excursion that exceeds the defined tolerances for more than 24 hours, samples in the chamber / walk-in stability room shall be transferred into back-up chamber. If back-up chamber / walk-in stability room is not available, samples shall be stored at room temperature maximum up to three working days. Once the chamber / walk-in stability room is ready, the samples shall be moved to the original stability condition. If exceeds three working days, the pulling date shall be extended for Accelerated and Intermediate conditions. For CRT condition, it is not required to extend the pulling dates. The impact of such excursion will be assessed.

6.5 Storage Conditions (General Case):

6.5.1 Accelerated Stability (AA):

Samples are stored at 40°C ± 2°C and 75% RH ± 5% RH for a period of six (6) months (i.e., 180 days) for ANDA / ANADA / NDA / NADA. Test intervals are set at 1 month, 2 months, 3 months, and 6 months (i.e.,180 days).

6.5.2 Intermediate Stability (INT):

Samples are stored at 30°C ± 2°C and 65% RH ± 5% RH for a period of twelve (12) months for ANDA / ANADA / NDA / NADA. Test intervals are set at 1 month, 2 months, 3 months, 6 months (i.e.,180 days), 9 months, and 12 months.

6.5.3 Where "significant change" occurs in the samples of accelerated storage conditions, additional testing at the intermediate storage conditions (i.e., 30°C ± 2°C and 65% RH ± 5% RH) shall be conducted.

6.5.3.1 "Significant Change" at the accelerated condition is defined as:

A. A 5% potency loss from the initial assay value of a batch.

B. Any specified degradant exceeding its specification limit.

C. Dissolution exceeding the specification limits for 12 Dosage units (USP Stage 2).

D. Failure to meet specifications for appearance and physical properties.

E. Failure to meet the acceptance criterion for pH.

6.5.4 Long-term Stability (CRT):

Samples are stored at 25°C ± 2°C and 60% RH ± 5% RH (controlled room temperature) for up to shelf life for ANDA / ANADA and may be longer for NDA / NADA. Test intervals are at 3 months, 6 months (i.e., 180 days), 9 months, 12 months, 18 months, 24 months, and on an annual basis up to the proposed shelf life for NDA / NADA / ANDA / ANADA. Additional intervals can be assigned on a case-by-case basis.

6.6 Storage Conditions (Drug Product Intended for Storage in a Refrigerator):

6.6.1 Accelerated Stability (AA):

Samples are stored at 25°C ± 2°C and 60% RH ± 5% RH for a period of six (6) months for ANDA / ANADA / NDA / NADA. Test intervals are set at 1 month, 2 months, 3 months, and 6 months (i.e.,180 days).

6.6.2 Long-term Stability:

Samples are stored at 5°C ± 3°C in a refrigerator for a period of twelve (12) months for ANDA / ANADA / NDA / NADA. Test intervals are set at 3 months, 6 months (i.e.,180 days), 9 months, 12 months, 18 months and 24 months. Additional intervals can be assigned on a case-by-case basis.

6.7 Storage Conditions (Drug Product Intended for Storage in a Freezer):

6.7.1 Long-term Stability:

Samples are stored at - 20°C ± 5°C in a freezer for a period of twelve (12) months for ANDA / ANADA / NDA / NADA. Test intervals are set at 3 months, 6 months (i.e.,180 days), 9 months, 12

months, 18 months and 24 months. Additional intervals can be assigned on a case-by-case basis.

6.7.2 Testing on a single batch at an elevated temperature (e.g., 5°C ± 3°C or 25°C ± 2°C) for an appropriate time period should be conducted to address the effect of short-term excursions outside the proposed label storage condition.

6.8 Storage Conditions (Drug Product Intended for Storage Below - 20°C):

6.8.1 Drug products intended for storage below - 20°C should be treated on a case-by-case basis.

NOTE: If a drug product is required to be stored at condition different from above mentioned storage conditions, a separate stability protocol will be initiated that will contain all the critical information such as storage condition, test intervals, etc.

6.9 Preparation of Stability Protocol:

6.9.1 Stability protocols shall be prepared by Product Development for R&D products and by Quality Assurance for commercial products before the stability study is initiated.

6.9.2 Stability protocols shall include all specific details of the product and stability study such as, but not limited to, product name and strength, code number, active pharmaceutical ingredient associated, batch size, pack size and packaging configuration, study purpose, storage conditions, testing frequency, tests, number of containers to be pulled per sampling point, and number of samples to be collected.

6.9.3 Bracketing and Matrixing designs for stability testing of drug products can be applied according to ICH Guidance Q1D: Bracketing and Matrixing Designs for Stability Testing of New Drug Substances and Products.

6.9.4 Stability protocols are approved in the quality system via change control following instructions documented in SOP IQA-001.

6.10 Initiation of Stability Study:

6.10.1 Stability study for R&D products is initiated by Product Development Department using the approved stability protocol. Stability samples are collected by Quality Assurance and submitted to Quality Control accordingly.

6.10.2 Stability study for commercial products (including validation) is initiated by Quality Assurance Department using the approved stability protocol and Form IQA-006-F4 (Initiation of Stability Study). Stability samples are collected by Quality Assurance and submitted to Quality Control accordingly.

6.10.3 Upon receipt, Quality Control Department verifies stability samples for correctness and integrity and ensures that an approved stability protocol associated with this stability study is available and that information documented in the protocol or Form IQA-006-F4 is accurate.

6.10.4 The stability samples shall be labelled as Upright (U), Inverted (I) and On the Side (OTS) orientations on the cartons as per stability protocol and the samples shall be loaded carefully into chambers as per orientation.

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6.11 Scheduling:

6.11.1 The stability system scheduling shall be documented in stability protocol (i.e., R&D products) or using Form IQA-006-F4 (i.e., commercial products) upon initiations of any new stability studies for the products.

6.11.2 When the stability samples are loaded into the stability chamber, stability group or designee shall enter the initiating information into the stability logbook.

6.11.3 Stability samples (i.e., exhibit batches) can be loaded into the stability chambers after packaging without waiting for the release of time zero data to save the stability study time.

6.12 Sample Retrieval:

6.12.1 A monthly calendar with the products to be tested for that month will be generated from the Excel sheet / Microsoft outlook according to the approved stability protocol or Form IQA-006-F4.

6.12.2 The Stability Coordinator or designee will remove the appropriate quantity of samples according to stability protocol or Form IQA-006-F4 from storage, document such retrieval in the respective stability protocol or Form IQA-006-F4, and submit stability samples to the laboratory for testing.

6.12.3 When the stability samples are retrieved from the stability chamber, stability group or designee shall reflect this activity in the stability logbook.

6.12.4 The samples will be logged in the Stability Samples Logbook in Quality Control Department as per SOP IQC-003.

NOTE: Ensure to submit samples required for Microbiology testing (as per stability protocol) on the same day of retrieval (if applicable).

6.12.5 For pull dates, which fall on non-working days, samples will be pulled on the next working day.

6.13 Testing:

6.13.1 Samples will be tested in accordance with approved Stability Protocol using approved test methods, which are specific, and stability indicating.

6.13.2 For testing, sampling of dosage units from a given container should be done randomly with each individual unit having an equal chance to be selected. The chemist must inspect samples before testing and report any untoward appearance / findings to their supervisor or manager.

6.13.3 Accelerated and intermediate storage conditions samples testing should be completed within 15 calendar days of retrieval.

NOTE: In case of Microbiology testing, testing must be completed within 30 calendar days (excluding weekends / holidays) of retrieval.

6.13.4 Long term storage conditions samples testing should be completed within 15 working days.

NOTE: In case of Microbiology testing, testing must be completed within 30 calendar days (excluding weekends / holidays) of retrieval.

6.13.5 If testing is delayed, then the reasons and the impact for the delays shall be clearly documented and approved by the responsible Quality Control Manager or designee and submitted to Quality Assurance Department along with the stability data report.

6.14 Recording Results:

6.14.1 Results of testing are recorded as they are completed and checked against any previous data by group auditor or designee.

6.14.2 Test result failures shall be brought to the immediate attention of the Quality Control Manager or designee who shall notify the Quality Assurance Management consequently. Investigation of out of specifications or out of trends shall be conducted according to SOP IQC-001.

6.14.3 The SOP IQC-001 Investigating Out of Specification (OOS) and Out of Trend (OOT) Test Results, is not applicable for RLD and Experimental drug products.

6.15 Analysis Reporting Data:

6.15.1 Stability reports will be reported using product approved specification and analytical reports and according to stability data compilation sheets included in the stability protocol and will be submitted to Quality Assurance for review. The data should be submitted within 40 calendar days.

6.15.2 Stability reports will be provided to Regulatory Affairs for annual reports and other FDA submissions, as needed.

6.16 Documentation:

6.16.1 A stability project file will be maintained for each product initiated into the program.

6.16.2 Quality Control Manager or designee will ensure the current finished product specification is used for reporting purposes.

6.16.3 Initial release test results (time zero data) need to be available for all samples.

6.16.4 If more than 30 days have passed since the initial release date, stability initiator must submit additional samples for retest.

6.16.5 The Stability Chamber Logbooks as well as documentation included in the stability protocol or Form IQA-006-F4 will serve as documentation of the stability samples pulls.

6.17 Transportation of Stability Samples:

6.17.1 The Quality Control Manager or designee sending stability samples should ensure that the samples transported for loading into the stability chambers of any subsidiary or third party are transported as per the label storage conditions.

6.17.2 If there is any damage to the integrity of the container closure system of the sample during transit, the sample will not be loaded in the stability chambers.

6.17.3 The stability samples received for only loading into the stability chambers need to follow the stability conditions provided along with the samples.

6.18 Post-approval Stability Commitment:

6.18.1 If the submission does not include stability data on production batches, a commitment should be written in a specific stability protocol.

6.18.2 The stability protocol used for the studies on commitment batches should be the same as that for the primary batches, unless otherwise scientifically justified.

6.18.3 The commitment shall include the stability studies at intended long term storage conditions (at 25°C ± 2°C / 60% RH ± 5% RH) on the first three production batches in each packaging size.

6.18.4 In addition to the first three production batches, stability studies at 25°C ± 2°C / 60% RH ± 5% RH will be conducted on a minimum of one production batch per year for each packaging size.

6.18.5 The stability results for the drug product shall be reported in the annual report of the ANDA.

6.19 Changes or Cancellations:

6.19.1 Any change or termination of stability testing must be submitted in writing to the Quality Assurance Management with a completed Discontinuation of Stability Study Form (IQC-002-F1) in the stability Protocol. The stability system shall be updated immediately.

7.0 REVISION HISTORY

Revision No.	Effective Date	Description of Changes
01	JAN 10 2018	Original SOP
02	AUG 12 2019	1.Alignment was updated. 2.Added a note following point 6.12.4 detailing samples for microbiology laboratory must be submitted on same day of retrieval. 3.Added a note following point 6.13.3 and 6.13.4 describing microbiology testing must be completed in 30 working days.
03	NOV 22 2019	1. Changed 6.5.3.1 from "12 capsules or tablets" to "12 Dosage units" 2. Added 6.2.1.4 Refrigerator and its condition temperature. 3. Added Subsection E in section 6.5.3.1
04	SEP 29 2020	1. Added section 6.10.4 for introducing orientation of stability samples 2. Editorial changes were made throughout the SOP wherever applicable
05	MAR 1 1 2021	1.Removed the form IQC-002-F2 form sections 4.0 and 6.3.6 and added the form IGN-030-F1. 2.Added the SOP#IGN-030 and Form# IGN-030-F1 in the references section

SOP No.	Title	Revision No.
IPD-007	VISUAL INSPECTION OF INJECTIONS	09

Prepared By / Date	Reviewed By / Date	QA Approved By / Date	Effective Date
10/18/22	10/18/22	M Salazar 10/18/22	OCT 20 2022
Title: Process Engineer	Title: Director, Tech Ops	Title: CQCO	Change Control No. I-22608

1.0 PURPOSE

The purpose of this procedure is to provide standard operating instructions for the visual inspection of injections.

2.0 SCOPE

This procedure is applicable to personnel performing visual inspection of injections at BPI Labs facility, Suite #450.

3.0 RESPONSIBILITY

3.1 It is the responsibility of personnel performing visual inspection of injections to follow these instructions. It is also the responsibility of the Production Supervisor to implement and ensure that the procedure is being followed.

3.2 It is the responsibility of Production (PD) department and Production Supervisor to compile visual inspection results for trending. It is the responsibility of Quality Assurance (QA) department to prepare trending report.

4.0 REFERENCES

4.1 General Chapters USP <790> Visible Particulates in Injections

4.2 General Chapters USP <1790> Visual Inspection of Injections

4.3 USFDA Guidance for Industry Sterile Drug Products Produced by Aseptic Processing - Current Good Manufacturing Practice

4.4 PDA Survey 2014 Visual Inspection

4.5 PDA Survey 2015 Particulate Matter in Difficult to Inspect Parenterals

4.6 Technical Report No. 43 (Revised 2013) Identification and Classification of Nonconformities in Molded and Tubular Glass Containers for Pharmaceutical Manufacturing: Covering Ampoules, Bottles, Cartridges, Syringes and Vials

4.7 SOP IGN-001 Investigations

4.8 SOP IGN-020 Procedure for Repair and Maintenance of Equipment / Rooms

4.9 SOP IGN-024 Waste Disposal Authorization

4.10 SOP IMI-038 Determination of Particulate within Injectables Products using Filtration Method

4.11 SOP IPD-017 Qualification and Validation of Inspection Processes

4.12 SOP IPK-003 Brite Stock Handling

4.13 SOP IQA-006 Issuance of Batch Records, Packaging Records, Protocols, and In-House Computer Generated Labels

4.14 SOP IQA-016 Acceptable Quality Limit for Visual Inspection of Filled Product

4.15 SOP IWH-004 Storage and Disposal of Manufacturing and Laboratory Waste

4.16 Form IGN-001-F1 Investigation Report

4.17 Form IGN-024-F1 Waste Disposal Authorization Form

4.18 Form IPD-007-F1 Visual Inspection of Injections Report

4.19 Form IPD-007-F2 Visual Inspection Booth Light Intensity Verification Form

4.20 Form IPD-007-F3 Log for Visual Inspection of Injections

4.21 Form IQA-016-F1 Acceptable Quality Limit for Visual Inspection of Filled Product Report

4.22 IQA-016-F2 American National Standard (ANSI Z1.4) Sampling Plan

4.23 Respective Product Validated List (i.e., EOL I-034)

5.0 ATTACHMENTS

Not Applicable.

6.0 PROCEDURE

6.1 General:

6.1.1 In general, unless specified in the manufacturing batch record, Visual Inspection is performed for all cGMP Products. The inspection program is designed to understand the nature of defects and establish appropriate controls to eliminate them based on the product life cycle.

6.1.2 Personnel participating in Visual Inspection of Injections must be trained and qualified as per SOP IPD-017 Qualification and Validation of Inspection Processes.

6.1.3 Inspectors must have their eyes examined by an optometrist at least once a year as per specifications listed in SOP IPD-017. The frequency may be increased if the inspectors complain of headache, eye fatigue, or other complaints directly attributable to visual performance.

6.1.4 Supervisors must be informed if any inspectors are suffering from eye allergies, eye infections, eye fatigue, headache, or any other concerns that affect the performance of inspection.

6.1.5 Inspectors must gown with hair net, beard cover (if facial hair is present), lab coat, and gloves when entering the visual inspection room. Inspectors must degown within respective visual inspection room prior to exiting.

6.1.5.1 Gowning materials such as lab coat must be dedicated to a single batch. If inspections are performed in multiple rooms then separate gowning materials are required.

6.1.6 Avoid glare and direct viewing of the light source at high intensities as this may result in eye strain or fatigue.

6.1.7 Check the intensity of light before the start of a batch and after completion of each batch.

6.1.8 After every 55-65 minutes of visual inspection, a no less than 5-minute break MUST be taken to relax eyes. Document inspection and break times in Form IPD-007-F1 section II.

6.1.8.1 When a break is required, the inspector should finish the tub or tray they are inspecting before taking a break. If they are unable to finish, they must keep inspected and uninspected units separate and secure before taking a break and upon returning, must start with the same uninspected tub/tray.

6.1.8.2 The inspection times and break times should be sequential. For example, an inspector inspects on 07/24/19 from 11:00 to 12:03 and he/she takes a break from 12:03 to 12:08. This will be documented on one line, from left to right, in section II of IPD-007-F1 and initialed by the inspector.

6.1.8.3 All open entries in section II of form IPD-007-F1 should be closed on the same day of completion.

6.1.9 Visual inspection rooms must be locked if visual inspection personnel are not in the room. Visual inspection personnel are responsible for locking the visual inspection room door during breaks and at end of business day.

6.1.10 Visual inspectors are not required to use a magnifier or wear safety glasses during the inspection. Magnification should only be used for critical examination of a small number of units, as may be needed during an investigation. The use of the magnifier will be determined by a supervisor or designee.

6.1.11 There are three different categories of defects representing the risk to the patient, as defined below.

6.1.11.1 Critical Defect:

A defect which poses risk to the patient, especially risk of injury to patient and integrity breach of container closure (sterility of the product) and indicates the inspected article is likely to:

A. Result in hazardous or unsafe conditions for individuals using, maintaining, or relying on the product; or

B. May prevent performance of the product or material or failure to meet specifications. A critical defect is a unit of product that contains one or more critical defects.

Examples: Critical defects include cracks in the glass of the vial or syringe, missing stopper/plunger, etc.

6.1.11.2 Major Defect:

A condition/non-conformity, other than critical, that carries the risk of a temporary impairment or medically reversible reaction or involves a remote probability of a serious adverse reaction or reduce the usability of the unit of product for its intended purpose. A major defect is a unit of product that contains one or more major defects.

Examples: Major defects include contamination intrinsic to the manufacturing process such as fibers or particles and issues associated with the filling/stoppering process such as low fill, high fill, or empty container.

6.1.11.3 Minor Defect:

A minor defect is a condition/non-conformity that is not likely to reduce the usability of the unit of product for its intended purpose or is a departure from established standards having little bearing on the effective use, safety or operation of the unit of product. A minor defect is a unit of product that contains one or more defects. They are often cosmetic in nature, affecting only product appearance or pharmaceutical elegance.

Examples: Minor defects include cosmetic issues such as scratches/scuffs on the body of the vial/syringe, dents on the container/cap, etc.

6.2 Handling of the Visual Inspection Booths:

6.2.1 Setup:

6.2.1.1 Setup inspection booth on the workbench for safe and comfortable operation.

6.2.1.2 Connect to 120 Volts power source and turn ON the light switch and ensure lights are illuminating with no flickering. If the lights do not function properly, contact area supervisor and initiate a maintenance request as per SOP IGN-020.

6.2.2 Operation:

6.2.2.1 Log equipment usage into appropriate Cleaning, Use, and Maintenance Logbook.

6.2.2.2 Ensure the light is turned on and verify in the appropriate logbook that the Visual Inspection Booth is cleaned prior to use. If not, follow step 6.2.3 as applicable.

6.2.2.3 When inspecting filled product, hold the units approximately 8-10 inches below the light source and NMT 5 inches from the center line.

6.2.2.4 When finished with operation, ensure the light is turned off.

6.2.3 Cleaning:

6.2.3.1 Minor Cleaning:

A. Ensure the power is turned OFF.

B. Remove all evidence of the previous batch, including all filled product, both inspected and rejected.

C. Wipe down the interior of the inspection booth with 70% Isopropyl Alcohol (IPA).

D. Record the activities into the proper Cleaning, Use, and Maintenance logbook and ensure the cleaning is verified by a Supervisor or designee.

E. Place a "CLEAN" label on the Visual Inspection Booth

6.2.3.2 Major Cleaning:

A. Ensure the power is turned OFF.

B. Remove all evidence of the previous batch, including all filled product, both inspected and rejected.

C. Wipe down the interior and exterior of the inspection booth and the magnifying glass with a lint-free cloth and 70% IPA.

D. Record the activities into the proper Cleaning, Use, and Maintenance logbook and ensure the cleaning is verified by a Supervisor or designee.

E. Place a "CLEAN" label on the Visual Inspection Booth.

6.2.4 Verification of Light Intensity:

6.2.4.1 Light intensity verification will be performed annually for all Visual Inspection Booths using NIST calibrated standard Light Intensity Meter. Measure the light intensities at the locations specified in Form IPD-007-F2 and record values in Form.

6.2.4.2 Light intensity should be NLT 2100 lux at the furthest specified point. If the light intensity fails to meet the acceptance criteria, initiate a maintenance request as per SOP IGN-020 and repeat verification after maintenance is performed.

6.2.5 Corrective Maintenance:

6.2.5.1 In case of equipment break down, contact maintenance personnel for necessary actions. Refer to SOP IGN-020 for repair/maintenance procedure.

6.3 Visual Inspection Requirements per Product Type:

6.3.1 Manual visual inspection requirements are based on product type. Refer to Table 1 for inspection requirements per batch type and corresponding procedure section.

Table 1: General Visual Inspection Requirements Based on Product Type

Product Type	Inspection Requirement	Procedure Section
Research and Development (Exhibit / Stability / Pivotal)	100% Inspection (One Time)	6.4
Initial Commercial (i.e., Initial Process Validation)	First and Second 100% Inspections (Two Times)	6.5
Commercial Certified for Reduced Inspection	100% Inspection (One Time)	6.7
Difficult to Inspect (i.e., Colored Products for Research and Development & Commercial)	100% Inspection (One Time) Destructive Testing	6.8

6.3.1.1 Research and Development products (Exhibit / Stability / Pivotal) are one time 100% inspected by Production personnel.

6.3.1.2 Initial Commercial products (if not qualified under reduced inspection program) are two times (First 100% and Second 100%) inspected by Production personnel. Although regulatory expectations require only 100% inspection, Second 100% inspection is

performed to better understand the life cycle of the product, common defects types, and provide product quality assurance.

6.3.1.3 Commercial products certified for the Reduced Inspection Certification Program are one time 100% inspected by Production personnel. To determine if the product is qualified for reduced inspection program, refer to the respective Product Validated List (i.e., EOL I-034).

6.3.1.4 Difficult to inspect products (i.e., colored products for Research and Development & Commercial) are one time 100% inspected by Production personnel and then tested as per supplemental destructive testing.

NOTE: Whenever samples are required to be submitted to Quality Control and Microbiology for testing prior to the completion of visual inspection of the entire batch, visual inspection can be performed on representative tub or tray of filled units from beginning, middle, and end of the run using the appropriate procedure. Record inspection of such selected tub or tray using form IPD-007-F1, i.e., if a batch has 100 tub or tray, 10,000 units are filled (100 units per tub or tray), and 45 units of samples are required for Quality Control and Microbiology testing, select tub or tray 1, 50, and 100 for the inspection. Upon completion of the inspection of all units in the three tubs or trays, notify QA to collect representative samples as per SOP IQA-007.

6.3.2 Production department requests visual inspection forms with Batch Manufacturing Record using Form IQA-006-F1 "Batch / Packaging Record Request Form". Production department will verify the visual inspection requirements (either First 100% and Second 100% inspections or only First 100% inspection) using the respective Product Validated List (i.e., EOL I-034) to determine the amount of visual inspection forms needed.

6.3.3 Form IPD-007-F1 "Visual Inspection of Injections Report" is issued for each individual involved in visual inspection. Form IPD-007-F3 "Log for Visual Inspection of Injections" is issued per batch. These forms are issued with the Batch Manufacturing Record by QA department.

6.4 **Inspection of Research and Development Products:**

6.4.1.1 Research and Development (Exhibit / Stability / Pivotal) products are one time 100% inspected by Production personnel. Refer to Figure 1 for a general overview of research and development product inspections.

SOP No.	Title	Revision No.
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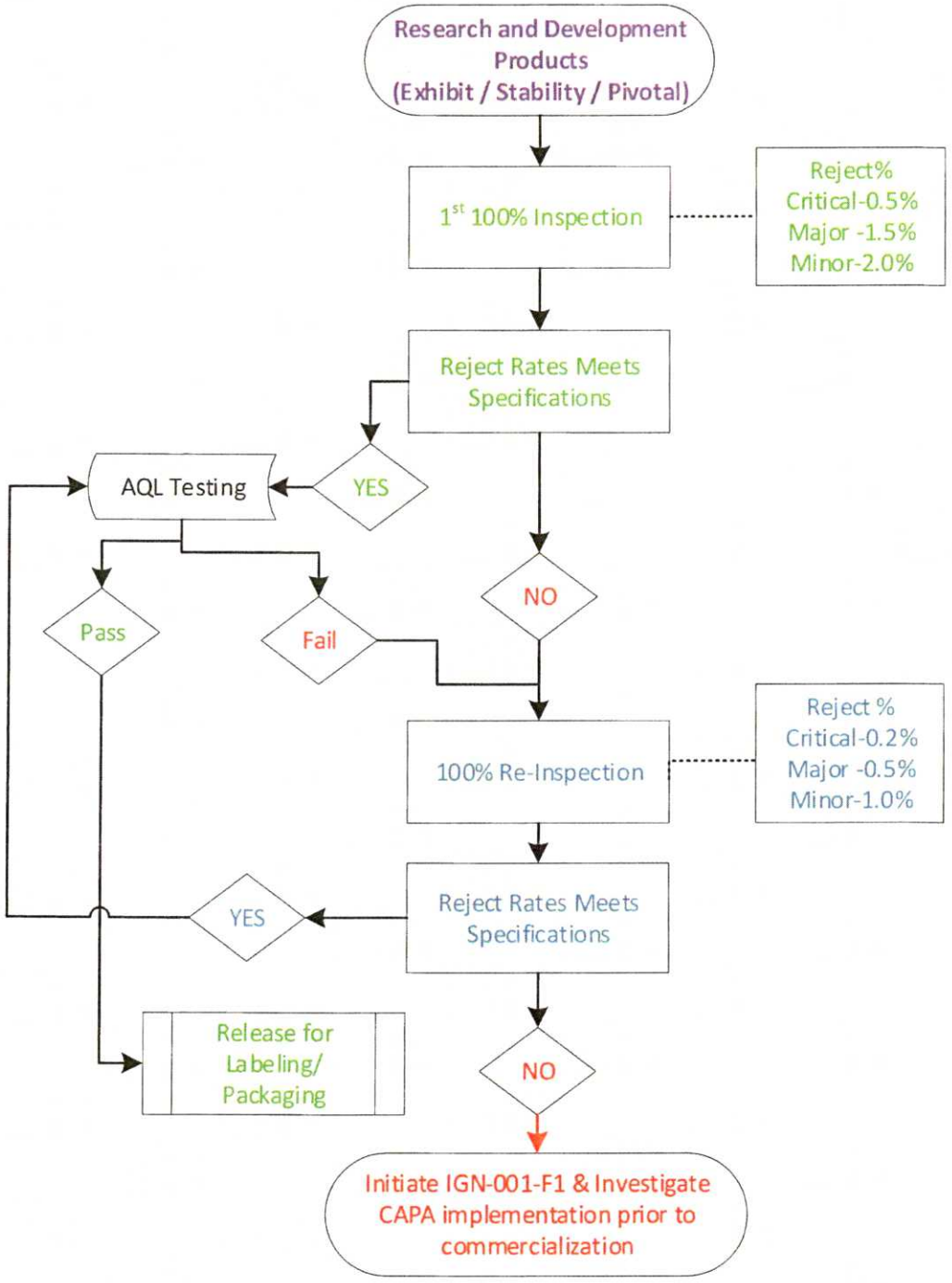


Figure 1: General Visual Inspection Process for Research and Development Products

6.4.1.2 Before QA issues line clearance, ensure the product is secured (e.g., cage with fastener and lock, rack that has been wrapped) and there is no sign of tampering. If there is evidence of tampering, notify supervisor or designee immediately to determine how to proceed.

6.4.1.3 Once line clearance has been given, bring product into the room and place a STATUS label on the rack/cage containing filled product (Status should be: To Be Inspected).

6.4.1.4 Place a STATUS label on the receiving rack/cage with appropriate status (e.g., First 100% inspected product, 100% re-inspected product)

6.4.1.5 Test light intensity using NIST calibrated standard Lux Meter prior to inspection start, and record results in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source. If the light intensity is less than 2100 lux the booth cannot be used for inspection, initiate a maintenance request as per SOP IGN-020.

6.4.1.6 Collect one Filled Units tub/tray to be inspected at a time from the batch of filled units. If filled units are in tubs count the number of units available for inspection and record number of units in the appropriate space on form IPD-007-F1 and check the First 100% inspection box. If filled units are in trays, prepare another empty tray to place inspected units.

6.4.1.7 Pick up and hold the units in between finger and thumb in horizontal position (with bottom of the vial/syringe touching the thumb) approximately 8-10 inches below the light source and NMT 5 inches from the center line. Rotate and observe the containers, slowly, for five seconds in such a way that the complete body of the containers, including neck and bottom, are visible for inspection. Observe the containers for following defects:

A. For inspection of vials with Liquid Product:

a. Scratches/Scuff Marks on Body
b. Dents on Container
c. Dents on Flip-cap
d. Dirt on Exterior Surface
e. Empty Container
f. Cracked vial
g. Leakage
h. Missing Stopper
i. Missing Flip-cap
j. Incomplete seal/cap
k. Wrong color stopper/cap
l. Crimp defect (loose crimp or non-uniform crimp)

NOTE: When inspecting for incomplete seal/cap, rotate unit between fingers and ensure the cap is leveled with the vial and the seal is securely locked from all points. Holding in one hand, move the cap head side to side and ensure the securing flanges do not move past the crown of the vial.

B. For inspection of syringes with Liquid Product:

a. Scratches/Scuff Marks on Body
b. Dents on Container
c. Dents on needle sheath or luer lock
d. Dirt on Exterior Surface
e. Empty syringe
f. Cracked or broken syringes
g. Missing stopper
h. Wrong stopper position (stopper upside down) with reference to standard
i. Liquid between stopper ribs
j. Partially Inserted Stopper, with reference to standard

6.4.1.8 Gently swirl or invert the vials/syringes making sure that minimal air bubbles are introduced and bring back to an upright position. Inspect the product in front of the **black background** for minimum five seconds and check for the defects mentioned below, as applicable for vials or syringes with liquid product.

A. For inspection of Liquid Product in either vials or syringes:

a. Low Fill Level
b. High Fill Level
c. Discolored, or Cloudy/Precipitate
d. Colored particles
e. Black Particles
f. White Particles
g. Glass Particles
h. Fibers

6.4.1.9 Invert the vials/syringes momentarily and bring to an upright position and inspect the product in front of the **white background** for minimum five seconds and check for the defects mentioned below.

A. Black/Brown Particles
B. Fibers
C. Colored Particles

NOTE: As each unit is inspected in front of black and white background each for a minimum of five seconds, and maximum of 2 containers are inspected at a time, it will take 20 seconds to inspect 2 units. No more than 360 units should be inspected per hour.

6.4.1.10 Accepted vials/syringes will be placed into their respective tub/tray. Rejected vials/syringes will be marked with the defect code number as listed in IPD-007-F1 form section III and placed into the appropriate labeled reject bin (i.e., critical reject bin, major reject bin, minor reject bin).

NOTE: If an inspector has a doubt about a defect category, another qualified inspector may inspect and confirm.

6.4.1.11 At the end of inspection process, test light intensity using NIST calibrated standard Lux Meter, and record in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source; if the light intensity does not meet specification, initiate a maintenance request as per SOP IGN-020. All units inspected in this booth must be re-inspected after taking corrective action/repair or perform inspection in any other inspection booth.

6.4.1.12 Individual operators will reconcile the inspected units and rejects in his/her form and attach to the batch record.

6.4.1.13 Review total reject rates from the First 100% inspection through respective inspection forms. If it is within the specified limits from batch record, coordinate with Quality Assurance for Acceptable Quality Level (AQL) Inspection. If the reject rates are not specified in the Batch Manufacturing Record, follow the limits specified in Table 2.

Table 2: Research and Development Products Visual Inspection Acceptance Criteria

Type of Defects	% Reject Rates (Action Level)	
	First 100% Inspection	100% Re-inspection
Critical Defects	0.5	0.2
Major Defects	1.5	0.5
Minor Defects	2.0	1.0

A. If the reject rates from the first 100% inspection are NOT within the specified limits, request Quality Assurance Document Control to issue respective Batch record pages and Form IPD-007-F1 for 100% re-inspection as per SOP IQA-006.

B. Review total reject rates from 100% re-inspection. If it is within the specified limits from batch record or Table 2 "**100% Re-inspection**", coordinate with Quality Assurance for Acceptable Quality Level (AQL).

C. If first AQL inspection fails, re-inspection of complete batch is performed with "100% Re-inspection" limits in Table 2. Once re-inspection is complete, a second AQL inspection can be performed with tightened inspection limits, as per SOP IQA-016. If it is NOT within the specified limits, inform supervisor. An investigation must be initiated as per IGN-001, corrective and preventive actions must be implemented prior to commercial batch manufacturing.

6.4.1.14 Once AQL inspection is complete and the batch record has been updated, the filled product can be further released for labeling and packaging.

A. If product is left unattended, ensure the product is secure (e.g., secured in a cage with fastener and lock).

6.4.1.15 If the filled product needs transfer to the warehouse, prepare the transfer by following the procedure in SOP IPK-003.

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6.5 Inspection of Initial Commercial Products:

6.5.1.1 Initial Commercial products (i.e., initial process validation batches) are First 100% inspected and then Second 100% inspected, unless they are qualified for Reduced Inspection Program. To determine if the product is qualified for reduced inspection program, refer to the respective Product Validated List (i.e., EOL I-034).

NOTE: Refer to section 6.7 for Inspection of Commercial Products Certified for Reduced Inspection Program.

A. Refer to Figure 2 for the general inspection process for initial Commercial batches.

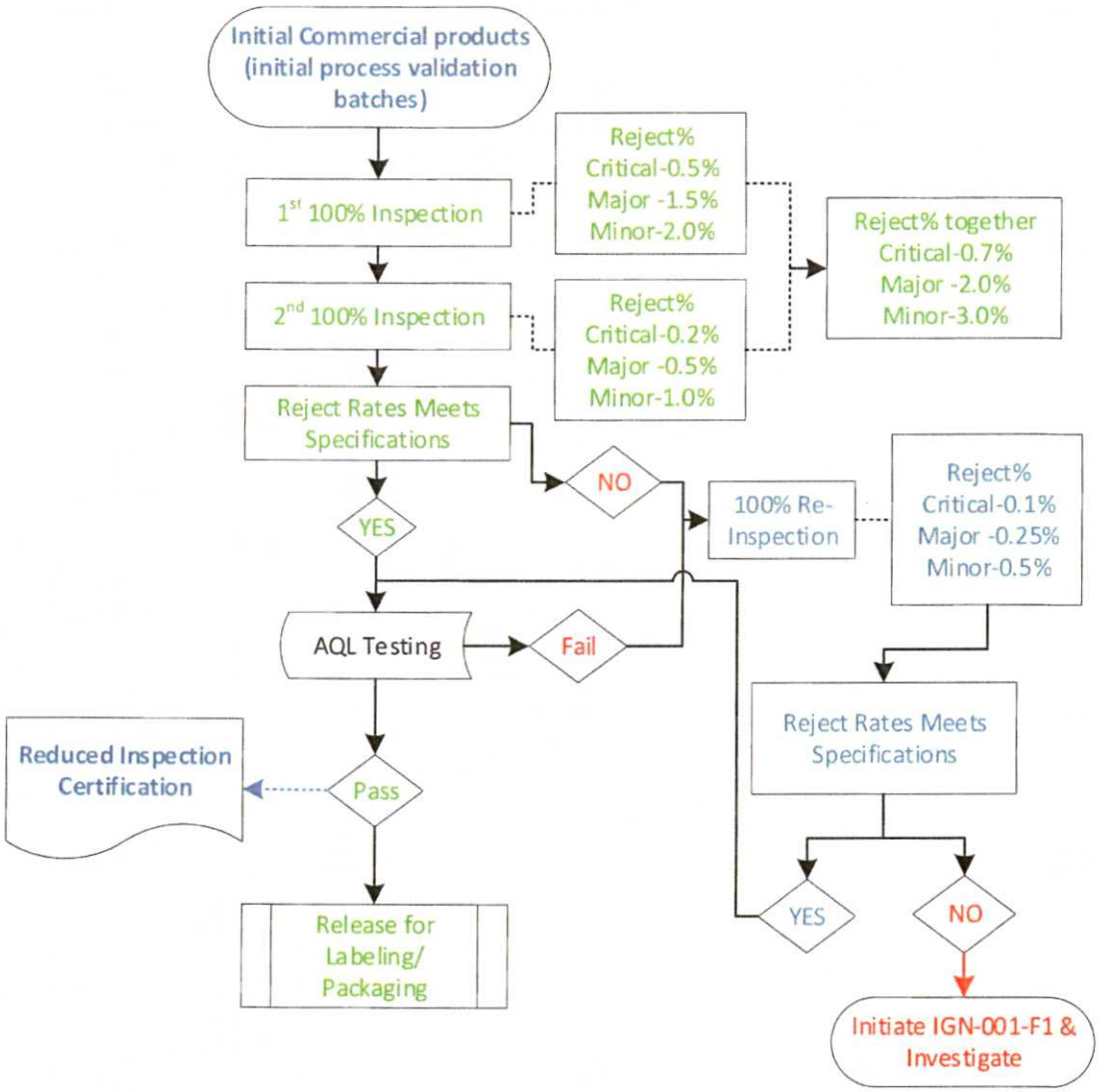


Figure 2: General Visual Inspection Process for Commercial Batches Prior to Reduced Inspection Certification

6.5.1.2 Before QA issues line clearance, ensure the product is secured (e.g., cage with fastener and lock, rack that has been wrapped) and there is no sign of tampering. If there is

evidence of tampering, notify supervisor or designee immediately to determine how to proceed.

6.5.1.3 Once line clearance has been given, bring product into the room and place a STATUS label on the rack/cage containing filled product (Status should be: To Be Inspected).

6.5.1.4 Place a STATUS label on the receiving rack/cage with appropriate status (e.g., First 100% inspected product, Second 100% inspected product, 100% re-inspected product)

6.5.1.5 Test light intensity using NIST calibrated standard Lux Meter prior to inspection start, and record results in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source. If the light intensity is less than 2100 lux the booth cannot be used for inspection, initiate a maintenance request as per SOP IGN-020.

6.5.1.6 Collect one Filled Units tub/tray to be inspected at a time from the batch of filled units. If filled units are in tubs count the number of units available for inspection and record number of units in the appropriate space on form IPD-007-F1 and check the First 100% inspection box. If filled units are in trays, prepare another empty tray to place inspected units.

6.5.1.7 Pick up and hold the units in between finger and thumb in horizontal position (with bottom of the vial/syringe touching the thumb) approximately 8-10 inches below the light source and NMT 5 inches from the center line. Rotate and observe the containers, slowly, for five seconds in such a way that the complete body of the containers, including neck and bottom, is visible for inspection. Observe the containers for following defects:

A. For inspection of vials with Liquid Product:

a. Scratches/Scuff Marks on Body
b. Dents on Container
c. Dents on Flip-cap
d. Dirt on Exterior Surface
e. Empty Container
f. Cracked vial
g. Leakage
h. Missing Stopper
i. Missing Flip-cap
j. Incomplete seal/cap
k. Wrong color stopper/cap
l. Crimp defect (loose crimp or non-uniform crimp)

NOTE: When inspecting for incomplete seal/cap, rotate unit between fingers and ensure the cap is leveled with the vial and the seal is securely locked from all points. Holding in one hand, move the cap head side to side and ensure the securing flanges do not move past the crown of the vial.

B. For inspection of syringes with Liquid Product:

a. Scratches/Scuff Marks on Body
b. Dents on Container
c. Dents on needle sheath or luer lock
d. Dirt on Exterior Surface
e. Empty syringe
f. Cracked or broken syringes
g. Missing stopper

h. Wrong stopper position (stopper upside down) with reference to standard
i. Liquid between stopper ribs
j. Partially Inserted Stopper, with reference to standard

6.5.1.8 Gently swirl or invert the vials/syringes making sure that minimal air bubbles are introduced and bring back to an upright position. Inspect the product in front of the **black background** for minimum five seconds and check for the defects mentioned below, as applicable for vials or syringes with liquid product.

A. For inspection of Liquid Product in both vials and syringes:

a. Low Fill Level
b. High Fill Level
c. Discolored, or Cloudy/Precipitate
d. Colored particles
e. Black Particles
f. White Particles
g. Glass Particles
h. Fibers

6.5.1.9 Invert the vials/syringes momentarily and bring to an upright position and inspect the product in front of the **white background** for minimum five seconds and check for the defects mentioned below.

A. Black/Brown Particles
B. Fibers
C. Colored Particles

NOTE: As each unit is inspected in front of black and white background each for a minimum of five seconds, and maximum of 2 containers are inspected at a time, it will take 20 seconds to inspect 2 units. No more than 360 units should be inspected per hour.

6.5.1.10 Accepted vials/syringes will be placed into their respective tub/tray. Rejected vials/syringes will be marked with the defect code number as listed in IPD-007-F1 form section III and placed into the appropriate labeled reject bin (i.e., critical reject bin, major reject bin, minor reject bin).

NOTE: If an inspector has a doubt about a defect category, another qualified inspector may inspect and confirm.

6.5.1.11 At the end of inspection process, test light intensity using NIST calibrated standard Lux Meter, and record in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source; if the light intensity does not meet specification, initiate a maintenance request as per SOP IGN-020. All units inspected in this booth must be re-inspected after taking corrective action/repair or perform inspection in any other inspection booth.

6.5.1.12 Individual operators will reconcile the inspected units and rejects in his/her form and attach to the batch record.

6.5.1.13 Review total reject rates from the first 100% inspection through respective inspection forms, typical "**First 100% Inspection**" % Rejects Rates are listed in Table 3.

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Table 3: Initial Process Validation/Commercial Products Visual Inspection Acceptance Criteria

Type of Defects	% Reject Rates (Action Level)			
	First 100% Inspection	Second 100% Inspection	Together First & Second Inspection	100% Re-inspection
Critical Defects	0.5	0.2	0.7	0.1
Major Defects	1.5	0.5	2.0	0.25
Minor Defects	2.0	1.0	3.0	0.5

6.5.1.14 Perform a Second 100% inspection following the same procedure as the First 100% inspection, typical "**Second 100% Inspection**" % Rejects Rates are listed in Table 3.

6.5.1.15 Rejected vials/syringes will be marked with the defect code number as listed in IPD-007-F1 form section III and placed into the appropriate labeled reject bin (i.e., critical reject bin, major reject bin, minor reject bin).

6.5.1.16 At the end of inspection process, test light intensity using NIST calibrated standard Lux Meter, and record in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source; if the light intensity does not meet specification, initiate a maintenance request as per SOP IGN-020. All units inspected in this booth must be re-inspected after taking corrective action/repair or perform inspection in any other inspection booth.

6.5.1.17 Individual operators will reconcile the inspected units and rejects in his/her form and attach to the batch record.

6.5.1.18 Once the Second 100% inspection is complete, inform supervisor or designee to summarize overall inspection results in Form IPD-007-F3 and Batch Manufacturing Record.

6.5.1.19 Review total reject rates "**Together First & Second Inspection**" in respective inspection forms. If it is within the specified limits listed in batch record or Table 3, coordinate with Quality Assurance for Acceptable Quality Level (AQL) Inspection.

A. If the reject rates from the "**Together First & Second Inspection**" are NOT within the specified limits, request Quality Assurance Document Control to issue respective Batch record pages and Form IPD-007-F1 for 100% re-inspection as per SOP IQA-006.

B. Review total reject rates from 100% re-inspection. If it is within the specified limits from batch record or Table 3, coordinate with Quality Assurance for Acceptable Quality Level (AQL). If it is NOT within the specified limits, inform supervisor and an investigation must be initiated as per IGN-001.

C. If first AQL testing fails, re-inspection of complete batch is performed with "100% Re-inspection" limits from Table 3. Once re-inspection is complete, a second AQL inspection can be performed with tightened inspection limits, as per IQA-016.

NOTE: Only one re-inspection is allowed. If the reject rates are still NOT within the specified limits, an investigation must be initiated as per IGN-001.

6.5.1.20 Once AQL inspection is complete and the batch record has been updated, the filled product can be further released for labeling and packaging.

A. If product is left unattended, ensure the product is secure (e.g., secured in a cage with fastener and lock).

6.5.1.21 If the filled product needs transfer to the warehouse, prepare the transfer by following the procedure in SOP IPK-003.

6.6 **Reduced Inspection Certification Program for Commercial Products:**

6.6.1 Manufacturing Science & Technology or Production Lead/designee are responsible for compiling results and report for the Reduced Inspection Certification Program.

6.6.2 Reduced Inspection Certification is performed based on the following criteria:

6.6.2.1 Execute First 100% and Second 100% Visual Inspections for three consecutive cGMP commercial manufacturing batches per container closure system or product and filling process line.

6.6.2.2 Once three consecutive cGMP visual inspection results are available, a summary report will be prepared evaluating if the process is well understood, visible particulates type and characteristics are determined, and the visual inspection process is in control to maintain reject rates.

6.6.2.3 The summary report will compare the consistency of results between the batches and ensure the results meet the following criteria.

A. Each defect category in each inspection meets the criteria in Table 3.

B. Defect types are consistent between the batches.

C. The reject rate from the Second 100% inspection is significantly lower than First 100% inspection (typically 50% less than First 100% inspection).

6.6.2.4 The summary report will be reviewed and approved by Quality Assurance Management through change control request.

6.6.2.5 Upon approval of change control, the respective Product Validated List (i.e., I-034) will be updated with reduced inspection for all future cGMP batches.

6.6.2.6 First 100% and Second 100% Visual Inspection should be performed for reduced inspection certified products if:

A. First 100% visual inspection reject rates are significantly higher and any new particle types are identified which originated from the process.

B. Primary container or closure manufacturer changes their process, which may affect particulates from packaging component.

C. Major changes are made in the aseptic fill process/equipment which may impact either particulate generation or particulate retention.

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6.6.2.7 If the visual inspection results for certified products do not comply with above requirements, an investigation as per SOP IGN-001 is conducted and the product must be removed from the Reduced Inspection Program. The respective Product Validated List (i.e., EOL I-034) must be updated via change control to remove the product from the Reduced Inspection Program. The product will then be First and Second 100% inspected until the criteria is met once again as per the requirements of this SOP.

6.7 Inspection of Commercial Products Certified for Reduced Inspection Program:

6.7.1.1 All commercial products certified for Reduced Inspection Certification Program are one time 100% inspected (i.e., First 100% Inspection). To determine if the product is qualified for reduced inspection program, refer to the respective Product Validated List (i.e., EOL I-034).

A. Refer to Figure 3 for the general inspection process of commercial products certified for reduced inspection.

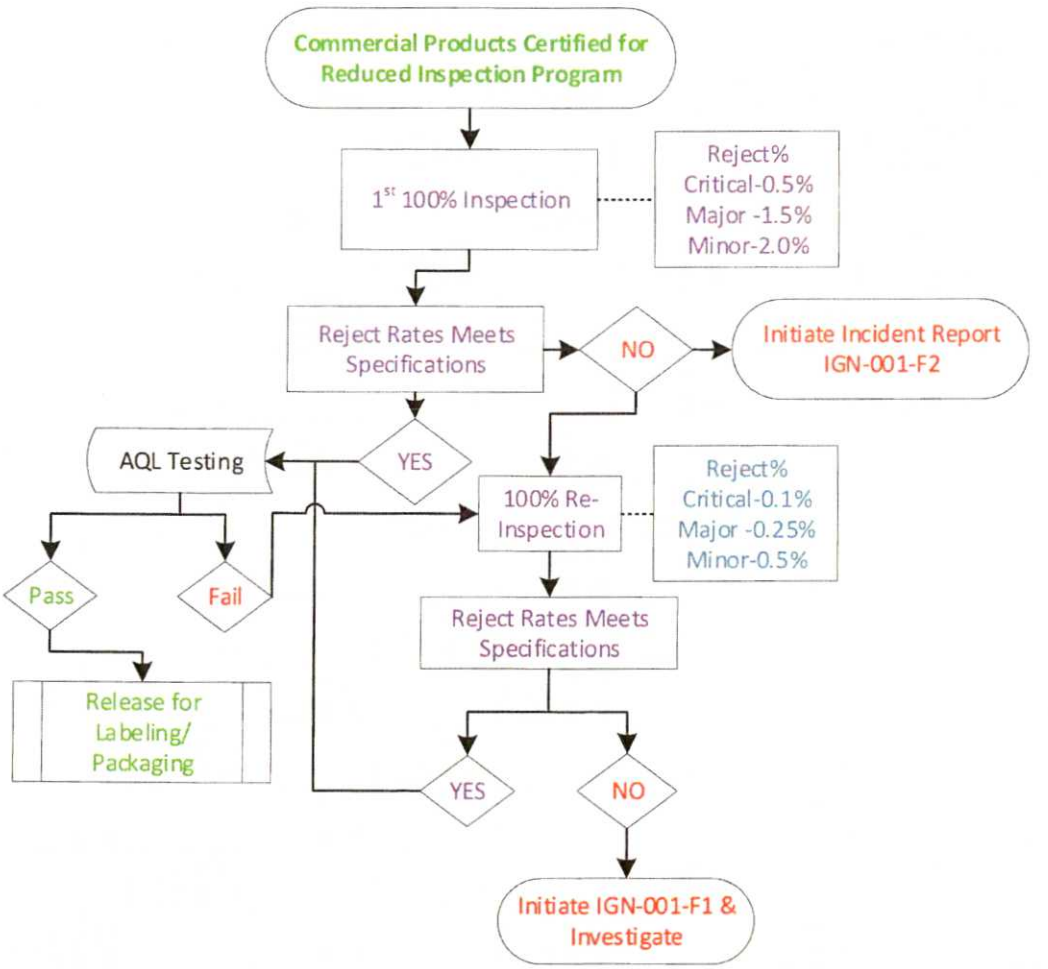


Figure 3: General Visual Inspection of Commercial Products Certified for Reduced Inspection

6.7.1.2 Before QA issues line clearance, ensure the product is secured (e.g., cage with fastener and lock, rack that has been wrapped) and there is no sign of tampering. If there is

evidence of tampering, notify supervisor or designee immediately to determine how to proceed.

6.7.1.3 Once line clearance has been given, bring product into the room and place a STATUS label on the rack/cage containing filled product (Status should be: To Be Inspected).

6.7.1.4 Place a STATUS label on the receiving rack/cage with appropriate status (e.g., First 100% inspected product)

6.7.1.5 Test light intensity using NIST calibrated standard Lux Meter prior to inspection start and record results in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source. If the light intensity is less than 2100 lux the booth cannot be used for inspection, initiate a maintenance request as per SOP IGN-020.

6.7.1.6 Collect one Filled Units tub/tray to be inspected at a time from the batch of filled units. If filled units are in tubs count the number of units available for inspection and record number of units in the appropriate space on form IPD-007-F1 and check the First 100% inspection box. If filled units are in trays, prepare another empty tray to place inspected vials/syringes.

6.7.1.7 Pick up and hold the units in between finger and thumb in horizontal position (with bottom of the vial/syringe touching the thumb) approximately 8-10 inches below the light source and NMT 5 inches from the center line. Rotate and observe the containers, slowly, for five seconds in such a way that the complete body of the containers, including neck and bottom, is visible for inspection. Observe the containers for following defects:

A. For inspection of vials with Liquid Product:

a. Scratches/Scuff Marks on Body
b. Dents on Container
c. Dents on Flip-cap
d. Dirt on Exterior Surface
e. Empty Container
f. Cracked vial
g. Leakage
h. Missing Stopper
i. Missing Flip-cap
j. Incomplete seal/cap
k. Wrong color stopper/cap
l. Crimp defect (loose crimp or non-uniform crimp)

NOTE: When inspecting for incomplete seal/cap, rotate unit between fingers and ensure the cap is leveled with the vial and the seal is securely locked from all points. Holding in one hand, move the cap head side to side and ensure the securing flanges do not move past the crown of the vial.

B. For inspection of syringes with Liquid Product:

a. Scratches/Scuff Marks on Body
b. Dents on Container
c. Dents on needle sheath or luer lock
d. Dirt on Exterior Surface
e. Empty syringe
f. Cracked or broken syringes
g. Missing stopper

h. Wrong stopper position (stopper upside down) with reference to standard
i. Liquid between stopper ribs
j. Partially Inserted Stopper, with reference to standard

6.7.1.8 Gently swirl or invert the vials/syringes making sure that minimal air bubbles are introduced and bring back to an upright position. Inspect the product in front of the **black background** for minimum five seconds and check for the defects mentioned below, as applicable for vials or syringes with liquid product.

A. For inspection of Liquid Product in both vials and syringes:

a. Low Fill Level
b. High Fill Level
c. Discolored, or Cloudy/Precipitate
d. Colored particles
e. Black Particles
f. White Particles
g. Glass Particles
h. Fibers

6.7.1.9 Invert the vials/syringes momentarily and bring to an upright position and inspect the product in front of the **white background** for minimum five seconds and check for the defects mentioned below.

A. Black/Brown Particles
B. Fibers
C. Colored Particles

NOTE: As each unit is inspected in front of black and white background each for a minimum of five seconds, and maximum of 2 containers are inspected at a time, it will take 20 seconds to inspect 2 units. No more than 360 units should be inspected per hour.

6.7.1.10 Accepted vials/syringes will be placed into their respective tub/tray. Rejected vials/syringes will be marked with the defect code number as listed in IPD-007-F1 form section III and placed into the appropriate labeled reject bin (i.e., critical reject bin, major reject bin, minor reject bin).

NOTE: If an inspector has a doubt about a defect category, another qualified inspector may inspect and confirm.

6.7.1.11 At the end of inspection process, test light intensity using NIST calibrated standard Lux Meter, and record in Form IPD-007-F1. Light intensity should be NLT 2100 lux approximately 8-10 inches from the light source; if the light intensity does not meet specification, initiate a maintenance request as per SOP IGN-020. All units inspected in this booth must be re-inspected after taking corrective action/repair or perform inspection in any other inspection booth.

6.7.1.12 Individual operators will reconcile the inspected units and rejects in his/her form and attach to the batch record.

6.7.1.13 Review total reject rates from the first 100% inspection through respective inspection forms. If the reject rate acceptance criteria are not specified in the Batch Manufacturing

Record, follow the limits specified in Table 4. If it is within the specified limits, coordinate with Quality Assurance for Acceptable Quality Level (AQL) Inspection.

Table 4: Reduced Inspection Certified Products Visual Inspection Acceptance Criteria

Type of Defects	% Reject Rates (Action Level)	
	First 100% Inspection	100% Re-inspection
Critical Defects	0.5	0.1
Major Defects	1.5	0.25
Minor Defects	2.0	0.5

NOTE: If First 100% Inspection reject rates are within the specified limits, then a comment should be made in the Batch Manufacturing Record for Second 100% Inspection results referring to the Reduced Inspection Certification.

A. If the reject rates from the first 100% inspection are NOT within the specified limits, initiate an incident report as per SOP IGN-001 and request Quality Assurance Document Control to issue respective Batch record pages and Form IPD-007-F1 for 100% Re-inspection as per SOP IQA-006.

B. Review total reject rates from 100% re-inspection. If it is within the specified limits from batch record or Table 4 "**100% Re-inspection**", coordinate with Quality Assurance for Acceptable Quality Level (AQL).

C. If first AQL testing fails, re-inspection of complete batch is performed with "100% Re-inspection" limits from Table 4 after initiating an incident report as per SOP IGN-001. Once re-inspection is complete, a second AQL inspection can be performed with tightened inspection limits, as per SOP IQA-016. If it is NOT within the specified limits, inform supervisor. An investigation must be initiated as per IGN-001.

NOTE: Whenever the "100% re-inspection" and final AQL pass the requirements, the decision of removing the commercial product from the reduced inspection program is assessed and discussed in the respective incident / investigation report based on the nature of the defect.

6.7.1.14 Once AQL inspection is complete and the batch record has been updated, the filled product can be further released for labeling and packaging.

A. If product is left unattended, ensure the product is secure (e.g., secured in a cage with fastener and lock).

6.7.1.15 If the filled product needs transfer to the warehouse, prepare the transfer by following the procedure in SOP IPK-003.

6.8 Handling of Difficult to Inspect Products:

6.8.1 Some products may be difficult to inspect for particulates (e.g., colored products for Research and Development & Commercial). If a product cannot be reliably inspected following the procedures above, the following method will be used for inspection.

6.8.1.1 The product will undergo first 100% inspection, AQL inspection, and destructive testing. Refer to Figure 4 for the general inspection process for difficult to inspect products.

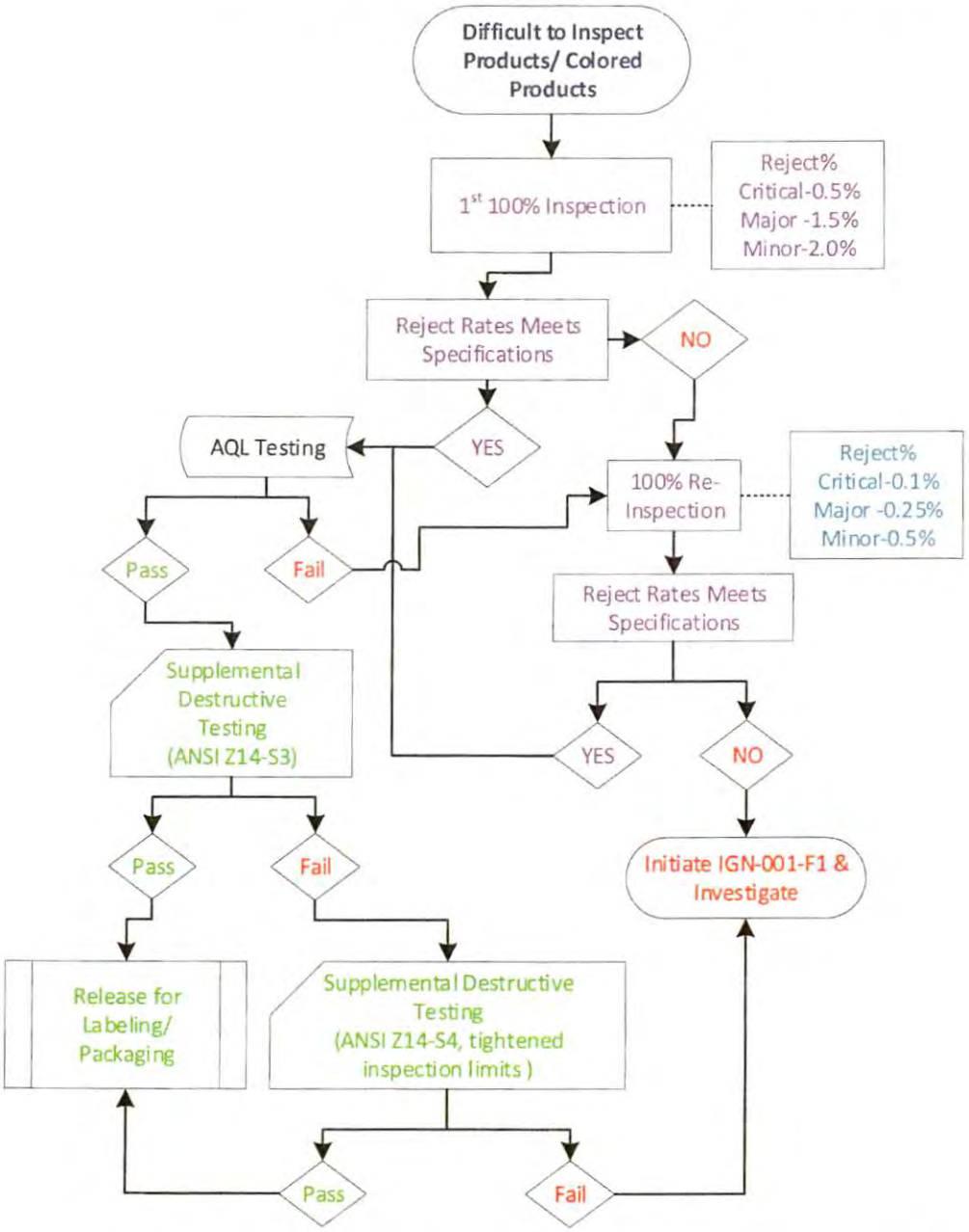


Figure 4: General Visual Inspection Process for Difficult to Inspect Products

6.8.1.2 Review total reject rates from the first 100% inspection through respective inspection forms. If the reject rate acceptance criteria are not specified in the Batch Manufacturing Record, follow the limits specified in Table 5. If it is within the specified limits, coordinate with Quality Assurance for Acceptable Quality Level (AQL) Inspection.

Table 5: Difficult to Inspect Products Visual Inspection Acceptance Criteria

Type of Defects	% Reject Rates (Action Level)	
	First 100% Inspection	100% Re-inspection
Critical Defects	0.5	0.1
Major Defects	1.5	0.25
Minor Defects	2.0	0.5

A. If the reject rates from the first 100% inspection are NOT within the specified limits, request Quality Assurance Document Control to issue respective Batch record pages and Form IPD-007-F1 for 100% re-inspection as per SOP IQA-006.

B. Review total reject rates from 100% re-inspection. If it is within the specified limits from batch record or Table 5 "**100% Re-inspection**", coordinate with Quality Assurance for Acceptable Quality Level (AQL).

C. If first AQL testing fails, re-inspection of complete batch is performed with "100% Re-inspection" limits from Table 5. Once re-inspection is complete, a second AQL inspection can be performed with tightened inspection limits, as per SOP IQA-016. If it is NOT within the specified limits, inform supervisor. An investigation must be initiated as per IGN-001.

6.8.1.3 Once production and AQL inspections are complete, QA department will take samples following Form IQA-016-F2 American National Standard (ANSI Z1.4) Sampling Plan, Special Inspection level S3 for supplemental destructive testing, by either an in-house or outside laboratory.

6.8.1.4 Transfer the samples to in-house laboratory for testing or to Warehouse to prepare samples for shipping.

A. In-house testing is performed as per SOP IMI-038 "Determination of Particulate within Injectables Products using Filtration Method".

B. If supplemental destructive testing does not meet the acceptance criteria, retesting is performed with tightened parameters.

At this time, QA department will take additional samples following Form IQA-016-F2 American National Standard (ANSI Z1.4) Sampling Plan, Special Inspection level S4 with tightened inspection limits for retesting of supplemental destructive testing.

If retesting does not meet the acceptance criteria, an investigation is initiated as per SOP IGN-001.

6.8.1.5 Once AQL inspection and supplemental testing are complete and the batch record has been updated, the filled product can be further released for labeling and packaging.

A. If product is left unattended, ensure the product is secure (e.g., secured in a cage with fastener and lock).

6.8.1.6 If the filled product needs transfer to the warehouse, prepare the transfer by following the procedure in SOP IPK-003.

6.9 Reconciliation of Visually Inspected Product:

6.9.1 After complete inspection, Production Supervisor or designee will review each IPD-007-F1 with IPD-007-F3 to ensure each tub/tray was inspected as per established inspection program and all units are accounted for.

6.9.2 Production Supervisor or designee will check each tub/tray's inspections and acknowledge in respective space in Form IPD-007-F3.

6.9.3 Production Supervisor or designee will then check the number of units available for each inspection, number of units rejected in each inspection, and number of units available after complete inspection.

6.9.4 Form IPD-007-F3 and Batch Manufacturing Record inspection results must be reviewed and found acceptable by Production Supervisor or designee prior to labeling or packaging of visually inspected product.

6.10 Handling of Rejected Units:

6.10.1 Once Visual Inspection is finished and the appropriate forms and Batch Record pages are complete, the rejected units will be placed into a storage container (e.g., box, resealable bags). Production will complete the label shown in Figure 5 and place it on the storage container.

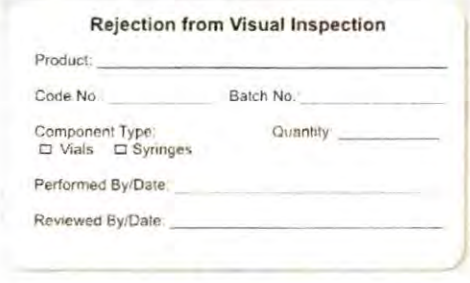


Figure 5: Rejection from Visual Inspection Label Template

6.10.2 Production will take labeled storage container to warehouse. Warehouse and production will place the storage container into the "REJECT" cage and production will document in the appropriate logbook.

6.10.3 Once the batch has been released by QA and no further testing is needed, QA will notify production and warehouse personnel.

6.10.4 Production designee will complete form IGN-024-F1 for the rejected units and give the completed form to warehouse.

6.10.5 Warehouse personnel will follow the waste procedure outlined in IWH-004 to dispose of the rejected units.

6.10.6 If the inspection is outside the specified acceptance criteria, production supervisors may determine that testing and identification of particulates is needed for a product. If so, production will send samples from the respective batch to either an in-house or outside laboratory using the following procedure.

6.10.6.1 Take the rejected units from warehouse to appropriate inspection room.

6.10.6.2 Separate the units into groups of similar particulate types (e.g., colored fiber, white fiber, dark fiber).

6.10.6.3 Choose a representative sample from each particulate type to send for testing.

6.10.6.4 Transfer the representative sample to QC laboratory for testing or to Warehouse to prepare samples for shipping. Return remaining rejected units to the warehouse.

6.11 Trending of Visual Inspection Results:

6.11.1 Visual inspection results for each cGMP batch will be tabulated and trended on a quarterly basis (once every three months) to ensure that manufacturing and inspection processes are operating in control.

6.11.2 Trending is performed to compile results and identify possible anomalies such as abnormal defect type or number of defects observed in a single product or container/closure system.

6.11.3 A report of the trend will be written and reviewed accordingly.

6.11.4 Visual inspection results for products certified for reduced inspection program are reviewed to ensure the product still qualifies for reduced inspections. In case a product no longer qualifies for the reduced inspection program, the product must be removed through change control procedure and revision of respective Product Validated List (i.e., EOL I-034).

6.11.5 Based on the results obtained, Corrective and Preventive Action (CAPA) may be proposed as per SOP IQA-024 if required.

7.0 REVISION HISTORY

Revision No.	Effective Date	Description of Changes
01	FEB 05 2019	Original SOP
02	JUL 29 2019	1. Added IWH-004, IQA-006, IPK-003, IGN-024, and IGN-024-F1 to reference section. 2. Add Second 100% inspection in Figure 1. 3. Clarified section 6.1.7 for taking and documenting breaks 4. Clarified section 6.1.8 for use of the magnifier. 5. Clarified section 6.2.2.2 for verifying cleanliness on the Visual Inspection Booth. 6. Changed section 6.2.4.2 to initiate a maintenance request as an incident is not needed. 7. Updated section 6.3 title to Procedure for Manual Visual Inspection and modified and realigned section for a Second 100% Inspection. 8. Removed duplicate defects in section 6.3.5.1.J and 6.3.5.1.K. 9. Added note after section 6.3.3.3.A for inspecting incomplete seal/cap 10. Modified Section 6.3.6.1 to include syringes and removed section 6.3.6.2. 11. Added 6.4 Handling of Rejected Units.
03	DEC 11 2019	1. Added note after section 6.3.4.1 for use of tray partitions when packing units into trays. 2. Added section 6.4 for handling of difficult to inspect products. 3. Added section 6.5.6 for testing and identification of particulates procedure.

SOP No.	Title	Revision No.
IPD-007	VISUAL INSPECTION OF INJECTIONS	09

Revision No.	Effective Date	Description of Changes
04	OCT 15 2020	1. Included Note between steps 6.3.2 and 6.3.3 to explain procedure for sample collection when they must be taken prior to completion of visual inspection.
05	DEC 02 2020	1. Included Note between steps 6.3.3.8 and 6.3.3.9 to establish a limit on the number of units inspected per hour.
06	MAR 16 2020	1. Updated Section 3.0 for Trending Responsibilities. 2. Moved procedure for placing inspected units into Tray to Section 6.3.4.10. 3. Added Section 6.6 for Trending of Visual Inspection Results.
07	FEB 07 2022	1. Changed wording from "tub" to "container" in case of inspection of units in tubs, trays, etc. 2. Note was added in Section 6.4 for taking samples of difficult to inspect products. 3. Added Section 6.3.5 for Reconciliation of Visually Inspected Product.
08	MAY 19 2022	1. Entire SOP is re-arranged to accommodate visual inspection based on product stage of life cycle. 2. Change in % Reject Rates based on industry standards and guidance. 3. Introduced "Reduced Inspection Certification Program". 4. Other minor changes to maintain the flow of inspection requirements depending on batch type.
09	OCT 2 0 2022	1. Change syringe defect description from "Distance between stopper and top liquid level" to "Partially Inserted Stopper", in respective sections

SOP No.	Title	Revision No.
IGN-025	ASEPTIC PROCESS SIMULATION (APS) OR MEDIA FILL PROGRAM	04

Prepared By / Date	Reviewed By / Date	QA Approved By / Date	Effective Date
04/07/23	PMK 04/07/23	M. Salazar 04/10/23	APR 26 2023
Title: Asst. Manager	Title: Manager-MS	Title: CQCO	Change Control No. I-23296

1.0 PURPOSE

The purpose of this SOP is to establish and implement the Aseptic Process Simulation (APS), also called Media Fill Validation to support sterile drug products manufacturing.

The purpose of an Aseptic Process Simulation (APS) is to:

1.1 Assess the capability of an aseptic process under a given manufacturing environment and process controls.

1.2 Demonstrate that appropriately designed and implemented process changes are acceptable.

1.3 Demonstrate compliance with current Good Manufacturing Practices.

1.4 Demonstrate the appropriateness of operating practices used in support of aseptic processing.

1.5 Challenge the aseptic process for microbial contamination vulnerabilities.

2.0 SCOPE

The procedure is applicable for Sterile Drug Products Manufacturing facility at BPI Labs.

3.0 RESPONSIBILITY

3.1 Manufacturing Science & Technology (MS) / Production (PD):

3.1.1 Prepare, review, and execute the media fill Batch Record, Protocol, and the Final Report.

3.1.2 Provide the environmental summary report for non-viable particulate air, relative humidity, temperature, and differential pressure monitoring conducted during the media fill.

3.2 Microbiology:

3.2.1 Incubate and inspect incubated media filled units and remaining bulk media at the completion of incubation.

3.2.2 Provide the summary report for the examination of the media filled units to MS for inclusion with the media fill report.

3.2.3 Provide the environmental summary report for viable air and surface monitoring conducted during the media fill.

3.3 Quality Assurance:

3.3.1 Review and approve the media fill batch record and final media fill report.

3.3.2 Maintain the media fill schedule (every 6 months per filling line and process) to maintain bracketing and ensure the qualified status of the aseptic processing is maintained.

4.0 REFERENCES

4.1 CFR Title 21 Part 211.113 Control of microbiological contamination

4.2 USP General Chapters: <1116> MICROBIOLOGICAL CONTROL AND MONITORING OF ASEPTIC PROCESSING ENVIRONMENTS

4.3 USP General Chapters: <1208> STERILITY TESTING-VALIDATION OF ISOLATOR SYSTEMS

4.4 USP General Chapters: <1211> STERILITY ASSURANCE

4.5 Sterile Drug Products Produced by Aseptic Processing — Current Good Manufacturing Practice FDA, September 2004

4.6 PDA Technical Report No. 22 (Revised 2011), Process Simulation for Aseptically Filled Products

4.7 Food and Drug Administration Compliance Program Guidance Manual Chapter 56 – Drug Quality Assurance - Subject-Sterile Drug Process Inspections

4.8 SOP IGN-001 Investigations

4.9 SOP IQA-024 Corrective and Preventive Actions

4.10 SOP IWH-004 Storage and Disposal of Manufacturing and Laboratory Waste

4.11 VMP-I01 Validation Master Plan for BPI Labs

4.12 IPD-RA-1-IPD-FM01-01 Risk Assessment Aseptic Process Simulations (Media Fills) for Robotic Aseptic Fill Machine (ID. 1-PD-FM01-01)

4.13 IPD-RA-1-IPD-FM02-01 Risk Assessment Aseptic Process Simulations (Media Fills) for FlexPro Robotic Aseptic Fill Machine (ID. 1-PD-FM02-01)

5.0 ATTACHMENTS

Not Applicable.

6.0 PROCEDURE

6.1 General:

6.1.1 BPI Labs aseptic fill process is designed to perform within a Grade ISO 5 environment, through use of robotic isolators, both gloved and gloveless.

6.1.2 Gloveless isolators eliminate human interventions and human originated microbial contamination risk is eliminated from aseptic fill in Sterile Drug Products fill finish. Due to this reason, some traditional elements of aseptic process are not applicable, such as, but not limited to, personnel gowning qualification and personnel monitoring during fill.

6.1.3 Gloved Isolators are designed to fill with no direct human interaction. Isolator designed with gloves ports are used in the event of necessary adjustments to the fill machine within ISO 5 environment.

6.1.4 Sterile Drug Products Manufacturing is designed either by means of aseptic filling or aseptic filling followed with terminal sterilization of product in its final container/closure system.

6.1.5 APS is only required for all products manufactured using aseptic process. If terminal sterilization is used, no media fill support is required since these products are subjected to subsequent terminal sterilization. This provides the necessary Sterility Assurance Level (SAL) for those products, provided sufficient pre-sterilization hold time studies have been established.

6.1.6 Processes to be challenged in process simulation:

The conduct of process simulations for aseptically produced parenteral products entails simulation of the process from the point of sterilization of the product and product contact surfaces, including containers and closures, through sealing of the filled container. Process such as weigh dispensing, mixing, pre-sterilization/filtration, and post sealing does not require to be simulated, similarly to the product process.

6.1.6.1 Compounding/Mixing and Sterile Filtration Operation: After sterilization, the medium should be passed through the equipment train. as though it were an actual production batch, and all routine aseptic procedures used in the manufacture of a batch should be performed, e.g., sampling, aseptic connection. Any aseptic manipulations performed during and at the end of the holding period should be simulated as well.

6.1.6.2 Filling Operation: The containers and closures (if necessary), product contact equipment, and filling parts should be prepared using standard operating procedures (SOPs). The filling machine should be operated at the pre-determined conditions for the container size being utilized based on risk assessment and "worst case" conditions.

A. For a process conducted in an isolator or robotic aseptic operations, where there is a low risk of contamination because of the lack of direct human intervention, a standard quantity of NLT 3,500 containers is sufficient to perform operations and interventions. For container formats with larger sizes and less containers per nest (formats greater than 10mL filling volume), a standard of NLT 1,200 containers is sufficient. This would yield a similar or greater number of nests required to complete the batch, similarly allowing for all required operations and interventions to be performed.

B. For traditional aseptic fills under Laminal Air Flow hoods, with manual aseptic operations and interventions:

a. When the production batch size is above 10,000 units, a minimum of 10,000 units is sufficient to perform all operation and interventions.
b. When the production size is below 5,000 units, at least equal the maximum batch size.

6.2 APS Strategy:

6.2.1 Media fill runs and required frequencies are listed in Table 1.

Table 1: Media Fill Strategy

When to Perform	How Many	Action	Reporting System
When a processing line is being initially qualified, including new facility construction and new filling line installation.	At least three separate, consecutive, successful runs	Any one size container	Protocol & Report
When introducing new container/closure size outside of the established bracket.	At least three separate, consecutive, successful runs	Specific container/closure	Protocol & Report
When introducing new container/closure type (e.g. syringes).	At least three separate, consecutive, successful runs	Specific container/closure	Protocol & Report
Once initially qualified, every six (6) months ± 1 month (semi-annually).	One successful run	Alternating with each end of the bracket (e.g., largest, smallest)	Protocol & Report
Facility and equipment modifications, such as breach to the sterile/aseptic area/isolator and line configuration changes.	Revalidation as per Change Control assessment	Impact assessed via Change Control	Protocol & Report
When using alternate filtration or filling assembly, such as Multi-Use flow path instead of Single-Use flow path.	One successful run	Impact assessed via Change Control	Protocol & Report
Minor modifications in Flow paths or sterile filtration/filling assembly, such as alternate use of sterile connector or change in product holding container size, material, etc.	One successful run	Impact assessed via Change Control	Protocol & Report
Anomalies in environmental testing results from filling operation, container closure system changes, extended shutdowns, or sterility testing failure due to fill system failures.	Impact assessed via Change Control	Impact assessed via Change Control	Impact assessed via Change Control

6.2.2 A detailed APS strategy and guidance written in the Validation Master Plan of BPI Labs should be followed to perform media fills.

6.3 Risk Assessment (RA):

6.3.1 Risk Assessment is performed per fill line to determine container closure configurations, identify, and evaluate the aseptic process steps, interventions, and worst-case conditions that can potentially adversely affect the sterility assurance risk to the product and incorporate in the APS.

6.4 Media Fill Matrix:

6.4.1 A matrix will be prepared based on the Risk Assessment to include validated Media Fills.

6.4.2 Specific conditions that represent the worst case(s) will be identified within the matrix. The matrix and specific criteria for assessment and inclusion of Media Fills must be documented and approved by Quality Assurance or designee.

6.5 Execution of Media Fill Validation:

6.5.1 Batch Record preparation and execution:

6.5.1.1 It should be written in the same format as a normal production batch record and contain all the routine data and sign-off requirements. All information applicable to the process simulation, which normally would be attached to a batch record, also should be attached to the simulation batch record, e.g., cleaning and sterilization records for pieces of equipment used, release stickers for the containers and closures, etc. All interventions, whether inherent (integral component of the process) or corrective (required to maintain operation), and stoppages, should be documented in the batch record as the type of intervention, time the intervention occurred, aseptic operators involved with the duration of the intervention or stoppage, and the number of the tub or tray being filled. The executed batch record should include information which is relevant to the performance and completion of the study. This includes but is not limited to:

A. Names of individuals participating in the simulation

B. Media sterilization/filtration

C. Filter identification and membrane integrity test results

D. Record or log of routine and non-routine occurrences including those in the filling room, which may have an effect on the outcome of the study

E. Number of units filled

F. Number of units rejected for cause during pre-incubation inspection (e.g. damaged container, defective seal)

G. Number of units incubated

H. Filled unit incubation time, temperature, and duration

I. Number of units positive and tub or tray number of any positive unit(s)

J. Growth promotion of medium (after incubation)

K. Filled unit accountability

L. Environmental and personnel monitoring (if applicable) results

M. The description and resolution of any discrepancies or deviations to the protocol

N. The executed batch record should be approved, signed, and dated

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6.5.2 Validation Protocol and Report Preparation:

6.5.2.1 A formal written protocol or procedure should be prepared, approved, and issued prior to the start of the study. The document should include but not limited to the following information:

A. Groups responsible for execution, microbial testing, and approval of study

B. Rationale for the "worst case" parameters chosen as appropriate simulation of routine operations

C. Identification of the process to be simulated

D. Identification of the room or rooms to be used

E. Identification of the filling line and equipment to be used, including fluid path configuration details if multiple configurations are available

F. Type of container/closure to be used

G. Line speed

H. Minimum number of units to be filled

I. Number and type of interventions and stoppages

J. Identification of units to be excluded from incubation and rationale

K. Media to be used

L. Volume of medium to be filled into the containers

M. Incubation time, temperature, and duration for the filled units

N. Environmental monitoring to be performed

O. Accountability requirements

P. Acceptance criteria for all activities

Q. Description of the documentation required for the final report

R. Duration of the aseptic process simulation

S. Duration of routine production fills being simulated

T. Definition of conditions that may cause the simulations to be invalidated and decision-making authority

6.5.3 Pre-Incubation Container Inspection:

6.5.3.1 Prior to incubation 100% media filled units are visually inspected for non-integral units (e.g., missing, or misaligned closures, cracks in container) due to the possible breach of product sterility, according to the Master Batch Manufacturing Record instructions.

6.5.4 Incubation:

6.5.4.1 All pre-inspected media filled units must be incubated for at least 7 days at 22.5°C ± 2.5°C (where vials will be inverted), followed with another at least 7 days at 32.5°C ± 2.5°C (where vials will be upright), in temperature-controlled incubators. Syringes are always incubated upright as product is always in contact with the stopper.

6.5.5 Post-Incubation Container Inspection:

6.5.5.1 At the end of each incubation condition, visual inspection of all units for growth is performed by microbiologist or qualified operator.

6.5.6 Acceptance Criteria:

6.5.6.1 When filling fewer than 5000 units, no contaminated units should be detected.
A. One (1) contaminated unit is considered cause for revalidation, following an investigation.

6.5.6.2 When filling from 5,000 to 10,000 units:

A. One (1) contaminated unit should result in an investigation, including consideration of a repeat media fill.

B. Two (2) contaminated units are considered cause for revalidation, following investigation.

6.5.6.3 When filling more than 10,000 units:

A. One (1) contaminated unit should result in an investigation.

B. Two (2) contaminated units are considered cause for revalidation, following investigation.

6.5.6.4 Leftover Media in the container/bags:

A. Samples are taken from the leftover media in the container/bags and are submitted for incubation. The samples from the leftover media are representative of the container they were attached to, but are not directly representative of the final units being filled as part of the media fill.

6.5.6.5 Investigations should be performed per SOP IGN-001.

6.6 Initial APS:

6.6.1 Initial APS is performed in the events discussed in Table 1.

6.6.2 Upon completion of facility, utility, and equipment qualification, risk assessment is prepared by MS and approved to all departments involved, along with Quality Assurance.

6.6.3 Three (3) consecutive, separate, successful, runs are executed and included in an Effective Official List.

6.6.4 Quality Assurance controls the schedule to re-qualify each media fill based on a six-month period. Schedule is circulated to the concerned departments every month to ensure media fill program to the specific container closure systems are in valid state.

6.7 Continued Process Simulation Verification:

6.7.1 The bracketing approach will be maintained as the basis for requalification. APS is to be performed every six months for each processing line / fill machine, alternating between smallest and largest, as well as alternating container/closure systems, to maintain qualification of the aseptic filling operations.

Example:

Process Simulations for Vanrx Formats are bracketed by 2R vials and 50R vials, as well as 1mL syringes and 10mL syringes. As such, process simulations can be performed in the following order: 2R Vials -> 10mL Syringe -> 1mL Syringe - > 50R Vials. This would repeat back to 2R Vials and the order repeats.

6.7.2 An Initial Protocol will be created for initial qualification. A verification Protocol will be created and reissued for requalification, when applicable. These protocols will be used for execution of media fill runs for the specific run.

6.7.3 Quality Assurance updates media fill history and schedule to ensure that the process bracketing is maintained.

6.8 Disposal of Media Filled Containers and leftover media:

6.8.1 After completion of the incubation, media filled containers are disposed of per SOP IWH-004, unless there is a pending investigation related to the media fill or GPT failure of the media used.

6.9 Media Fill Failure Investigation:

6.9.1 Any contaminated unit cause for an investigation (as per IGN-001) should include a comparison, and analysis, of environmental monitoring performed during the media fill. If an assignable cause is identified, a single re-validation run will be planned. If no root cause is found for a process simulation failure, three consecutive, successful process simulations are required for re-qualification.

6.9.2 The investigation into a failed APS will include the following activities:

6.9.2.1 Identification of microorganisms, preferably to species level, to aid in the determination of the possible sources of the contamination.

6.9.2.2 Review of the data of microbial environmental monitoring and airborne particulate monitoring.

6.9.2.3 Review of the sterilization / depyrogenation cycles of container / closures, components, equipment, and filter integrity test data of filters used for filtration.

6.9.2.4 Review qualification documents of the HEPA Filters (integrity when challenged with aerosol, airflow direction, velocity measurements, air flow patterns, and pressure differentials).

6.9.2.5 Review of interventions and batch report from filler for any unusual events that occurred during the media fill.

6.9.2.6 Review of the procedure adopted during the intervention.

6.9.2.7 Storage condition of sterile items, disinfection procedures, and training.

6.9.2.8 Review of the equipment qualification, such as autoclave sterilization performance qualifications.

6.9.2.9 Post filter integrity test data of the filters used in the media fill.

6.9.2.10 Evidence of power failure and all deviations that occurred during the process.

6.9.2.11 Evaluation of incubated bulk media.

6.9.2.12 The investigation must be directed towards identification of the root cause of the failure and suggest the corrective and preventive actions to be taken in order to prevent failure. Refer to SOP IQA-024.

6.9.2.13 Based on investigation performed by manufacturing, QA will perform a risk assessment and assess the impact on all product filled on the affected fill line since the last acceptable APS, and determine the disposition of released product, as well as the product in-process.

6.9.2.14 After incubation is underway, any unit found to be damaged should be included in the data for the media fill run, because the units can be representative of drug product released to the market. Any decision to exclude such incubated units (i.e., non-integral) from the final run must be fully justified through a deviation. If a correlation emerges between difficult to detect damage and microbial contamination, a thorough investigation should be conducted to determine its cause.

6.10 Invalidation of APS or abortion of media fill will occur in the following conditions:

6.10.1 When growth promotion test (GPT) of media fails.

6.10.2 When filtered media shows mass growth in bulk solution.

6.10.3 Under circumstances in which written procedures require commercial lots to be equally handled, such as:

6.10.3.1 Filter integrity test failure which would have resulted in product re-filtration or rejection.

6.10.3.2 Failure of physical conditions in the isolator (e.g., power outage).

6.10.3.3 Any major breakdown in the fill equipment, which requires to open the isolator.

6.10.4 If for any reason the media fill run is considered invalid/aborted, containers should not be incubated.

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6.10.5 All media filled units filled before an incident that would cause an aborted fill must be incubated.

6.10.6 Invalidation of APS or abortion of media fill will be documented through the respective section in the appropriate protocol. Investigation should be performed per SOP IGN-001.

6.11 New Product or Container Closure Introduction:

6.11.1 Change control will be initiated for new product and container closure introduction. The team, including Quality Assurance, will evaluate the need for a media fill.

6.11.2 If the product being evaluated falls in the already validated container closure configuration, no additional media fills are required, e.g. Product "A" container closure system is 2R vial, 13mm neck with 13mm stopper cap as closure, and the new product "B" introduced is also is 2R vial, 13mm neck with 13mm stopper cap as closure.

6.11.3 If the new container closure is out of the bracketing range established, media fill must be performed for at least three consecutive separate successful runs for that container closure. For example, if bracketing is for 2R vial with 13mm neck and 13mm stopper cap, and 10R vial with 20mm neck and 20mm stopper cap, the 4R, 6R, and 8R vials with 20mm neck and 20mm stopper cap do not require media fill, however the 100R vial with 32mm neck with 32mm stopper cap does require 3 consecutive successful media fills.

6.11.4 New product manufacturing process is evaluated for aseptic operations and any additional interventions or process conditions, other than the previously validated, must be reviewed for criticality.

7.0 REVISION HISTORY

Revision No.	Effective Date	Description of Changes
01	DEC 07 2018	Original SOP
02	FEB 04 2011	1. Include Risk Assessment in references section. 2. Include different scenarios in Table 1. 3. Expand on continued process simulation verification in step 6.7.1. Procedure and example included for alternating container closure system.
03	JAN 31 2023	1. Include Risk Assessment for new fill machine (FM02) in references section 2. Split up section 6.1.1 to elaborate the use of both gloved and gloveless isolators 3. Include sections under new 6.1.6.2 detailing the required amount of containers to be challenged during process simulation.
04	APR 2 6 2023	1. Modified Step 6.1.6.2.A to specify that 1,200 containers is sufficient for container/closure formats with a fill volume greater than 10mL 2. Step 6.5.6.4.A reworded to specify that leftover media is incubated from samples taken from the containers. 3. Clarified wording for example in Step 6.7.1

SOP No.	Title	Revision No.
IGN-033	HANDLING OF 503B PRODUCTS	08

Prepared By / Date	Reviewed By / Date	QA Approved By / Date	Effective Date
Kirtan R Patel 08/31/21	08/31/21	M. Salazar 08/31/21	AUG 3 1 2021
			Change Control No.
Title: QA Specialist	Title: Pharmacist	Title: CQCO	I-21419

Printed by sanjam@uelcheplasma.com on 26 Aug 2021 at 8:37

1.0 PURPOSE

The purpose of this SOP is to establish general guidelines for the handling of 503B Injectable Sterile Drug Products at BPI Labs facility Suite 450.

2.0 SCOPE

This procedure is applicable to 503B Injectable Sterile Drug Products manufactured at BPI Labs facility Suite 450.

For Solid Dosage Products manufactured at Suite 420A, refer SOP GN-040 Handling of 503B Products (Solid Dosage).

3.0 RESPONSIBILITY

3.1 It is the responsibility of every department listed in this procedure to follow instructions delineated in each section.

3.2 It is the responsibility of Operations and Quality Assurance Management to ensure that all activities included in this procedure are followed in the development of 503B drug products.

4.0 REFERENCES

4.1 Guidance for Industry Sterile Drug Products Produced by Aseptic Processing Current Good Manufacturing Practice Sept 2004

4.2 Contract Manufacturing Arrangements for Drugs: Quality Agreements

4.3 Bulk Drug Substances Used in Compounding Under Section 503B of the FD&C Act

4.4 Current Good Manufacturing Practice – Guidance for Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act

4.5 Registration of Human Drug Compounding Outsourcing Facilities Under Section 503B of the FD&C Act

4.6 Adverse Event Reporting for Outsourcing Facilities Under Section 503B of the Federal Food, Drug, and Cosmetic Act

4.7 Electronic Drug Product Reporting for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food Drug and Cosmetic Act

4.8 21 CFR Part 310 – New Drugs, Subpart D – Records and Reports, Section 310.305

4.9 Florida Department of Health Board of Pharmacy Rule 64B16-28.100 Pharmacy Permits – Applications and Permitting

4.10 ICH Guidance for Industry Q1A(R2) Stability Testing of New Drug Substances and Products

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4.11 Protocol IFC-PQ-T-1-AH-02,1-AH-03,1-AH-04 HVAC System (ID No. 1-AH-02, 1-AH-03, 1-AH-04) Performance Qualification Protocol

4.12 SOP GN-040 Handling of 503B Products (Solid Dosage)

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4.13 SOP ICB-001 Calibration Procedure

4.14 SOP IGN-001 Investigations

4.15 SOP IGN-003 Creation and Modification of Code Numbers and National Drug Code Numbers (NDC)

4.16 SOP IGN-006 Development of Products

4.17 SOP IGN-010 Personnel Gowning, Sanitation, Health Habits, Health Conditions

4.18 SOP IGN-017 Personnel Flow in BPI Labs Suite 450

4.19 SOP IGN-018 Material Flow in BPI Labs Suite 450

4.20 SOP IGN-019 Handling of Purified Water, Water for Injection, Pure Steam, and City Water

4.21 SOP IGN-023 Preparation of Master Batch and Packaging Records

4.22 SOP IGN-025 Aseptic Process Simulation (APS) or Media Fill Program

4.23 SOP IGN-027 Preparation of Cleaning Agents, Detergents, and Disinfectants Used in Manufacturing

4.24 SOP IGN-028 Cleaning of Processing and Non-Processing Rooms

4.25 SOP IGN-030 Operation of the Building Management System

4.26 SOP IGN-036 Serialization Procedure

4.27 SOP IMI-003 Out of Specification Microbiology Results

4.28 SOP IMI-005 Preparation, Maintenance, and Growth Promotion of Culture Media

4.29 SOP IMI-006 Growth Promotion Test

4.30 SOP IMI-020 Environmental Monitoring Program (Viable) for Sterile Drug Manufacturing Area

4.31 SOP IMI-034 Handling of Microbiology Laboratory Incidents

4.32 SOP IPC-001 Purchasing System

4.33 SOP IPD-002 Dispensing of Raw Material and Packaging Material

4.34 SOP IPD-006 Time Limitations for Production and Cleaning

4.35 SOP IPD-007 Visual Inspection of Injections

4.36 SOP IPD-FM01-1 Set Up and Operation of the Robotic Aseptic Fill Machine (Model # SA25)

4.37 SOP IPD-SS01-1 Set Up and Operation of the Steam Sterilizer (Model # FOAF3/AG)

4.38 SOP IPK-001 Labeling and Packaging Operation

4.39 SOP IPK-002 Issuance, Reconciliation, Destruction, and Return of Printed Labeling Material

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4.40 SOP IPK-003 Brite Stock Handling

4.41 SOP IPH-001 503B - Research and Development Experimental Trial Batches

4.42 SOP IPH-002 BPI Policy for Essentially Copies of Approved Drug Products

4.43 SOP IQA-001 Change Control System

4.44 SOP IQA-002 Document Control System

4.45 SOP IQA-003 Identification and Numbering System

4.46 SOP IQA-005 Monitoring of Environmental Conditions

4.47 SOP IQA-006 Issuance of Batch Records, Packaging Records, Protocols, and In-House Computer-Generated Labels

4.48 SOP IQA-007 Sampling System

4.49 SOP IQA-009 Handling of Complaints

4.50 SOP IQA-010 Vendor Qualification Program

4.51 SOP IQA-011 Disposition Procedure

4.52 SOP IQA-012 Retesting of Materials and Products

4.53 SOP IQA-013 Quality Control Unit and Management

4.54 SOP IQA-020 Retention Samples

4.55 SOP IQA-021 Procedure for Reviewing Executed cGMP Documents

4.56 SOP IQA-024 Corrective and Preventive Actions

4.57 SOP IQA-025 Statistical Techniques

4.58 SOP IQC-001 Investigating Out of Specification (OOS) and Out of Trend (OOT) Test Results

4.59 SOP IQC-002 Stability Program

4.60 SOP IQC-003 Standard Procedure for Sample Management in Analytical Development and Quality Control Department

4.61 SOP IQC-004 Handling of Contract Laboratories

4.62 SOP IQC-005 Method Validation / Method Verification Guidelines

4.63 SOP IQC-021 Analytical Method Transfer

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4.64 SOP IRA-001 Reporting of Adverse Drug Experiences

4.65 SOP IRA-004 Drug Product Registration Requirements

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4.66 SOP IRA-006 Creating or Changing Drug and Device Product Labeling

4.67 SOP IRA-010 Medical Devices Registration Requirements

4.68 SOP ITD-001 Training System

4.69 SOP IVD-001 Cleaning Validation

4.70 SOP IVD-002 Process Validation

4.71 SOP IVD-003 Swab Procedure

4.72 SOP IVD-007 Heating, Ventilation, and Air Conditioning (HVAC) Validation

4.73 SOP IWH-001 Receiving of Materials and Products

4.74 SOP IWH-004 Storage and Disposal of Manufacturing and Laboratory Waste

4.75 STM IMV-I01 Validation of Bacterial Endotoxin Testing

4.76 STM IMV-I02 Method Validation of Sterility Test

4.77 STM IMV-I03 Suitability of Microbial Enumeration Tests and Tests for Specified Microorganisms

4.78 PLN-I01 Project Plan for BPI Labs

4.79 EOL I-030 503B – Active Raw Materials List – BPI Labs

4.80 EOL I-031 503B – Finished Products Code Number List – BPI Labs, Human Drug Products

4.81 EOL I-033 503B – Inactive Raw Materials List – BPI Labs

4.82 EOL I-036 503B – Miscellaneous List – BPI Labs

4.83 EOL I-037 503B – Packaging Components List – BPI Labs

5.0 ATTACHMENTS

Not applicable.

6.0 PROCEDURE

6.1 Quality Assurance Activities:

6.1.1 It is the responsibility of the Quality Assurance Control Unit to ensure that Quality System requirements are effectively established and maintained in accordance with 21 CFR parts 210, 211, and 820.

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6.1.1.1 The Quality Assurance Control Unit is comprised of all Quality Assurance (QA) Department members / associates that have authority and responsibility to ensure that Quality System requirements are effectively established and maintained (refer to SOP IQA-013 for details).

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6.1.1.2 All departments are responsible for reviewing assigned Quality System documents such as Standard Operating Procedures (SOP), Forms, Job Descriptions, and Training Curriculum as well as ensure technical documentation is current and accurate.

6.1.1.3 QA department is responsible for ensuring all official documents such as SOP and Batch Records are approved, implemented, and distributed and that all obsolete editions of revised documents are retrieved (refer to SOPs IQA-001 and IQA-002 for details).

6.1.2 It is the responsibility of Quality and Operation Management to ensure all employees are qualified through a combination of training and experience to complete and maintain their assigned responsibilities (refer to SOP ITD-001 for details).

6.1.3 QA is responsible for the sampling and approval or rejection of raw materials (components), containers, closures, in-process materials, packaging materials, labeling, and finished products as per applicable specification (SPC) and respective quality system procedures (refer to SOPs IQA-007 and IQA-011 for details).

6.1.4 Analytical Chemistry Quality Control (QC) and Microbiology (MI) departments are responsible for the testing of raw material and finished products as per applicable SPC. QC and MI will review these results before release of material and products.

6.1.5 Retention of finished product reserve samples for applicable analytical and microbial SPC testing is the responsibility of QA, QC, and MI departments.

6.1.6 The results from environmental monitoring, water system testing, and media fill program are reviewed and scrutinized by QA department (refer to SOPs IMI-020, IGN-019, and IGN-025 for details).

6.1.7 Personnel monitoring is not applicable because of the nature of the manufacturing process.

6.1.7.1 After compounding, human intervention with the drug product and possibility of contamination is limited because of the use of peristaltic pumps, sterilized components, aseptic connections, sterilizing grade in-line filtration, and robotic aseptic filling and stoppering.

6.1.8 All documentation related to the manufacturing, labeling, and packaging operations of a product such as, but not limited to, Master Batch Manufacturing Record, Master Batch Labeling Record, Master Batch Packaging Record, and laboratory analytical reports shall be reviewed thoroughly before a batch is released (refer to SOP IQA-021 for details).

6.1.8.1 It is mandatory that all the data in all documents comply with the established SOP and product applicable SPC.

6.1.9 In the event of non-conformance or incidence, QA department is responsible for facilitating investigation of root cause and implementation of Corrective and Preventive Actions (CAPA) following guidelines of SOPs IGN-001, IQC-001, IMI-003, IMI-034, and IQA-024, among others.

6.1.10 In the event of formal product complaint or adverse event, QA department is responsible for facilitating investigation of root cause and implementation of CAPA following guidelines of SOPs IQA-009 and IRA-001, among others.

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6.2 Facility Design:

6.2.1 The manufacturing facility within 12393 Belcher Road, Suite 450, Largo, Florida is designed to prevent contamination and mix ups, segregate zones of differing cleanliness classification, and facilitate ease of cleaning, maintenance, and operations. Refer to the Project Plan for BPI Labs PLN-I01 for more details.

6.2.1.1 The facility prevents contamination and mix ups by designating areas for specific unit operations for a single product at a time. This is controlled by use of equipment and area labeling, QA line clearance, and Manufacturing Batch Record review.

6.2.2 The facility consists of sealed modular cleanroom walls, ceilings, and walkable ceiling panels to maintain ISO 14644 Class 8 conditions throughout the facility.

6.2.3 Potential risks have been identified and applicable controls have been implemented as per facility design Risk Assessment.

6.2.4 The facility has been qualified through the execution of Performance Qualification Protocol to maintain no less than ISO Class 8 cleanliness by controlling non-viable particulate, viable particulate, number of air changes, and directional airflow in cleanrooms.

6.2.4.1 Clean and ample airflow within the facility is controlled by ensuring all supplies and returns are clear, all HEPA filters are leak tested, and the supply airflow is sufficient for the required number of room changes.

6.2.4.2 Manufacturing Science and Technology (MS) department is responsible for validation, requalification, and calibration of facility control systems (refer to SOP IVD-007 for details).

6.2.5 The facility is designed to aseptically fill and stopper syringe and vial 503B drug products within ISO 5 isolators surrounded by a qualified ISO 8 environment.

6.2.5.1 The temperature, relative humidity, and air pressure differentials of all cleanroom environments are continuously monitored during production and periodically revalidated (refer to SOP IQA-005 for details).

6.2.6 Terminally sterilized 503B products are filled under ISO 5 environment surrounded by ISO 8 environment.

6.2.6.1 Terminal sterilization cycles are validated using appropriate biological indicator challenge for 6-log reduction.

6.2.7 Controls are available to maintain and monitor the facility design including, but not limited to, those documented in SOPs IGN-030, IQA-005, and IMI-020.

6.3 Control Systems and Procedures for Maintaining Suitable Facilities:

6.3.1 The facility is designed to limit the possibility of mix ups and cross contamination by establishing defined areas per unit operation and procedures for personnel flow, material flow, and cleaning (refer to SOPs IGN-017, IGN-018, and IGN-028).

6.3.2 The possibility of cross contamination of hazardous and non-hazardous drugs is limited by designating separate sampling rooms and equipment for dispensing of different drug types.

6.3.2.1 Hazardous drugs are dispensed within containment and dispensing isolators to prevent cross contamination and ensure the safety of operators.

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6.3.3 Production equipment follow cleaning schedules based on production schedule and Time Limitations.

6.3.3.1 Time Limitations are established for production and cleaning of process equipment and areas (refer to SOP IPD-006).

6.3.4 Processing, non-processing areas, and cleanroom support areas are kept clean and sanitary with cleaning schedule of WFI, disinfectant, and weekly sporicidal cleaning agent (refer to SOPs IGN-027 and IGN-028 for details).

6.3.4.1 Cleaning technicians are required to be trained on and review facility cleaning SOP, with an emphasis on cleaning schedule and rotating use of disinfectant / sporicidal cleaning agents.

6.3.4.2 Cleaning, Use, and Maintenance Logbooks are designated for each area to ensure the facility is being cleaned on the established schedule.

6.3.4.3 As with all received materials, disinfectant / sporicidal cleaning agents are inspected by QA department and verified with applicable SPC.

6.3.5 Temperature, relative humidity (RH), and pressure differentials within the manufacturing facility are maintained by the central heating, ventilation, and air conditioning (HVAC) system and monitored through Building Management System (BMS) to maintain product quality. The BMS provides trend reports of each condition and alerts personnel in case of an excursion (refer to SOP IGN-030).

6.3.5.1 The facility is designed to maintain 20 ± 2°C, less than 60% RH, and pressure differentials across rooms of differing classification.

6.3.5.2 These conditions are continuously monitored during production and are a requirement of room release (refer to SOP IQA-005).

6.3.5.3 In case of an excursion, impact is assessed, and incident is initiated when necessary.

6.3.6 Calibration schedule for critical instruments such as temperature, relative humidity, and pressure differential sensors in processing areas and equipment is maintained by QA and executed by MS (refer to SOP ICB-001).

6.3.7 Water systems (purified water, water for injection, and pure steam) are monitored every day of production and frequently as per applicable SPC (refer to SOP IGN-019).

6.3.7.1 In case of an excursion from the applicable SPC, impact is assessed, and investigation is initiated when necessary.

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6.4 Personnel Qualification:

6.4.1 All personnel involved with the compounding of 503B drug products have been trained on established SOP for the dispensing, mixing, and filtration of compounded sterile products (CSP).

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6.4.2 Training Curriculums (TC) are established for initial and periodic GMP refreshment training of employees. This curriculum includes on-the-job and self-training on general and department specific roles (refer to SOP ITD-001 for details).

6.4.2.1 Prior to engaging in any commercial batch manufacturing, personnel must have completed their initial qualification for the applicable unit operation.

6.4.3 GMP trainers must be qualified through completion of the Qualification Technique (QT) prior to new employee or refreshment training.

6.4.4 Personnel, production process, container / closure type, and production equipment have been challenged through Aseptic Processing Simulation (APS) media fill studies prior to engaging in commercial batch manufacturing (refer to SOP IGN-025).

6.4.4.1 APS media fill studies must be successfully performed in worst case scenarios to validate routine manufacturing parameters.

A. For example, validating the use of one (1) in-line filter during compounding of successful APS media fill study validates the use of two (2) in-line filters during routine manufacturing.

6.5 Environmental and Personnel Monitoring:

6.5.1 Environmental conditions such as temperature, relative humidity, and air pressure differentials are continuously monitored by Building Monitoring System (BMS) (refer to SOPs IGN-030 and IQA-005).

6.5.1.1 BMS creates trends of environmental conditions able to be monitored and reviewed by trained personnel. QA reviews these trends prior to each unit operation room release.

6.5.1.2 Air pressure differential limits ensure that cascading pressure differentials are maintained during compounding of sterile drug products.

6.5.1.3 BMS automatically notifies Management / responsible personnel in the event of an excursion from ideal conditions.

6.5.2 Passive air (settle plate) and active air Environmental Monitoring (EM) are conducted daily during compounding, filling, and sterilization operations. Surface (contact plate) sampling is conducted at the end of operation, prior to cleaning (refer to SOP IMI-020).

6.5.2.1 The procedure, locations, actions limits, and justification of locations for EM are established (refer to SOP IMI-020).

6.5.2.2 The results from EM are completed in the applicable Forms and results are reviewed with the Master Batch Manufacturing Record.

6.5.3 Sampling data is reviewed after each batch and an extensive review is conducted periodically to identify any issues and scrutinize existing procedures.

6.5.3.1 In the event of results near or above action levels, QA department is responsible for facilitating investigation of potential product impact and root cause.

6.5.4 Personnel monitoring is not implemented because of the nature of the production process. Refer to the Project Plan PLN-I01 for BPI Labs for more details.

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6.5.4.1 After compounding, human intervention with the drug product and possibility of contamination is limited because of the use of peristaltic pumps, sterilized components, aseptic connections, sterilizing grade in-line filtration, and robotic aseptic filling and stoppering.

6.5.5 Personnel gowning, sanitation, health habits, and health conditions are controlled and established (refer to SOP IGN-010).

6.5.6 Personnel flow and personal protective equipment requirements within the facility are established (refer to SOP IGN-017). It is the responsibility of Production personnel to follow this procedure and Management's responsibility to ensure this procedure is being followed.

6.5.6.1 These procedures control the safety of operators, cleanliness of processing rooms, and limit the possibility of cross contamination.

6.6 Equipment:

6.6.1 Process equipment used for batch production are qualified for use and calibrated on a scheduled maintained by the QA department (refer to SOP ICB-001).

6.6.1.1 The calibration schedule for production equipment and instruments are maintained by QA department and implemented by Manufacturing Science and Technology (MS) department.

6.6.1.2 Product contact surfaces of production equipment must be certified (i.e., certified 316 stainless steel) as non-reactive, non-adsorptive, and non-additive.

6.6.1.3 All documentation concerning material certification and current calibration performed in-house by MS with executed Form or by a third party is maintained by QA department.

6.6.2 Equipment qualifications and validations are approved by QA and executed by MS through Installation, Operation, and Performance Qualification Protocol.

6.6.3 SOP are established for the set up and operation, cleaning, and maintenance of major production equipment and implemented by Production personnel prior to use.

6.6.4 Production department is responsible for training, review, and execution of production equipment cleaning SOPs.

6.6.4.1 Training Record forms are executed at the time of training and maintained by QA department once complete.

6.6.5 Production department is responsible for the use of Cleaning, Use, and Maintenance logbooks to ensure the status of production equipment prior to use.

6.6.6 Refrigerators, freezers, and incubators are monitored with use of calibrated thermometer and, when applicable, relative humidity sensor.

6.6.7 Single-use disposable utensils and components are used for the dispensing, mixing, filtration, and filling of sterile drug products.

6.6.7.1 Inspection and certificate of analyses are used in the verification of these components prior to use.

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6.6.7.2 Components are inspected for damage or contamination prior to and after use via respective batch record.

6.7 Containers and Closures:

6.7.1 Pharmacist / Product Development / Production identifies vendors and materials required for a new project following SOP IPC-001. Materials can be ordered as samples for trial / experimental use; these materials are unaccounted. Once materials and vendors are identified and approved, a code number is requested per SOP IGN-003.

6.7.2 Upon creation of a code number using the appropriate official list, the following activities are coordinated:

6.7.2.1 Pharmacist / Analytical Research / Quality Control Department generates specification (SPC) and standard test method (STM) following instructions delineated in SOP IQA-025. Refer to Table 1 for suggested specification testing for primary and secondary packaging components.

Table 1 – Suggested Specification Testing for Containers and Closures

Type of Material	Suggested Testing Types
Primary Packaging (e.g., vial, syringe, cap, stopper)	Description, Physical Tests, Sterility (if applicable), Endotoxin (if applicable), and Certificate of Compliance Check
Secondary Packaging (e.g., carton)	Description (Visual Inspection), Physical Tests

6.7.2.2 Purchasing Department orders material upon management request following SOP IPC-001.

6.7.3 Warehouse Department receives materials following SOP IWH-001.

6.7.4 QA samples and inspects cGMP materials received following SOP IQA-007. Product Development can use these materials in quarantine for formulation trials only, ensuring sampling has been performed and an identification test has been completed, if required, as a discretion of the user.

6.7.5 Pharmacist / Analytical Research / Quality Control Department tests samples received according to the material specification and standard test method. Full testing is performed for all materials unless vendor has been qualified per SOP IQA-010; if this is the case, reduced testing is coordinated based on the tests specified in the specification. If during testing activities, Analytical Research / Quality Control / Microbiology Department finds that any test does not conform to established specifications, an investigation is performed in accordance with SOPs IQC-001 and IMI-003. Upon testing completion, results and data generated are submitted to Quality Assurance for final disposition.

6.7.5.1 Reduced specification testing is performed for containers and closures as suggested by SOP IQA-010 and applicable packaging component SPC, as seen in Table 2.

Table 2 – Suggested Reduced Specification Testing for Containers and Closures

Type of Material	Suggested Reduced Testing Types
Primary Packaging (e.g., vial, syringe, cap, stopper)	Description, Physical Tests, Sterility (if applicable), Endotoxin (if applicable), and Certificate of Compliance Check
Secondary Packaging (e.g., carton)	Description (Visual Inspection)

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6.7.6 In case the Product Development Department needs to use a material that is under testing for a cGMP batch, a conditional release request is coordinated as per SOP IQA-011.

6.7.7 The Quality Assurance Department performs final disposition for materials and assigns a retest date (when applicable) and expiration date once inspection and testing is completed as per SOP IQA-011.

NOTE: Analytical testing methods for active raw materials are validated / verified by the Pharmacist / Analytical Research / Quality Control / Microbiology Department based on method validation guidelines.

NOTE: All formal documents are routed for approval using SOP IQA-001.

6.7.8 As a general practice, retesting is not performed for containers and closures.

6.7.9 Containers and closures are stored in the climate-controlled warehouse monitored by BMS.

6.7.10 Quality Agreements must be established with each primary container and closure vendor to ensure the quality of the finished drug product.

6.7.10.1 Only pre-sterile ready to use (RTU) containers and closures are used for batch production. Vendors must perform sterilization cycle validation proven by Certificate of Analysis.

6.7.10.2 The primary packaging of pre-sterile containers and closures are only removed in ISO 5 areas once ready to be filled and stoppered.

6.7.11 Vendors of primary and secondary packaging materials are routinely evaluated as per SOP IPC-001.

6.8 Components:

6.8.1 Pharmacist / Product Development / Production identifies vendors and materials required for a new project following SOP IPC-001. Materials can be ordered as samples for trial / experimental use; these materials are unaccounted. Once materials and vendors are identified and approved, a code number is requested per SOP IGN-003.

6.8.2 The Active Pharmaceutical Ingredient (API) must be manufactured by an establishment that is FDA registered. Quality Agreements must be made with the API suppliers to ensure product quality and that FDA establishment registration is maintained.

6.8.3 Upon creation of a code number using the appropriate official list, the following activities are coordinated:

6.8.3.1 Pharmacist / Research and Development (R&D) / QC / MI Department generates SPC and STM following instructions delineated in SOP IQA-025. Refer to Table 3 for suggested SPC testing for active and inactive components.

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Table 3 – Suggested Specification Testing for Active and Inactive Components

Type of Material	Suggested Testing Types
Active (e.g., API)	Description, Identification, Loss on Drying (water), Assay, Microbial Enumeration Test, Endotoxin
Inactive (e.g., excipient)	Description, Identification, Microbial Enumeration Test (if applicable), Endotoxin (if applicable)

6.8.3.2 Purchasing Department orders materials upon management request as per SOP IPC-001.

6.8.4 Warehouse Department receives materials as per SOP IWH-001.

6.8.5 Active and inactive pharmaceutical ingredients are stored in the climate-controlled warehouse monitored by BMS.

6.8.6 QA Department samples and inspects cGMP materials received as per IQA-007. Pharmacist / Product Development can use these materials in quarantine for formulation trials only, ensuring sampling has been performed and an identification test has been completed, if required, as a discretion of the user.

6.8.6.1 Sampling is conducted within the manufacturing facility with use of complete gowning, Personal Protective Equipment (PPE), and dispensing hood or isolator.

6.8.7 Cleaning validation is not performed for components because of the use of single use systems.

6.8.8 Pharmacist / Analytical Research / Quality Control Department tests samples received according to the material specification and standard test method. Full testing is performed for all materials unless vendor has been qualified per SOP IQA-010; if this is the case, reduced testing is coordinated based on the tests specified in the specification. If during testing activities, Analytical Research / Quality Control / Microbiology Department finds that any test does not conform to established specifications, an investigation is performed in accordance with SOPs IQC-001 and IMI-003. Upon testing completion, results and data generated are submitted to Quality Assurance for final disposition.

6.8.8.1 Reduced specification testing is performed for active and inactive pharmaceutical ingredients as suggested by SOP IQA-010 and applicable packaging component SPC, as seen in Table 4.

Table 4 – Suggested Reduced Specification Testing for Active and Inactive Components

Type of Material	Suggested Reduced Testing Types
Active (e.g., API)	Description, Identification, Loss on Drying (water), Assay, Microbial Enumeration Test (if applicable), Endotoxin (if applicable)
Inactive (e.g., excipient)	Description, Identification, Microbial Enumeration Test (if applicable), Endotoxin (if applicable)

6.8.9 In case the Product Development Department needs to use a material that is under testing for a cGMP batch, a conditional release request is coordinated as per SOP IQA-011.

6.8.10 The Quality Assurance Department performs final disposition for materials and assigns a retest date (when applicable) and expiration date once inspection and testing is completed as per SOP IQA-011.

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NOTE: Analytical testing methods for active raw materials are validated / verified by the QC / MI Department based on method validation guidelines.

NOTE: All formal documents are routed for approval through Change Control System.

6.8.11 Retesting is performed for active and inactive components as per SOP IQA-012.

6.8.12 Vendor of active and inactive materials are routinely evaluated as per SOP IPC-001 (i.e., active materials ever year and inactive materials every two years).

6.9 Production and Process Controls:

6.9.1 General Controls:

6.9.1.1 Master batch records prepared for R&D products, proposed commercial products, and scale-up/validation/commercial product products are prepared by Product Development, Pharmacist, and/or Production department.

A. Master batch and packaging records for 503B products should be prepared as per SOP IGN-023.

6.9.1.2 All master batch and packaging records must be reviewed by Pharmacist / Production / Product Development departments and approved by Regulatory Affairs and QA departments.

6.9.1.3 All batch and packaging records are requested by Production designee and issued by QA department as per SOP IQA-006.

6.9.1.4 It is the responsibility of Production department to request room release per production unit operation and the responsibility of QA department to follow clearance procedure as per SOP IQA-014.

6.9.1.5 Time Limitations (refer to SOP IPD-006) and Hold Times must be followed for production process and in-process product as validated through media fill validation program.

A. The storage time limitation of bulk solution is validated through successful results of Hold Time study protocol.

6.9.1.6 503B drug products are aseptically handled by use of peristaltic pumps, aseptic connections, and pre-sterile components, among others.

6.9.1.7 Terminally sterilized 503B products are filled under ISO 5 environment surrounded by ISO 8 environment.

A. Terminal sterilization cycles are validated using appropriate biological indicator challenge for 6-log reduction.

6.9.1.8 Production parameters such as production equipment, process parameters, hold times, and time limitations or validated under worst-case scenario simulation during media fill validation program.

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6.9.2 General Production Process:

6.9.2.1 503B manufacturing and packaging operations follow the general production process of documentation release, line clearance, weigh and dispense, mixing, filtration, filling, terminal sterilization (when applicable), packaging, and labeling.

6.9.2.2 Documentation such as batch manufacturing record and applicable forms are requested by Production designee and issued by QA department as per IQA-006.

6.9.2.3 Line clearance / room release is requested by Production department prior to each operation and issued by QA department as per SOP IQA-014.

6.9.2.4 Weighing and dispensing of raw pharmaceutical ingredients (e.g., API, excipient) is performed by use of restricted access isolator or dispensing hoods as per batch record and SOP IPD-002.

6.9.2.5 Raw pharmaceutical ingredients are mixed with pharmaceutical grade Water for Injection (WFI) as per batch record.

6.9.2.6 Mixed unfiltered intermediate product is aseptically filtered by use of sterilizing grade filters into pre-sterile fill path or intermediate bags.

6.9.2.7 Filters used during filtration are sterilizing grade 0.2µ hydrophilic filters. 100% of filters used for batch manufacturing are filter integrity tested, with the results from these tests included within the Batch Manufacturing Record.

6.9.2.8 Filling will occur within controlled ISO 5 environment surrounded by ISO 8 environment.

6.9.2.9 When applicable, terminal sterilization will be performed by use of validated cycle and qualified equipment.

6.9.2.10 Packaging and labeling operation is performed as per packaging record and SOPs IPK-001 and IPK-002.

6.9.3 Research and Development Products:

6.9.3.1 Pharmacist identifies new projects to be developed in the company based on, but not limited to, company and marketing needs, and opportunities nominated by FDA "Bulk Drug Substances Nominated for use in Compounding under Section 503B of Food, Drug, and Cosmetic Act".

6.9.3.2 Pharmacist shall use SOP IPH-002 to determine if the proposed new project is essentially a copy of an approved or unapproved drug product. New projects shall be in compliance with "FDA Guidance for Industry Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act".

6.9.3.3 Pharmacist / Product Development Department prepares the marketing trade dress for the project with the purpose of understanding all aspects of the formulation, process, and labeling, among others, of the product. Pharmacist / Product Development Department prepares the R&D checklists for covering project planning and execution activities and ensuring that all project activities have been completed and that the FDA expectations, needs, and requirements have been met.

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6.9.3.4 Pharmacist designs experimental batches in order to analyze product behavior and test different formulations and processes (refer to SOP IPH-001 for details). Generally, these batches are documented and tracked via notebook. At this stage, Pharmacist / R&D / QC Department can analyze experimental samples and coordinate informal stability of the product. All experimental data generated by the Laboratory is submitted to the Pharmacist / Product Development Department for analysis and further action. Experimental batches are disposed according applicable SOP when required.

6.9.3.5 QA Validation Department incorporates the product into the cleaning validation matrix in order to swab cGMP equipment to look for active residue content (if equipment is shared between products). Pharmacist / R&D / QC Department prepares documented method in the laboratory to analyze active residue content of swab samples (refer to SOPs IVD-001, IVD-003, and IQC-005), when applicable.

6.9.3.6 QA Department swabs product contact cGMP equipment following cleaning validation matrix and submits swab samples to R&D / QC Department for analysis as per SOPs IVD-001 and IVD-003.

6.9.3.7 Once Pharmacist / Product Development develops the formulation and processes that are going to be used in the manufacturing of the product for stability / Beyond-use-Dating (BUD) or batch, a code number is requested via SOP IGN-003.

6.9.3.8 Upon creation of code number using the appropriate official list, the following activities are coordinated:

A. Pharmacist / R&D / QC Department generates specification for intermediates and bulk finished products, and STM (refer to SOP IQA-025 for details).

B. Pharmacist / Product Development prepares master batch records and master packaging records for stability batches, ensuring formula number is traceable. The sampling plan requirements are included as part of the master batch records and master packaging records where all instructions are clearly sequentially identified and step by step process is implemented and executed at all times (refer to SOP IGN-023 for details).

C. Pharmacist / R&D / QC / Microbiology Department coordinates method validation of analytical, microbial testing (i.e., Description, Assay, Sterility, Bacterial Endotoxins Test) only for stability products (refer to STMs IMV-I01 and IMV-I02 as well as SOP IQC-005).

6.9.3.9 Pharmacist / Production requests issuance of master batch record and executes batch using a cGMP qualified and validated facility and equipment. Samples of the intermediate and bulk finished products are submitted to Pharmacist / R&D / QC Department for testing. If during testing activities Pharmacist / R&D / QC Department finds that any test does not conform to established specifications, an investigation is performed. Upon testing completion, results and data generated are submitted to QA for final disposition.

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6.9.3.10 Pharmacist / Production submits executed batch record to QA Department for review and final disposition.

6.9.3.11 Pharmacist / Production requests conditional release of the Bulk Finished Product to QA before packaging operation in case final disposition has not been determined by QA at the time of performing the packaging operation.

6.9.3.12 Pharmacist / Production requests issuance of master packaging record, executes a batch using a cGMP qualified and validated facility and equipment, and submits executed packaging record to QA Department for final disposition.

6.9.4 Scale-up of Products:

6.9.4.1 Pharmacist with the help of Production coordinates the scale-up activities (when required) and prepares the commercial master batch record and the master packaging record (ensuring formula number is traceable with stability batch).

6.9.4.2 Pharmacist / R&D / QC Department coordinates method transfer of the analytical testing during the scale-up activities, if required (refer to SOP IQC-021).

6.9.4.3 The QA Department prepares cleaning validation protocol to be executed accordingly, if necessary (refer to SOP IVD-001 for details).

6.9.4.4 QA Department coordinates preparation of Stability Protocol for commercial batches (refer to SOP IQC-002 for details).

6.9.4.5 Labeling group or designee coordinates preparation of printed labeling material (i.e., product label) to be used in the commercial products (refer to SOP IRA-006 for details).

NOTE: Product checklist is prepared to plan and execute all activities related to the commercial launch.

6.9.5 Validation of Commercial Products:

6.9.5.1 Pharmacist / Production Department requests issuance of commercial master batch records, commercial master packaging records, and process validation protocols (refer to SOP IVD-002 for details).

6.9.5.2 Pharmacist / Production Department with the help of Pharmacist and QA Department executes data requested usually in the first batch using a cGMP qualified and validated facility and equipment.

6.9.6 Commercial Products:

6.9.6.1 Production Department executes validated product and processes based on production schedule using cGMP qualified and validated facility and equipment.

6.9.6.2 Product contact components (filters, tubing, aseptic connections, fill path) are sterilized by use of validated cycles.

A. In-house sterilization cycle validation is performed by use of Biological Indicators (BI) and calibrated thermocouples. The sterilization time of these validated cycles are increased for routine manufacturing overkill potential.

B. Product container / closure are pre-sterile and sealed components sterilized with validated cycles by the manufacturer.

6.9.6.3 The details (BPI receiving number, expiration date, etc.) of each component used in batch manufacturing are logged within Master Batch Manufacturing Record.

A. These details include the expiration date for depyrogenated glassware (vials, syringes, etc.) used in the manufacture of a batch.

6.9.6.4 Upon completion of the batch, the finished drug product will remain in quarantine until being released through inspection, testing, and release facilitated by QA.

A. Visual inspection is conducted by qualified individuals who undergo annual eye exams to ensure 20/20 vision (refer to SOP IPD-007).

6.9.6.5 QA Department reviews all data generated including Master Batch Manufacturing Record and analytical testing from the commercial batches and performs final disposition of each batch before distribution (refer to SOPs IQA-011 and IQA-021).

A. Complete records are maintained with Quality Assurance Control Unit's Document Control (refer to SOP IQA-002).

6.9.6.6 In the event of non-conformance or incidence, QA department is responsible for facilitating investigation of root cause and implementation of Corrective and Preventive Actions (CAPA) following guidelines of SOPs IGN-001, IQC-001, IMI-003, and IQA-024, among others.

6.10 Release Testing:

6.10.1 Specification for each finished 503B drug product is created as per SOP IQA-025 to ensure finished drug product quality.

6.10.2 Generally, product specific SPC tests include chemical, microbial, and physical tests listed in Table 5.

Table 5 - General Release Specification Testing for 503B Finished Drug Products

Test	Specification
Description	As per applicable SPC
Identification A (by HPLC)	As per applicable SPC
pH <USP 791>	As per applicable SPC
Container Content USP <697>	As per applicable SPC
Particulate Matter USP <1>	Foreign matter (Visible particulates): Free from foreign matter.
	Subvisible Particles USP <788> Particles ≥ 10µm: NMT 6000 per container Particles ≥ 25µm: NMT 600 per container
Assay	As per applicable SPC
Bacterial Endotoxins Test USP <85>	As per applicable SPC
Sterility Tests USP <71>	No evidence of microbial growth

6.10.3 Antimicrobial effectiveness test is only performed as necessary for 503B drug products labeled as multiple dose.

6.10.4 Product specification testing may be outsourced to contract laboratory, as needed as per IQC-004.

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6.10.5 Prior to product release, it is the responsibility of Pharmacist and QA department to review the executed batch records, microbial environmental monitoring results, and finished product testing results as per SOP IQA-021.

6.10.6 Specification test results are reviewed and finished 503B drug products are released as per SOP IQA-011.

6.11 Laboratory Controls:

6.11.1 Sampling of raw material and finished products is conducted by QA department.

6.11.2 Testing is conducted by QC and MI departments as per product / material specific validated standard test method (STM) and specification (SPC) criteria.

6.11.3 Clear and complete records of laboratory data is kept in laboratory notebook, analytical worksheet, reports, and logbooks for QC, R&D, and MI Departments.

6.11.4 United States Pharmacopoeia (USP) and European Pharmacopoeia (EP) standards are followed for the procedure of preparation, qualification, storage, handling, and use of laboratory analytical standards.

6.11.5 The procedure for approval of contract laboratories, receiving and shipping of samples, coordination of testing, receiving of results and submission of data to QA department is established by SOP IQC-004.

6.11.5.1 Contract laboratory is a BPI qualified and FDA approved independent company that has entered into a Quality Agreement with BPI to test pharmaceutical products such as raw material, in-process samples, and finished products.

A. Quality Agreements are established as per FDA Guidance Contract Manufacturing Agreements for Drugs: Quality Agreements and ISO 17025.

6.11.5.2 Pharmacist / QC department is responsible for reviewing the data for accuracy, completing analytical report and specification, and submitting analytical report to QA department.

6.11.5.3 QA department is responsible for final disposition of product based on the received results.

6.12 Stability / Expiration Dating for Compounded Drug Products:

6.12.1 The expiration date for all products, is established through the conduct of a stability program that includes testing to assess the product's performance against specifications after aging to the desired expiration date (§ 211.137); the conditions are outlined in ICH guidance for industry 4 Q1A(R2) Stability Testing of New Drug Substances and Products.

6.12.1.1 Beyond use Date (BUD), like expiration date, is the number of days or date at which a drug product is no longer acceptable for use. BUD is calculated from the date of manufacture (i.e., compounding date).

6.12.2 The expiration date is presented as month/date/year using the format MM/DD/YY (i.e., 08/20/19) or equivalent.

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6.12.3 A listing of established products and their corresponding expiration dating intervals is included in Finished Products Code Number List.

6.12.4 The expiration dating interval is established by obtaining stability data conducted by following an established stability protocol specific for the product (refer to SOP IQC-002 for additional details), as per SOP IQA-019 assignment of expiration dates are given, within requirements listed below.

6.12.4.1 At least 10 percent of the proposed maximum size commercial batch (i.e., pilot scale size) or at least commercial batch size.

6.12.4.2 Stability study condition and test intervals can be found in Table 6.

NOTE: As a general policy, Accelerated (AA) stability studies are only conducted for Stability batches. Long Term (CRT) stability studies are conducted for Stability and Commercial batches.

Table 6 - Temperature, Relative Humidity, Test Interval Conditions for Stability Studies

	Temperature	Relative Humidity	Test Intervals
Long Term (CRT)	25°C ± 2°C	60%RH ± 5%RH	2, 4, 6, 8 months
Accelerated (AA)	40°C ± 2°C	75%RH ± 5%RH	1, 2 months

6.12.4.3 Accelerated studies, combined with basic information of the components, drug products, and container / closure system, may be used to establish a tentative BUD interval provided shelf life studies are not available and are being conducted.

6.12.4.4 For product stored in accelerated conditions that yield acceptable stability results after 30 days (1 month), BUD / expiration dating interval of 240 days (8 months) from the manufacturing date of the batch can be assigned.

Example: If the batch was manufactured on 08/20/19 and stability data shows that the product is stable for 30 days in the accelerated conditions, a tentative BUD/expiration date of 04/15/20 can be assigned to the product, as follows.

Manufacturing Date (Compounding Date): 08/20/19

Beyond Use Date Interval: 240 days

Beyond Use Date (BUD): 08/20/19 + 240 days - 1 day = 04/15/20

NOTE: In case the BUD / expiration dating interval is assigned as 360 days, then the test intervals for the long term stability are adjusted accordingly, i.e., 3, 6, 9, and 12 months.

6.12.4.5 When a tentative expiration dating interval has been established using accelerated test data and the product has been marketed based on that interval, if the product stored at a controlled room temperature fails to conform to all acceptance criteria during stability testing, an investigation is conducted following SOP IGN-001.

6.12.4.6 All official data generated in the development phase is filed by Document Control.

NOTE: Preparation and approval activities of all formal documents are performed using Change Control System.

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6.12.4.7 All data generated from the validation including analytical testing are submitted to QA for final disposition and assignment of beyond use date (BUD) based on results of stability data.

6.13 Packaging and Labels:

6.13.1 All units should be packaged and labeled in accordance with SOPs IPK-001 and IPK-002 as well as Master Batch Packaging Record created in Quality System as per SOP IGN-023.

6.13.1.1 Product labels and Master Batch Packaging Record are controlled and released by QA department as per SOP IQA-006.

6.13.2 Labels must contain the following information:

6.13.2.1 The statement: "This is a compounded drug." Or a reasonable comparable alternative statement that prominently identifies the drug as a compounded drug.

6.13.2.2 Name, address, and phone number of the facility.

6.13.2.3 The statement: "Rx Only."

6.13.2.4 The following details of the drug:

A. Established name.
B. Quantity or volume, dosage form, and strength.
C. The date the drug was compounded.
D. Expiration or beyond use date.
E. Lot or Batch Number.
F. Storage and handling instructions.
G. National Drug Code Number (NDC No.) when available.
H. The statement "Not for resale", and, if the drug is dispensed or distributed other than pursuant to a prescription for an individually identified patient, the statement "Office Use Only".
I. A list of active and inactive ingredients identified by established name and the quantity or proportion of each ingredient.

6.13.2.5 FDA website and phone number: "www.fda.gov/medwatch" and "1-800-FDA-1088".

6.13.3 Labeling operation is performed in-house either manually or with use of automated labeler.

6.13.3.1 A specimen label is placed in the master labeling batch record for reference prior to Labeling operation.

6.13.3.2 Labels are placed on the units and labeled units are inspected throughout labeling process as per Master Batch Labeling Record.

6.13.3.3 Labeled units are placed in trays and trays are labeled with "STATUS" label.

NOTE: Serialization as per SOP IGN-036 is not applicable for 503B drug products.

6.13.4 Packaging operation is performed in-house or by an outside packaging contractor.

6.13.4.1 In-house, labeled units will be manually placed in carton holders, filled carton holders will be placed into cartons, and filled cartons will be manually placed into shipping boxes.

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6.13.4.2 This series of packaging containers as well as labeling equipment inspection ensures stability of containers, prevents mix-up, mechanical abrasion to product containers, and possible product contamination.

6.13.4.3 Unlabeled product or "brite stock" can be stored into inventory for future labeling and packaging (refer to SOP IPK-003 for details).

6.13.5 When labeling process is complete, a reconciliation of the used filled product, labeling materials, and labeling units is performed as per Master Batch Labeling Record.

6.13.5.1 Discrepancies during reconciliation are investigated as per SOP IGN-001.

6.13.5.2 Excess of labels with Lot and control numbers printed are destroyed.

6.14 Reserve Samples:

6.14.1 Retention samples will be taken for each batch of 503B product inline with guidelines included in SOP IQA-020.

6.14.2 As a general practice, the quantity of the retention sample is determined to cover no less than twice the quantity necessary for all analytical and microbial tests as per the applicable specification. The quantity of the retention sample for each product is listed in applicable EOL.

6.14.3 Reserve samples must be retained and stored under the labeled storage conditions and in the same immediate container-closure system in which the drug product is marketed or in one that has essentially the same characteristics (e.g., same material, same headspace for liquids).

6.14.4 Reserve samples must be held for no less than 30 days following the established expiration date.

6.14.5 Reserve samples are collected from the beginning, middle, and end of a packaging run.

6.14.6 Generally, QA department pulls retention samples of packaged product according SOP IQA-020.

6.15 Product Complaint Handling:

6.15.1 The procedure to handle (receipt, logging, investigation, monitoring, trending, and resolution) written and oral product complaints received by the company concerning any of the distributed drug products is established as per SOP IQA-009.

6.15.2 All complaints received are logged into "Complaints" logbook and assigned a complaint number.

6.15.3 Depending on the nature of the complaint, QA or designee may request concerned department for investigation, along with complaint sample if available.

6.15.4 QA or designee will investigate through review of batch record, packaging record, and analytical data looking for deviations, issues, or nonconformance to evaluate the impact and cause of the complaint.

6.15.5 QA or designee will arrange for appropriate physical, chemical, and/or microbial testing of complaint sample.

6.15.6 Once the results are reviewed, an Investigation report is prepared indicating the detailed investigation, most probable root cause, corrective and preventive actions, and conclusions. Corrective and preventive actions are addressed as per applicable SOP.

6.16 Adverse Event Handling:

6.16.1 The procedure for the surveillance, receipt, evaluation, and reporting of Adverse Drug Experiences (ADEs) associated with human and veterinary drug products manufactured at BPI Labs must follow the FDA guideline "Adverse Event Reporting for Outsourcing Facilities under Section 503B of the Federal Food, Drug, and Cosmetic Act".

6.16.2 It is the responsibility of Regulatory Affairs personnel to assure all ADEs (i.e., all serious and unexpected adverse drug experiences) are properly documented, investigated by appropriate personnel, and reported to the FDA (i.e., 15-day Alert Report) as per SOP IRA-001.

6.16.3 Regulation requires reporting of each ADE as soon as possible, but in no case later than 15 calendar days from initial receipt.

6.16.4 All reported ADE must be promptly investigated and a follow-up report must be submitted within 15 calendar days of receipt of new information or as requested by the FDA. If additional information is not obtainable, records should be maintained of the unsuccessful steps taken to seek additional information.

6.16.5 Reports to the FDA concerning ADE must include pertinent identifying details:

6.16.5.1 An identifiable patient.

A. Information on the names and addresses of patients should not be included. A unique code should be assigned for each individual patient.

6.16.5.2 An identifiable reporter.

A. Defined as a patient, consumer, family member, doctor, pharmacist, other health care professional or related individual.
B. A reporter can be identified by one or more of the following: personal identifier (e.g., name), professional identifier (e.g., doctor, nurse, pharmacist), contact information (e.g., e-mail address, phone number).

6.16.5.3 A suspect drug product.

A. Defined as a product suspected as associated with the adverse event.
B. In the case that an adverse event involves multiple suspect drug products compounded by the same facility, the facility should only submit one report with all drug products listed.

6.16.5.4 A serious adverse event.

A. Defined as a patient outcome involving death, life-threatening ADE, inpatient hospitalization, disability or incapacity, or a congenital anomaly or birth defect.

6.16.6 Reports must be submitted with current labeling of drug product, hospital summaries, autopsy/death certificate, relevant laboratory data, and clinical data.

6.16.7 Reports can be submitted through the Safety Reporting Portal (SRP) or the Electronic Submissions Gateway (ESG).

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6.16.8 Before submitting electronically for the first time, facilities should notify the FDA Adverse Event Reporting System (FAERS) Electronic Submission Coordinator to assist the facility in its submission.

6.16.9 Regulations require firms to maintain records relating to all ADEs (including raw data and any correspondence relating to the adverse drug experiences) for no less than 10 years and to permit any authorized FDA employee, at all reasonable times, to have access to and copy and verify the records established and maintained under 21 CFR Part 310.305.

6.17 Regulatory Requirements:

6.17.1 Registration with FDA:

6.17.1.1 Refer to the FDA Guidance "Registration of Human Drug Compounding Outsourcing Facilities under Section 503B of the FD&C Act" for all suggestions regarding electronic 503B registration with the FDA.

6.17.1.2 Outsourcing facilities must register initially and each year thereafter during the registration period between October 1st and December 31st.

6.17.1.3 To register as an outsourcing facility, a compounder must provide the following information:

A. Name
B. Place of business.
C. Unique facility identifier.
D. Point of contact email address.
E. Indication whether the facility intends to compound products on FDA's drug shortage list.
F. Indication whether the facility compounds from bulk drug substances, and if so, whether it compounds sterile or nonsterile drugs from bulk drug substances.

6.17.1.4 Facilities intending to register as outsourcing facilities should submit registration using existing Structured Product Labeling (SPL) format.

A. Refer to Section IV of FDA Guidance "Providing Regulatory Submissions in Electronic Format – Drug Establishment Registration and Drug Listing" for complete details for SPL submission.

6.17.1.5 FDA is required to publish a list of registered outsourcing facilities and the facilities' status, as well as, update the list weekly.

6.17.2 Registration with Florida Department of Health Board of Pharmacy:

6.17.2.1 Refer to Rule 64B16-28.100 "Special Sterile Compounding Permit Application and Information" for a complete guidance on application and permitting requirements for special compounding facilities established by Florida Department of Health under Florida Statute Chapter 465.

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6.17.2.2 Permits are only valid for the name and physical location to which it is issued. Any changes to facility name or location must be requested through Florida Department of Health Board of Pharmacy.

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6.17.2.3 An initial onsite inspection is required for issuance of a new permit. The board inspector will document the facility's compliance with all applicable rules and statues.

6.17.2.4 Outsourcing facilities engaged in sterile compounding must obtain and maintain a Special Sterile Compounding Permit by filing an application with form DH-MQA 1270 "Special Sterile Compounding Permit Application and Information".

6.17.2.5 Applicants for a Special Sterile Compounding Permit must comply with all permitting requirements in subsection (1) of Rule 64B16-28.100 and designate a prescription department manager or consultant pharmacist on record.

6.17.2.6 Florida Department of Health reserves the right to inspect outsourcing facilities at any time after the initial inspection.

6.17.3 Reporting to FDA:

6.17.3.1 Outsourcing facilities must submit a product report upon initial registration and twice each year thereafter, once in June and once in December, for products produced during the previous six-month period.

A. Drug product reports submitted between June 1 and June 30 of each year must report products produced from December 1 through May 31.

B. Drug product reports submitted between December 1 and December 30 of each year must report products produced from June 1 through November 30.

6.17.3.2 Each semiannual report must identify all sterile and non-sterile drugs compounded at the outsourcing facility during the previous six-month period and provide the following information for each compounded drug:

A. The active ingredient and strength of active ingredient per unit.
B. The source of the active ingredient.
C. The 10-digit National Drug Code (NDC) number of the source drug or bulk active ingredient, if available.
D. The dosage form and route of administration.
E. The package description.
F. The number of individual units produced.
G. The 10-digit NDC number of the final product, if assigned.

6.17.3.3 Outsourcing facilities must submit drug product reporting electronically in SPL format. Refer to FDA guidance "Electronic Drug Product Reporting for Human Drug Compounding Outsourcing Facilities Under Section 503B of the Federal Food Drug and Cosmetic Act" for more information about drug product reporting.

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7.0 REVISION HISTORY

Revision No.	Effective Date	Description of Changes
01	AUG 29 2019	Original SOP
02	OCT 02 2019	Section 4.39 SOP No. IPT-006 503B Research and Development Experimental Trial Batches updated to new SOP No. IPH-001 503B Research and Development Experimental Trial Batches. Section 6.9.3.2 SOP No. IPT-006 503B Research and Development Experimental Trial Batches updated to new SOP No. IPH-001 503B Research and Development Experimental Trial Batches. Sections 6.4.4, 6.4.5, and 6.5.3 Removed from SOP, redundancy
03	NOV 27 2019	Section 6.12 Table 6 to Include 9 Month Long Term Testing Interval, and 2 Month Accelerated Testing Interval. Section 6.12.4.4 to change expiration dating to 240 days (8 months), and tentative BUD date to 04/15/20.
04	MAY 12 2020	A note added under Section 6.12.4.2. Section 6.12 Table 6 to replace 9 Month Long Term Testing Interval with 8 Month Long Term Testing Interval.
05	JAN 22 2021	Added References SOPs GN-040 "Handling of 503 Products" and IQA-012 "Retesting of Materials and Products" Minor editorial changes to Purpose, Scope, and Sections 6.1.4, 6.9.2.3, and 6.15.2
06	APR 28 2021	Added References SOP IPH-002 BPI Policy for Essentially Copies of Approved Drug Products. Section 6.9.3.2 changed to discuss use of new SOP IPH-002. Section numbering is modified to reflect this change.
07	MAY 06 2021	1. Add 21 CFR Part 310 – New Drugs, Subpart D – Records and Reports, Section 310.305 in the Reference section. 2. Section 6.8.2 updated to reflect FDA establishment registration for APIs. 3. Revise SOP Section 6.16 to clarify the reporting and handling of ADEs according to 21 CFR Part 310.305.
08	AUG 3 1 2021	Clarify Section 6.12.4.4 in regards to BUD calculation and stability test intervals for long term in case of 360 days BUD interval.

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	Category: BPI SOP Title: IGN-033 Handling of 503B Products		
Version 01	**State** Effective	**Effective Date** 29-MAR-2023	**Document ID** 834697

REVISION HISTORY

Version 01 Effective on 29-Mar-2023
Initial Migration

DOCUMENT ELECTRONIC SIGNATURES

DOCUMENT APPROVAL WORKFLOW

Author Approval

ZenQMS System

This document was an already EFFECTIVE document that was migrated from legacy systems on this date.
Signed 10:52:44 PM UTC 03-Apr-2023

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IGN-028	CLEANING OF PROCESSING AND NON-PROCESSING ROOMS	08

Prepared By / Date	Reviewed By / Date	QA Approved By / Date	Effective Date
PMK 01/20/23	01/22/23	M. Salazar 01/23/23	JAN 27 2023
Title: Manager.	Title: COO	Title: CQCO	Change Control No. I-23027

1.0 PURPOSE

The purpose of this SOP is to describe procedures for cleaning of the manufacturing processing and non-processing rooms, including cleanroom support areas, laboratories, warehouse, and utility areas.

2.0 SCOPE

This procedure is applicable for the cleaning of processing areas (such as samples, formulations, and filling), non-processing areas (such as utility areas, non-cleanroom corridors, laboratories, warehouse, and change rooms), and cleanroom support areas (such as cleanroom corridors, clean equipment room, and cleaning supplies room) located in BPI Labs.

3.0 RESPONSIBILITY

It is the responsibility of the Production Cleaner to follow this procedure and it is the responsibility of the Production / Laboratory Manager or designee to implement and monitor the procedure.

4.0 REFERENCES

4.1 21 CFR Part 211.42 Design and Construction Features

4.2 21 CFR Part 211.56 Sanitation

4.3 USP <1072> Disinfectants and Antiseptics

4.4 USFDA Guidance for Industry Sterile Drug Products Produced by Aseptic Processing - Current Good Manufacturing Practice

4.5 PDA Technical Report 70 Fundamentals of Cleaning and Disinfection Programs for Aseptic Manufacturing Facilities

4.6 SOP IGN-027 Preparation of Cleaning Agents, Detergents, and Disinfectants Used in Manufacturing

4.7 EOL I-003 Miscellaneous List

5.0 ATTACHMENTS

Not Applicable.

6.0 PROCEDURE

6.1 General Requirement:

6.1.1 When performing cleaning, ensure hazardous energy sources are tagged and locked out.

6.1.2 Review the applicable SDS for handling, instructions, personal protective equipment requirements, and disposal instructions for any chemicals and materials involved in this process.

6.1.3 Use gloves, masks, and safety goggles / face shields while cleaning.

NOTE: After shut-down activities, all rooms must be cleaned as per procedure mentioned in Weekly Cleaning (steps 6.3.9) before being utilized.

6.1.4 All areas under the scope of this SOP are listed in Table 1 below.

Table 1: Processing, Non-Processing, and Cleanroom Support Areas

Processing Areas	Non-Processing Areas
Filling Rooms (Rooms 312 and 317)	Non-Cleanroom Corridors (Corridors 201, 207, and 409)
Formulation Rooms (Rooms 311 and 316)	Change Rooms / Lockers (Rooms 202 and 203)
Autoclave Load (Room 313)	Quality Control Laboratory (Rooms 103, 104, and 107)
Autoclave Unload (Room 319)	Microbiology Laboratory (Room 205)
Tank WIP Room (Room 315)	MLT Laboratory (Room 211)
Samples Rooms (Rooms 308 and 308A)	Warehouse (Shipping and Receiving) (Rooms 408 and 411)
Sterility Isolator Room (Room 210)	Utility Area / Boiler Room (Rooms 403 and 404)
Cleanroom Support Areas	Tech Space (Room 208)
Cleanroom Corridors (Corridors 310 and 301)	Vestibule (Room 101)
Personnel Gowning Airlock (Room 304)	Restrooms (Rooms 105 and 106)
Personnel De-Gowning Airlock (Room 303)	Inspection and Packaging Rooms (Rooms 405 and 407)
Material Airlocks (Rooms 305, 306, and 309)	Labeling and Packaging Room (Room 412)
Clean Equipment Room (Room 318)	
Component Preparation Room (Room 314)	
Cleaning Supplies Room (Room 302)	
Anteroom (Room 204)	
Airlocks (Rooms 307 and 209)	

6.1.5 Types of Areas:

6.1.5.1 Processing Areas include rooms in cleanroom area that may be used for Production.

6.1.5.2 Cleanroom Support Areas include rooms and corridors that are within cleanroom area but where a Production process would not occur.

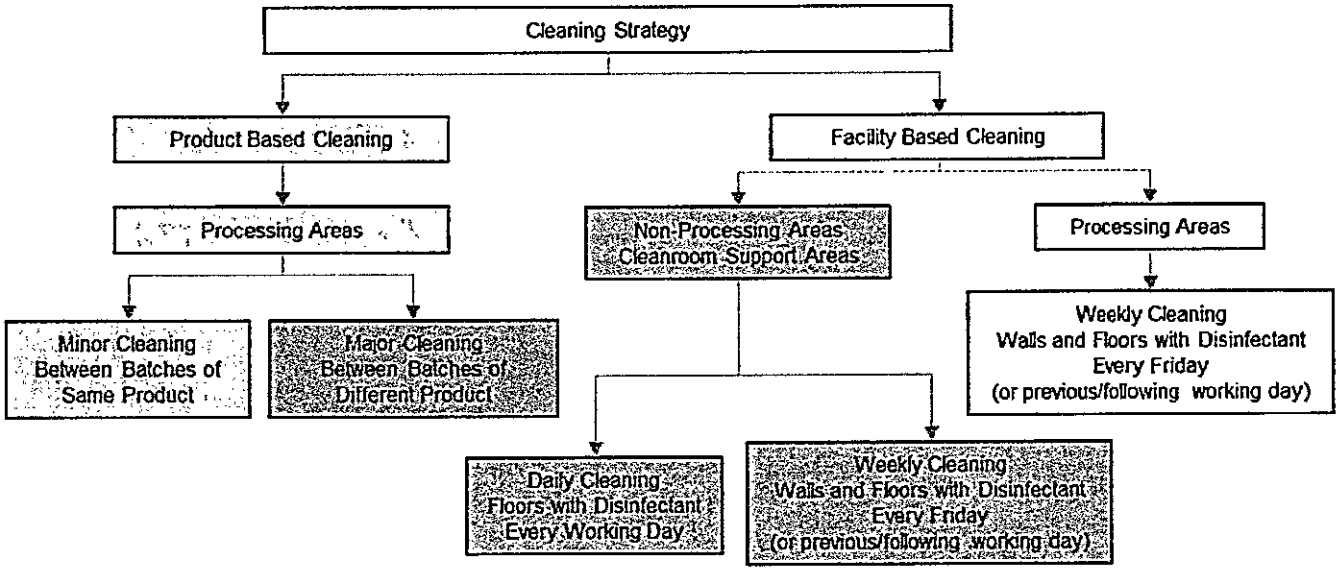
6.1.5.3 Non-Processing Areas are rooms and corridors outside the cleanroom area, and where open product would not be exposed.

A. Inspection and Packaging Rooms and Labeling and Packaging Room are areas outside the cleanroom where Finished Product is processed, but always in a sterile, sealed state. As there is no open product, routine Facility Based Cleaning is

performed as per Table 4 and Product Based Cleaning is performed as per Step 6.2.5.

6.1.6 BPI's cleaning strategy is designed considering cross contamination and microbial bioburden. Product Based Cleaning revolves around manufacturing areas and reducing the risk of contamination of the product. Facility Based Cleaning involves areas of all classifications and ensuring there is no introduction of microbial contaminants from lower to higher classified areas. See Figure 1 below.

Figure 1: Cleaning Strategy Flow



6.1.7 Cleaning Strategy:

6.1.7.1 Mops and cleaning supplies used in Non-Processing Areas will NOT be used in Processing Areas or Cleanroom Support Areas, however the same mops and cleaning supplies can be used between Processing Areas and Cleanroom Support Areas. Ensure mops and cleaning supplies are labeled accordingly.

6.1.7.2 Ensure the correct cleaning supplies are used for their respective area by reviewing the labels before the start of cleaning.

6.1.7.3 Production Cleaner should refer to the cleaning schedule posted in accessible areas for use of the appropriate disinfectant as per rotation.

6.1.7.4 To ensure water ports and transfer equipment are not incidentally contaminated, care should be taken when collecting WFI or Purified Water for cleaning.

A. If a hose or pipe is needed to transfer water, ensure it is securely connected to the water port without leaks. Do not touch the water port directly with bare hands as this may contaminate the water port.
B. Before collecting or using water for cleaning, direct the hose to a drain and flush for NLT 1 minute.
C. Collect water or use for cleaning, then close the water port valve tightly to avoid leaks.

D. Remove the water hose and place it in a designated area to air dry. Ensure the hose is placed in a position that will drain any residual water.

6.1.7.5 Prepare disinfectants as per SOP IGN-027. Document the amount of disinfectant used in the appropriate Preparation of Disinfectant Dilutions Logbook.

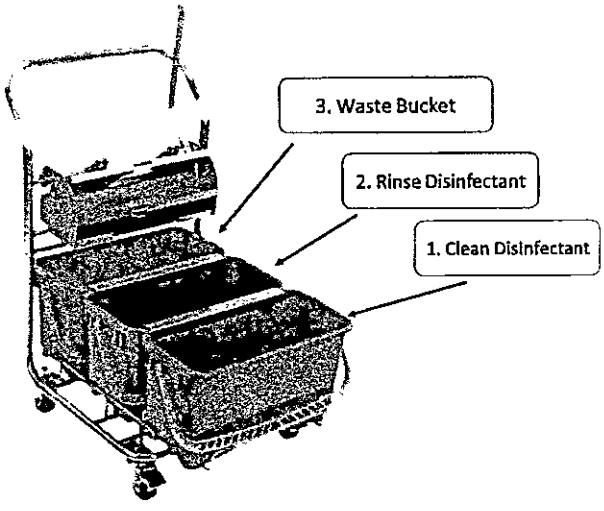
6.1.7.6 Production Cleaner should refer to the approved Facility Based Cleaning Flows for Cleanrooms as a guide to which rooms should be cleaned for Daily and Weekly cleaning, as well as provide direction where cleaning should begin and end.

NOTE: Cleaning Flows are only a recommendation. When a specific room cannot be cleaned per the approved flow, due to unavoidable circumstances, cleaning can proceed in the following available room, as needed.

6.1.7.7 The "Three Bucket System" works as follows: first bucket contains a clean disinfectant (or WFI/PW as applicable), second bucket contains a rinse disinfectant and is used to rinse the cleaning agent (or WFI/PW as applicable) from dirty mop, and third bucket is a waste bucket used to wring the mop. See Figure 2.

6.1.7.8 The flow for the "Three Bucket System" is as follows: dip mop into clean disinfectant, then wring mop into waste bucket to remove excess liquid and begin mopping. After mopping, insert mop into rinse bucket to remove dirty liquid, then wring mop to remove excess liquid. Repeat process until cleaning is finished.

Figure 2: Three Bucket System



6.1.7.9 Cleaning should be performed from the highest surface point to the lowest surface point (i.e., walls, equipment, and then floors, in sequential order), as well as, from the furthest surface point to the closest surface point (i.e., farthest corner of the room towards the exit that will be used to leave the room).

6.1.7.10 Cleaning should be performed uniformly in single overlapping strokes, ensuring all areas are reached by the mop without going over a single area multiple times.

6.2 Product Based Cleaning:

6.2.1 Product Based Cleaning is applicable to Process Equipment and Processing Rooms to avoid cross contamination majorly. It is separated as Minor Cleaning and Major Cleaning, and they are performed between batches.

NOTE: Whenever cleaning a processing room along with multiple equipment located in the same room, open each related logbook (i.e., equipment and room) and document the type of cleaning (i.e., major cleaning / minor cleaning) under the "Description" column. Whenever the cleaning of each specific equipment is initiated, log such information in the respective logbook using only the "Start Date" and "Start Time" columns. Additionally, whenever the cleaning of each equipment is completed, document such information in the respective logbook using only the "Finish Date" and "Finish Time". Finally, the room should be cleaned last and the corresponding entries in the logbook related to the initiation and completion of the cleaning process need to be documented accordingly whenever the operation is started and completed. In case of cleanroom supporting areas, enter cleaning details in one single logbook.

6.2.2 Before starting minor or major cleaning, put a check mark against the appropriate box on status label of the room, as applicable.

6.2.3 Minor Cleaning:

6.2.3.1 Minor cleaning is performed between batches of the same product type.

6.2.3.2 Ensure all evidence of the previous batch, including the batch record, all containers produced, and all raw materials, is cleared from the room. Ensure debris is removed off floor, and trash is removed from room.

6.2.3.3 Equipment should be cleaned per respective equipment cleaning SOP.

6.2.3.4 Using sterile 70% IPA, wipe down scales, tables, carts, windows, and doors.

6.2.3.5 Mop the floors using a mop wetted in WFI/PW following the "Three Bucket System" method and allow to dry.

6.2.3.6 After cleaning, sign the Cleaning, Use, and Maintenance Logbook for minor cleaning. Call the supervisor or designee to verify the cleaning.

6.2.3.7 Place a "CLEAN" label on the door with cleaning details.

6.2.3.8 Discard leftover cleaning agents through the drains in the Component Preparation Room, or designated areas. Clean buckets thoroughly with Purified Water after use.

6.2.4 Major Cleaning:

6.2.4.1 Major cleaning is performed between batches of different product type.

6.2.4.2 Ensure all evidence of the previous batch, including the batch record, all containers produced, and all raw materials, is cleared from the room. Ensure debris is removed off floor and trash is removed from room.

6.2.4.3 Cover room temperature / relative humidity monitoring probe in polyethylene bag to avoid water spill and physical damage to probe.

6.2.4.4 Equipment should be cleaned per respective equipment cleaning SOP.

NOTE: Never spray WFI/PW directly on opening of exhaust duct, inlet supply grills, electrical fixtures, and light fixtures.

6.2.4.5 Clean ceilings using a mop wetted in WFI/PW following the "Three Bucket System" method.

6.2.4.6 Clean walls and floors, using a mop wetted in WFI/PW following the "Three Bucket System" method and allow to dry.

6.2.4.7 Using sterile 70% IPA, wipe down scales, tables, carts, windows, and doors.

NOTE: While performing the cleaning of the processing rooms, ensure the personnel and material flow are done in a way that avoids any cross contamination (i.e., do not enter the cleaned rooms while cleaning an un-cleaned room).

6.2.4.8 After cleaning, sign the Cleaning, Use, and Maintenance Logbook for major cleaning and call the Supervisor or designee to verify the cleaning.

6.2.4.9 Place a "CLEAN" label on the door with cleaning details.

6.2.4.10 Discard leftover cleaning agents through the drains in the Component Preparation Room. Or designated areas. Clean buckets thoroughly with Purified Water after use.

6.2.5 Product Based cleaning for **Inspection and Packaging Rooms and Labeling and Packaging Room are** different as they are outside the cleanroom area but there is not open product exposed:

6.2.5.1 Minor cleaning is performed between batches of the same product type as below:

A. Ensure all evidence of the previous batch, including the batch record, all containers produced, and all raw materials, is cleared from the room. Ensure debris is removed off floor and trash is removed from room.

B. Equipment should be cleaned per respective equipment cleaning SOP.

C. Using sterile 70% IPA, wipe down scales, tables, carts, windows, and doors. If any debris or spills are present, mop floor using a mop wetted in WFI/PW.

D. After cleaning, sign the Cleaning, Use, and Maintenance Logbook for minor cleaning. Call the supervisor or designee to verify the cleaning.

E. Place a "CLEAN" label on the door with cleaning details.

F. Discard leftover cleaning agents through the drains in the Utilities Area, or designated areas. Clean buckets thoroughly with Purified Water after use.

6.2.5.2 Major cleaning is performed between batches of different product as below:

A. Ensure all evidence of the previous batch, including the batch record, all containers produced, and all raw materials, is cleared from the room. Ensure debris is removed off floor and trash is removed from room.

B. Equipment should be cleaned per respective equipment cleaning SOP.

C. Using sterile 70% IPA, wipe down scales, tables, carts, windows, and doors.
D. Clean floors, using a mop wetted in WFI/PW and allow to dry.
E. After cleaning, sign the Cleaning, Use, and Maintenance Logbook for major cleaning. Call the supervisor or designee to verify the cleaning.
F. Place a "CLEAN" label on the door with cleaning details.
G. Discard leftover cleaning agents through the drains in the Utilities Area, or designated areas. Clean buckets thoroughly with Purified Water after use.

6.3 Facility Based Cleaning:

6.3.1 Facility Based Cleaning is applicable to Processing Areas only when production is inactive. If Production is active, cleaning may be performed in rooms that are not in use and areas that are in use must been cleaned whenever the activity is done. When production is active, refer to Product Based Cleaning as per section 6.2.

NOTE: Production cleaner should not enter a room with cleaning utensils where production process is occurring.

6.3.2 The different types of cleanings are detailed in Table 2. Types of Cleanings are defined by the frequency of the specific procedure required.

Table 2: Types of Cleanings

Type of Cleaning	Identification	Main Surfaces	When Required
Daily	D	Floors	Every scheduled working day with Decon-Phene or Decon-Quat
Weekly	W	Ceilings, Walls, and Floors	Every Friday, or next working day if it is a holiday/not scheduled with Decon-Phene, Decon-Quat, or Decon-Spore

NOTE: Cleaning types should not overlap (i,e. Daily cleaning and Weekly cleaning should not be performed on the same day).

6.3.3 Daily Cleaning is performed only in Non-Processing Areas and Cleanroom Support Areas (Refer to Table 1) using a disinfectant. Daily Cleaning is not performed in Processing Areas.

6.3.4 Weekly cleaning is performed in Processing Areas, Non-Processing Areas, and Cleanroom Support Areas, using disinfectants and sporicidal agents to reduce microbial bioburden majorly.

6.3.5 Weekly Cleaning supersedes Product Based Major cleaning and can be documented as equals when releasing a room for production.

6.3.6 Disinfectant Type use is determined by the disinfectant rotation as per SOP IGN-027 and approved rotation schedule posted in accessible areas. Table 3 shows an example of four-week period of Disinfectant Rotation.

Table 3: Example of Disinfectant Rotation

M	T	W	T	F
Decon-Phene Daily Cleaning	Decon-Phene Daily Cleaning	Decon-Phene Daily Cleaning	Decon-Phene Daily Cleaning	Decon-Phene Weekly Cleaning
M	T	W	T	F
Decon-Phene Daily Cleaning	Decon-Phene Daily Cleaning	Decon-Phene Daily Cleaning	Decon-Phene Daily Cleaning	Decon-Spore Weekly Cleaning
M	T	W	T	F
Decon-Quat Daily Cleaning	Decon-Quat Daily Cleaning	Decon-Quat Daily Cleaning	Decon-Quat Daily Cleaning	Decon-Quat Weekly Cleaning

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M	T	W	T	F
Decon-Quat Daily Cleaning	Decon-Quat Daily Cleaning	Decon-Quat Daily Cleaning	Decon-Quat Daily Cleaning	Decon-Spore Weekly Cleaning

6.3.7 Non-Processing Areas, Cleanroom Support Areas, and Processing Areas are cleaned as per the schedule in Table 4.

Table 4: Non-Processing Areas, Cleanroom Support Areas, and Processing Areas Routine Schedule

Cleaning Agents	Sterile 70% IPA	Decon-Phene or Decon-Quat	Decon-Spore	WFI
Surfaces	**Windows, Handles, Doors**	**Floors**		**Ceilings**
Non-Processing Areas				
Non-Cleanroom Corridors	D, W	D, W	W	N/A
Change Rooms / Lockers	D, W	D, W	W	N/A
Microbiology Laboratory	D, W	D, W	W	N/A
MLT Laboratory	D, W	D, W	W	N/A
Quality Control Laboratory	D, W	D, W	W	N/A
Vestibule	D, W	D, W	W	N/A
Restrooms	D, W	D, W	W	N/A
R & D Laboratory	W	W	W	N/A
Warehouses (Shipping and Receiving)	W	W	W	N/A
Inspection and Packaging	W	W	W	N/A
Labeling and Packaging	W	W	W	N/A
Tech Space	N/A	W	W	N/A
Utility Area / Boiler Room	N/A	W	W	N/A
Surfaces	**Windows, Handles, Doors**	**Walls and Floors**		**Ceilings**
Cleanroom Support Areas				
Cleanroom Corridors	D, W	D, W	W	W
Personnel Gowning and De-Gowning Rooms	D, W	D, W	W	W
Material Airlocks	D, W	D, W	W	W
Component Preparation Room	D, W	D, W	W	W
Clean Equipment Room	D, W	D, W	W	W
Cleaning Supplies Room	D, W	D, W	W	W
Processing Areas				
Filling Rooms	W	W	W	W
Formulation Rooms	W	W	W	W
Autoclave Load	W	W	W	W
Autoclave Unload	W	W	W	W
Samples Rooms	W	W	W	W
Sterility Room	W	W	W	W
Tank WIP Room	W	W	W	W

NOTE: Certain rooms may have different cleaning frequencies than what is stated in Steps 6.3.8 and 6.3.9. Always follow what is specified in Table 4 as a default.

6.3.8 Daily Cleaning:

6.3.8.1 Daily cleaning is performed every scheduled working day in Non-Processing Areas and Cleanroom Support Areas, with exceptions, as listed in Table 4.

6.3.8.2 Prior to cleaning, sweep away dust and debris, and dust-off surfaces as needed.

6.3.8.3 Prepare appropriate cleaning solution and document the amount of disinfectant used in the Preparation of Disinfectant Dilutions Logbook.

NOTE: Cleanroom Cleaning should begin in the highest classified areas (i.e., filling rooms, formulations room) and should end in the least classified areas (i.e., corridor 301, anteroom), as possible. However, ensure personnel and material flow are in a way that avoids cross contamination (i.e., do not enter cleaned rooms from an un-cleaned room). Refer to approved Facility Based Cleaning Flows for Cleanrooms.

6.3.8.4 Using sterile 70% IPA, wipe down windows, handles, and doors. Also wipe any chairs, tables, phones, racks, carts, etc., when applicable.

6.3.8.5 Mop the floors using a mop wetted in disinfectant solution (refer to EOL I-003 Miscellaneous List and refer to SOP IGN-027 for preparation of disinfectant solution), following the "Three Bucket System" method, or other bucket system when applicable, and allow a minimum contact time of 10 minutes. Once contact time has been allowed, confirm the action within the Cleaning, Use, and Maintenance Logbook.

6.3.8.6 Mop the floors using a mop wetted in WFI following the "Three Bucket System" method, or other bucket system when applicable, to remove disinfectant residues and allow to dry.

6.3.8.7 After cleaning, sign the Cleaning, Use, and Maintenance Logbook for daily cleaning and call the Supervisor or designee to verify the cleaning.

6.3.8.8 Discard leftover cleaning agents through the drains in the Component Preparation Room, or designated areas. Clean buckets thoroughly with Purified Water after use.

6.3.9 Weekly Cleaning:

6.3.9.1 Weekly cleaning is performed every Friday (or previous/next working day, as necessary) in Non-Processing Areas, Cleanroom Support Areas and Processing Areas, with exceptions, as listed in Table 4 (if Friday is in production, clean upon completion or next working day). In addition to the daily cleaning procedure performed as per section 6.3.8, ceilings and walls are included as part of weekly cleaning.

NOTE: If management is aware the Weekly cleaning cannot be completed for all rooms on Friday, cleaning may be performed Thursday and Friday. If cleaning is started on Friday but cannot be completed, cleaning may be continued on Monday followed by routine schedule starting on Tuesday or the next working day, as required.

6.3.9.2 Prior to cleaning, sweep away dust and debris, and dust-off surfaces as needed.

6.3.9.3 Prepare appropriate cleaning solution and document the amount of disinfectant used in the Preparation of Disinfectant Dilutions Logbook.

NOTE: Cleanroom Cleaning should begin in the highest classified areas (i.e., filling rooms, formulations room) and should end in the least classified areas (i.e., corridor 301, anteroom), as possible. However, ensure personnel and material flow are in a way that avoids cross contamination (i.e., do not enter cleaned rooms from an un-cleaned room). Refer to approved Facility Based Cleaning Flows for Cleanrooms.

6.3.9.4 Clean ceilings using a mop wetted in WFI following the "Three Bucket System" method.

6.3.9.5 Clean the walls using a mop wetted in disinfectant solution (refer to EOL I-003 Miscellaneous List and refer to SOP IGN-027 for preparation of disinfectant solution), following the "Three Bucket System" method, or other bucket system when applicable, and allow a minimum contact time of 10 minutes.

6.3.9.6 Mop walls using a mop wetted in WFI following the "Three Bucket System" method, or other bucket system when applicable, to remove disinfectant residues and allow to dry.

6.3.9.7 Using sterile 70% IPA, wipe down windows, handles, and doors. Also wipe any chairs, tables, phones, racks, carts, etc., when applicable.

6.3.9.8 Mop the floors using a mop wetted in disinfectant solution (refer to EOL I-003 Miscellaneous List and refer to SOP IGN-027 for preparation of disinfectant solution), following the "Three Bucket System" method, or other bucket system when applicable, and allow a minimum contact time of 10 minutes. Once contact time has been allowed, confirm the action within the Cleaning, Use, and Maintenance Logbook.

6.3.9.9 If any Pass box present in room, clean as per section 6.5.

6.3.9.10 Mop the floors using a mop wetted in WFI following the "Three Bucket System" method, or other bucket system when applicable, to remove disinfectant residues and allow to dry.

6.3.9.11 After cleaning, sign the Cleaning, Use, and Maintenance Logbook for weekly cleaning and call the Supervisor or designee to verify the cleaning.

6.3.9.12 Place "CLEAN" label on the door if cleaning in a Processing Area. Do not place labels in Non-Processing Areas and Cleanroom Support Areas.

NOTE: Label Inspection and Packaging Room and Labeling & Packaging Room after all cleanings.

6.3.9.13 Discard leftover cleaning agents through the drains in the Component Preparation Room. Clean buckets thoroughly with Purified Water after use.

6.4 Return all cleaning products, mops, and pails to the cleaning supplies area after cleaning and sanitizing.

6.4.1 Clean buckets and pails thoroughly inside and out until no visible residue is observed, using Purified Water in the Component Preparation Room, or designated areas. Invert items to allow removal of excess water and wipe with a lint free cloth.

6.4.2 Mop heads should be discarded daily. Discard and replace mop head if it becomes visibly dirty at any point.

6.4.3 Wipe "Three Bucket System" cart with sterile 70% IPA prior to replacing buckets on it.

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6.5 Cleaning of Production Passbox:

6.5.1 If any room within Production contains a Pass box for material transfer between two classified rooms or between a classified room and an unclassified room, cleaning for this Pass box is required to be performed on a Weekly Basis.

6.5.1.1 Prior to cleaning, dust-off surfaces as needed.

6.5.1.2 Wipe down interior and exterior surfaces from top to bottom using sterile 70% IPA and a lint free cloth.

7.0 REVISION HISTORY

Revision No.	Effective Date	Description of Changes
01	AUG 29 2018	Original SOP
02	FEB 12 2019	1. Include Room numbers in Table 1 for further description 2. Remove 6.1.8 and 6.1.9 as 6.1.10 covers the same information to advise user that different areas have different supplies that should not be mixed and should be labeled appropriately to prevent that 3. Edit sections 6.2.3.7, 6.2.4.10, 6.3.6.7, and 6.3.7.10 to update the location of where buckets are cleaned as utensils for processing areas should not be taken to non-processing areas. 4. Include disinfectant types in Table 2 5. Edit Tables 3 and 4 for clarification that walls and floors use disinfectant and processing areas should include windows, handles, and doors 6. Note included under section 6.3.7 to address the procedure if weekly cleaning cannot be completed solely on Friday 7. Update section 6.4.1 and 6.4.3 to include the cleaning of buckets in wash room as utensils for processing areas should not be taken to non-processing areas and wipe Three Bucket system cart with 70% IPA 8. Rearrange steps 6.2.4.3 and 6.3.7.3 so that ceilings and walls are cleaned prior to wiping windows with IPA as water streaks from walls may fall on the windows 9. Include section 6.1.10 and 6.1.11 to mention cleaning schedule that will be posted and documenting disinfectant dilution in appropriate logbook. 10. Include wiping of carts, rack, phones, and other items inside rooms, when applicable in sections 6.3.6.3 and 6.3.7.6.
03	SEP 23 2019	1. Table 1 updated to ensure all missing rooms are included. 2. Clarify types of areas in step 6.1.5. 3. Figure 1 updated to better explain room cleaning flow. 4. Step 6.1.7 included for general cleaning strategies. 5. Include Step 6.2.5 to detail cleaning for Visual Inspection and Labeling/Packaging Room as they are outside cleanroom but still used for process. 6. Clarify step 6.3.1 to clarify cleaning may be performed in unused rooms when production is active. 7. Include Step 6.3.5 to specify the Weekly Cleaning supersedes Major cleaning. 8. Table 2 was updated to remove Bi-weekly cleaning as a type of cleaning since it is the same as Weekly procedure wise. Disinfectant rotation is the only difference which is explained in step 6.3.2. Bi-weekly cleaning removed from entire SOP. 9. Note under Table 2 added to clarify that Daily cleaning and Weekly cleaning procedures should not occur on the same day. 10. Table 3 was added to show example of disinfectant rotation. 11. Table 4 updated to include missing rooms and update cleaning frequencies for all rooms. Previous table 3 and 4 were combined to form Table 4.
04	DEC 02 2020	1. Include instruction in steps 6.3.8.5 and 6.3.9.5 about confirming contact time in Cleaning, Use, and Maintenance Logbook.
05	MAR 09 2021	1. Include Step 6.1.7.5 and Note under it to include use of Facility Based Cleaning Flows for Cleanrooms. 2. Revise Notes under steps 6.3.8.3 and 6.3.9.3 to ensure cleaning personnel is aware of flow of cleaning, and also referring to the new approved cleaning flows which will further explain the proper flow.

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Revision No.	Effective Date	Description of Changes
06	AUG 23 2022	1. Include procedure for cleaning of a Passbox. 2. Update weekly cleaning procedure to reflect proper flow and include Passbox cleaning, when applicable.
07	SEP 08 2022	1. Included Step 6.1.7.4 for collection/use of WFI or Purified Water for cleaning. 2. Removed the mention of R&D Labs 406 and 407 following facility modifications. 3. Updated the wording of Visual Inspection Room to Inspection and Packaging Rooms.
08	JAN 2 7 2023	1. Note under Step 6.2.1 is extended to explain the cleaning activities for Clean Room Supporting areas.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200 Maitland, FL 32751 (407)475-4700 Fax:(407)475-4768 ORAPHARM2_RESPONSES@fda.hhs.gov	4/19/2021-4/30/2021* FEI NUMBER 3015156709

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Jugal K. Taneja, Managing Member

FIRM NAME	STREET ADDRESS
BPI Labs LLC	12393 Belcher Rd S Ste 450
CITY, STATE, ZIP CODE, COUNTRY Largo, FL 33773-3097	TYPE ESTABLISHMENT INSPECTED Sterile Drug Manufacturer and 503B Outsourcing Facility

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:
Pre-Approval, NDA #205029 Supplement 10: Epinephrine, USP Pre-Filled Syringes 1mg/mL

OBSERVATION 1

Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.

Specifically, during inspection, it was observed that the equipment "Groinger Plunger Rod and Labelling Machine type SMKE with de-nester" intended for labeling the pre-filled epinephrine syringes referenced in your NDA application has not been installed and qualified for use.

OBSERVATION 2

Potential suppliers were not evaluated and selected based on their ability to meet specified requirements.

Specifically, your firm was not evaluating suppliers based upon their ability to meet requirements established in your *Vendor Management System* procedure (SOP IGN-034) and *Purchasing System* procedure (SOP IPC-001). Your firm's initial qualification (signed 02/26/2019) of your supplier of sterile 1 mL syringes indicates that a "review of collected data shows that the company has a vigorous quality system and capable of meeting customer expectations," but the approved supplier did not provide the information required per your firm's procedures and the questionnaire provided. For example, the initial *Questionnaire for Customers* provided by your supplier as a self-audit indicated that their Site Master File, manufacturing equipment, site maps and

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Saundrea A Munroe, Investigator Emma R Schaefer, Investigator Jessica L Pressley, Investigator	X Saundrea A Munroe Investigator Signed By: Saundrea A Munroe - S Date Signed: 04-30-2021 10:43:20 4/30/21	4/30/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200 Maitland, FL 32751 (407)475-4700 Fax:(407)475-4768 ORAPHARM2_RESPONSES@fda.hhs.gov	4/19/2021-4/30/2021* FEI NUMBER 3015156709

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Jugal K. Taneja, Managing Member	
FIRM NAME BPI Labs LLC	STREET ADDRESS 12393 Belcher Rd S Ste 450
CITY, STATE, ZIP CODE, COUNTRY Largo, FL 33773-3097	TYPE ESTABLISHMENT INSPECTED Sterile Drug Manufacturer and 503B Outsourcing Facility

drawings, an explanation of how product is protected from the manufacturing environment, deviation handling procedures, previous deviations and OOS syringes, and an explanation of rejected batches of syringes within the last year were not provided. The supplier indicated that this information could be provided at the next on-site audit. There has not been an on-site audit conducted since this initial qualification nor is one scheduled by the firm. Additionally, this self-assessment indicated that the supplier has not been inspected by a regulating body and doesn't confirm the supplier's understanding of FDA's regulations, which is a requirement of the firm's *Purchasing System* procedure.

OBSERVATION 3

Risk analysis is inadequate.

Specifically, your firm's risk analysis conducted as part of the *Combination Product Compliance 21 CFR Part 4 Drug and Device Constituent Parts* document you identified as the design history file for your firm's 1 mL epinephrine syringe does not adequately identify the hazards, estimated risks, and mitigations associated with the use of your finished combination product.

For example, your firm identifies the glass syringe and rubber plunger components of your finished 1 mL epinephrine syringe as high risk for particulate matter, bacterial endotoxin, and lack of sterility in the *Product Development Report for Epinephrine Injection, USP 1 mG/mL* under section 2.1.3. In your firm's design history file your risk analysis conducted for the finished 1 mL epinephrine syringe device does not evaluate the risk levels for the eight risks identified by your firm. Additionally, one of the mitigations listed for risk of particulates is "incoming materials controls". Your firm's supplier control's do not adequately evaluate your supplier's capabilities of meeting the supplier requirements established by your firm, including technical and regulatory requirements. Your firm's supplier of syringes for this combination product was not subject to a quality

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Saundrea A Munroe, Investigator Emma R Schaefer, Investigator Jessica L Pressley, Investigator	X	4/30/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
555 Winderley Place, Suite 200 Maitland, FL 32751 (407)475-4700 Fax:(407)475-4768 ORAPHARM2_RESPONSES@fda.hhs.gov	4/19/2021-4/30/2021* FEI NUMBER 3015156709

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Jugal K. Taneja, Managing Member	
FIRM NAME BPI Labs LLC	STREET ADDRESS 12393 Belcher Rd S Ste 450
CITY, STATE, ZIP CODE, COUNTRY Largo, FL 33773-3097	TYPE ESTABLISHMENT INSPECTED Sterile Drug Manufacturer and 503B Outsourcing Facility

agreement and did not provide evidence to support their abilities to meet your firm's established supplier requirements during their initial self-audit approved on 02/26/2019.

OBSERVATION 4

Procedures for design transfer have not been adequately established.

Specifically, your firm's design history file for your 1 mL epinephrine syringe combination product did not contain a documented design transfer that supported the device's design was correctly translated into production specifications. Under design transfer your firm documented "there is no transfer involved."

OBSERVATION 5

The type and extent of control to be exercised over the product and suppliers was not clearly defined.

Specifically, your firm did not establish a quality agreement with your supplier that defined the type and extent of control to be exercised over the sterile 1 mL syringe that is a component of your firm's sterile 1 mL epinephrine syringe combination product until 04/22/2021. This is required per SOP IGN-034 Section 6.3.6 upon vendor approval. Your firm's supplier of sterile 1 mL syringes was approved on 02/26/2019.

*DATES OF INSPECTION

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4/19/2021(Mon), 4/20/2021(Tue), 4/21/2021(Wed), 4/22/2021(Thu), 4/23/2021(Fri), 4/26/2021(Mon), 4/27/2021(Tue), 4/28/2021(Wed), 4/30/2021(Fri)

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Annotations to Observations

Observation 1: Not annotated

Observation 2: Not annotated

Observation 3: Not annotated

Observation 4: Not annotated

Observation 5: Not annotated

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	Saundrea A Munroe, Investigator Emma R Schaefer, Investigator Jessica L Pressley, Investigator	X 4/30/21	4/30/2021

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

bpi Labs

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May 21, 2021

Monica R. Maxwell
Program Division Director
Office of Pharmaceutical Quality Operations (OPQO), Division II
Food and Drug Administration
ORAPharm2_responses@fda.hhs.gov

Subject: Response to FDA Inspectional Observations from 04/19/2021 to 04/30/2021

Dear Madam,

This correspondence is in response to the 04/19/2021 through 04/30/2021 pre-approval inspection of NDA # 205029 Supplement # 9: Epinephrine Injection, USP 10 mg / 10 mL (10 mL Vial) and NDA # 205029 Supplement # 10: Epinephrine Injection, USP 1 mg / mL (1 mL Syringe) to be manufactured commercially by BPI Labs, LLC, at 12393 Belcher Road, Suite # 450, Largo, FL 33773 (FEI Number 3015156709), upon FDA approval.

This communication is in response to the Form FDA 483 Inspectional Observations issued to BPI Labs, LLC ("BPI") specific to its NDA # 205029 Supplement # 10: Epinephrine Injection, USP 1 mg / mL (1 mL Syringe) by FDA Investigators Ms. Saundrea A Munroe and Ms. Emma R Schaefer (collectively, referred to as the "Investigators").

BPI would like to bring to your attention that no FDA 483 observations were issued to NDA # 205029 Supplement # 9: Epinephrine Injection, USP 10 mg / 10 mL (10 mL Vial) at the end of the inspection. Investigators mentioned during the close out meeting that this drug product was going to be recommended for approval. BPI respectfully requests FDA to facilitate the approval of the NDA # 205029 Supplement # 9: Epinephrine Injection, USP 10 mg / 10 mL (10 mL Vial) in order to commence the commercial manufacturing as soon as possible.

In addition, BPI would like to acknowledge that no FDA 483 observations were issued during the 503B outsourcing facility inspection that occurred simultaneously with the pre-approval inspection. The 503B outsourcing facility inspection was conducted by FDA Investigator Ms. Jessica L Pressley.

In regard to the Form FDA 483 Inspectional Observations issued to BPI specifically to its NDA # 205029 Supplement # 10: Epinephrine Injection, USP 1 mg / mL (1 mL Syringe), BPI accepts the Investigators' observations and commits to address the issue expeditiously. BPI believes it has taken and commits to continue to take any and all necessary measures to ensure its customers

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well-being and safety. Enclosed please find an attachment that addresses BPI's responses to the FDA Investigators' observations on an individual and systemic basis.

Our corrective action plan will address all issues effectively and comply with Current Good Manufacturing Practices (cGMP) Regulations (Title 21, Code of Federal Regulations, Parts 210, 211, and 4).

BPI would like to inform the Agency that all corrective actions taken have been completed, as can be evidenced from our responses enclosed with this letter, except Observation 1.

BPI expects to complete the qualification of the intended equipment, TechLine Horizontal Roller Syringe Wrap Labeling System Machine, to be used in commercial labeling of NDA # 205029 Supplement # 10: Epinephrine Injection, USP 1 mg / mL (1 mL Syringe) and submit the executed qualification protocols and associated final report to FDA on or before 09/30/2021.

BPI's action plan for Observation 1 includes the specifics of its actions along with targeted timelines. We will closely monitor the implementation of the plan and will provide your Office with updates along with evidence of implementation. Should we change any of our commitments, we will provide you with our reasons and supporting documentation.

Henceforth, upon receipt of BPI's final response related to this FDA 483 observation, BPI respectively requests that the Agency accepts the submitted executed qualification documentation of the TechLine Horizontal Roller Syringe Wrap Labeling System Machine in lieu of a second separate visit to our facility to inspect the qualification exercise of the mentioned machine onsite. Instead, the Agency would be more than welcome to inspect such documentation at our facility at any convenient time, i.e., next BPI cGMP inspection or pre-approval inspection associated with BPI other filed NDAs or ANDAs.

Accordingly, we would like to request a review of our response and action plan at your earliest convenience.

Finally, as per Investigators' request during the close out meeting, BPI is also enclosing along with this response the information related to non-conformance NCR No. I-21004 associated to the sanitization of the Purified Water System.

Please feel free to contact me at (727) 471 0850 Extension 200 if you have any questions or concerns with our responses.

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Cordially,

M. Salazar

Mauricio Salazar
Chief Quality & Compliance Officer
BPI Labs, LLC
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bpiLabs **RESPONSE TO THE FORM 483 OBSERVATIONS ISSUED BY FDA FROM THE INSPECTION OF 04/19/2021 TO 04/30/2021 (FEI NUMBER 3015156709)**

PRE-APPROVAL, NDA # 205029 SUPPLEMENT 10: EPINEPHRINE, USP PRE-FILLED SYRINGES 1 MG/ML

OBSERVATION 1:

Equipment used in the manufacture, processing, packing or holding of drug products is not of appropriate design to facilitate operations for its intended use.

Specifically, during inspection, it was observed that the equipment "Groinger Plunger Rod and Labelling Machine type SMKE with de-nester" intended for labeling the pre-filled epinephrine syringes referenced in your NDA application has not been installed and qualified for use.

BPI'S RESPONSE TO OBSERVATION 1:

BPI acknowledges and accepts the investigator's observation.

BPI's application NDA # 205029 Supplement 10 for Epinephrine, USP Pre-Filled Syringes 1 mg/mL submitted to FDA on 03/19/21 included the current installed and qualified labeling machine, i.e., Labeler (Model #: Q105 Stepper), referenced via SOP IPK-004 "Handling of the Labeler (Model # Q105 Stepper)", as part of the proposed intended commercial Labeling Master No.: PK-I117-0-10 "Master Batch Packaging Record – Labeling Instructions" document for this product (refer to Exhibit – 1.1).

In regards to the observation noted by the FDA, BPI would like to clarify the situation encountered with the Q105 Stepper labeling machine, included in the Supplement information given to FDA as part of the submission, and the "Groinger Plunger Rod and Labelling Machine type SMKE with de-nester" (hereinafter referred to as "Groninger labeling machine") as discussed with the FDA investigators during this inspection.

BPI's initial intention was to utilize the Q105 Stepper labeling machine for the labeling of the pre-filled epinephrine syringes as it was expected to be suitable for both vials and syringes configurations. However, further technical and operational assessment of the Q105 Stepper labeling machine along with discussion with the equipment manufacturer revealed that this equipment will not be the most ideal labeling machine to be used for the pre-filled syringes. This finding identified the need to re-evaluate the need to purchase and commission the Groninger labeling machine for the labeling operation of the pre-filled epinephrine syringes.

At this time, the available quotation received by BPI for this Groninger labeling machine was shown to the FDA investigators (refer to Exhibit – 1.2) and also the explanation of the technical constraints related to the current installed and qualified Q105 Stepper labeling machine for the

pre-filled syringes was presented during the inspection. BPI confirmed that the Groninger labeling machine had not been purchased, installed, and qualified for use.

After the FDA inspection, BPI contacted the manufacturer of the Groninger labeling machine to inquire about its availability based on the past quotation. Unfortunately, the manufacturer confirmed that due to the COVID-19 pandemic this equipment has very long lead time for delivery.

As a result, BPI searched for alternate suitable labeling machines for the labeling operation of pre-filled syringes. BPI identified the TechLine Horizontal Roller Syringe Wrap Labeling System machine, manufactured by Quadrel Labeling Systems, as adequate for the intended use based on the technical specifications and product design (refer to Exhibit – 1.3 for the quotation provided by this firm).

Quadrel Labeling Systems confirmed that the TechLine labeling machine is expected to be delivered to BPI on or before 08/31/21 (refer to Exhibit – 1.4 for copy of purchase order).

BPI commits to install and qualify the TechLine labeling machine and expects to complete this activity and submit the executed qualification protocols and associated final report to the FDA on or before 09/30/21.

OBSERVATION 2:

Potential suppliers were not evaluated and selected based on their ability to meet specified requirements.

Specifically, your firm was not evaluating suppliers based upon their ability to meet requirements established in your *Vendor Management System* procedure (SOP IGN-034) and *Purchasing System* procedure (SOP IPC-001). Your firm's initial qualification (signed 02/26/2019) of your supplier of sterile 1 mL syringes indicates that a "review of collected data shows that the company has a vigorous quality system and capable of meeting customer expectations," but the approved supplier did not provide the information required per your firm's procedures and the questionnaire provided. For example, the initial *Questionnaire for Customers* provided by your supplier as a self-audit indicated that their Site Master File, manufacturing equipment, site maps and drawings, an explanation of how product is protected from the manufacturing environment, deviation handling procedures, previous deviations and OOS syringes, and an explanation of rejected batches of syringes within the last year were not provided. The supplier indicated that this information could be provided at the next on-site audit. There has not been an on-site audit conducted since the initial qualification nor is one scheduled by the firm. Additionally, this self-assessment indicated that the supplier has not been inspected by a regulatory body and doesn't confirm the supplier's understanding of FDA's regulations, which is a requirement of the firm's *Purchasing System* procedure.

BPI'S RESPONSE TO OBSERVATION 2:

BPI acknowledges and accepts the investigator's observation. However, BPI would like to explain to the Agency all the available procedures that were in place at the time of the FDA inspection to evaluate and select potential vendors based on their ability to meet specified requirements.

New vendors are initially approved in the quality system following the requirements documented in SOPs IPC-001 "Purchasing System" and IGN-034 "Vendor Management System." Then, vendors are re-qualified in a periodic manner as per the guidelines written in both mentioned procedures. Both the initial and re-qualification exercises are well defined to assess the adequacy of the vendor performance at all times.

Refer to Exhibit – 5.1 for copy of mentioned SOPs IPC-001 Revision No. 04 and IGN-034 Revision No. 04 that were effective at the time the FDA inspection was conducted.

In regards to the observation noted by the FDA, specifically related to SCHOTT Schweiz AG which is the vendor supplying the syringes for the epinephrine pre-filled syringes 1 mg/mL, BPI would like to clarify the execution of all available procedures that were in place at the time of the

FDA inspection to evaluate and select potential vendors based on their ability to meet specified requirements, consistent with the quality system standards available in both above mentioned SOPs.

Firstly, SCHOTT Schweiz AG was initially approved in the quality system on 02/26/19 (refer to Exhibit – 5.2). SCHOTT Schweiz AG is one of the world's leading manufacturers of special glass and polymers including vials, cartridges, and syringes ready to use for the pharmaceutical industry; this company was established in year 1930.

During the initial qualification of this reputed vendor, BPI requested a variety of technical documentation for the components that were required as part of product development as well as an understanding of the quality principles of this firm. Based on their internal administrative process, SCHOTT Schweiz AG does not complete feedback questionnaires and rather they provide their own self-assessment explaining several information about the company. As part of this initial process, BPI identified few points that were not fully communicated and explained in SCHOTT Schweiz AG's self-assessment and despite making diligent efforts by BPI to clarify such information as further preliminary understanding of the vendor, SCHOTT Schweiz AG did not provide the clarifications requested due to some organizational reason, out of BPI's control. That being said, as stated below BPI has been able to get further clarifications on these points.

Further evaluation of this firm made at the time of initial qualification revealed that a US DMF (i.e., 18416) was filed for the components SCHOTT Schweiz AG intended to distribute to United States. In addition, the technical documentation related to the components BPI was interested to acquire was found highly accurate and complete (refer to Exhibit – 2.1 for an example of technical data). Moreover, SCHOTT Schweiz AG presented certifications from accredited organizations in regards to ISO 9001 and ISO 15378 (refer to Exhibit – 2.2) confirming vendor's understanding in quality (i.e., development, engineering, manufacturing and sales of primary packaging materials made of glass tubing and polymers) and vendor's experience in audits under a regulatory environment. Finally, the vendor reputation verified during initial approval confirmed that SCHOTT Schweiz AG adheres to good quality standards according to available public data.

BPI approved SCHOTT Schweiz AG on 02/26/19 to supply components for research and development use because all data indicated that the vendor had a robust quality system capable of meeting customer expectations, inline with technical data, certifications, vendor history, and DMF filing in United States.

BPI would like to clarify to the Agency that SCHOTT Schweiz AG is a quality focused and highly knowledgeable firm. This company has provided detailed technical documents from day one related to the design, manufacturing, and controls for its components, confirming that this mentioned vendor fully understands the GMP regulations / expectations in an FDA environment.

Secondly, this vendor was re-qualified in the quality system on 02/17/21 (refer to Exhibit – 5.3), based on two years re-qualification period. As part of this re-qualification process, SCHOTT Schweiz AG performance was scrutinized based on technical data, available certifications in ISO 13485, ISO 14001, and ISO 45001 (refer to Exhibit – 2.3), and vendor history with BPI since the initial approval, and found out that six shipments were received, inspected, tested, and released for use at BPI without any problem or unwanted trend, corroborating one more time that this vendor had proper systems in place capable of meeting customer expectations and that BPI had available procedures to evaluate the quality of the components received.

In accordance with above specifics, please be advised that BPI has carefully evaluated SCHOTT Schweiz AG and has selected it based on its ability to meet specified requirements, which has been further substantiated with SCHOTT Schweiz AG's performance since February 2019 to date (i.e., no rejections, no unwanted trends).

It is important to inform to the Agency that all these explanations and evidences were shown and discussed with the FDA investigator during the inspection.

Nonetheless as part of this observation, BPI performed a thorough evaluation of all vendors related to commercial materials and components, and confirmed that adequate initial vendor approval and vendor re-qualification exercises have been systematically conducted including the periodic evaluation of vendor's performance and materials / components quality, inline with the requirements of SOPs IPC-001 and IGN-034. This finding further validates that BPI has been following its internal controls at all times.

As a further assurance, BPI contacted SCHOTT Schweiz AG again to inquire one more time about some information that was not provided by this vendor at the time of initial qualification. As a result SCHOTT has agreed to have a remote audit discussion with BPI with the purpose of clarifying all the pending items, including the ones pointed out by the Agency. During this process conducted on 05/20/21, SCHOTT Schweiz AG explained the majority of the open questions and shared specifics about their controls in place, validating that SCHOTT Schweiz AG has a strong quality system tailored to meet customer needs (refer to Exhibit – 2.4 for the updated SCHOTT Schweiz AG report).

As a further assurance and as part of continuous improvement, BPI revisited the wording of its controls for initial and re-qualification of vendors and identified an opportunity for enhancement to present in a more explicit manner the current expectations and practices on this topic. Consequently, BPI has revised SOP IGN-034 "Vendor Management System" in the quality system to clarify the requirements of initial and re-qualification of vendors, including the addition of handling self-assessments provided by the firms in lieu of BPI's feedback questionnaire. The revised SOP was made effective on 05/18/21 as Revision No. 05; all users of this SOP were part of the review and approval process (refer to Exhibit – 5.7 for a copy of the revised SOP along with the respective change control). BPI believes that clearer instructions on

this SOP would contribute to avoid misinterpretations about the process of evaluating, selecting, and monitoring vendors.

As a final point, BPI would like to clarify to the Agency that SCHOTT Schweiz AG is a vendor classified for research and development use only at this specific time (i.e., no components is currently used in any commercial product) and for this reason on-site audit need as per SOP IGN-034 has not been undertaken yet. Once this vendor is transitioned from research and development to commercial, at that time the requirement of on-site audit will be assessed as per the frequency established in this mentioned SOP, and if selected, this vendor will be added to the "Vendor On-site Audit Tentative Schedule Plan" for on-site audit planning and execution.

In conclusion, BPI believes that procedures that defined the evaluation and selection of vendors based on their ability to meet specified requirements were established in the quality system from day one and were executed effectively, that initial and re-qualification processes for SCHOTT Schweiz AG has been done methodically, and that SCHOTT Schweiz AG is a vendor considered in respectable standards and capable of meeting customer needs, reaffirming that BPI has followed its SOPs and has operational systems to control and monitor vendors in a consistent manner.

OBSERVATION 3:

Risk analysis is inadequate.

Specifically, your firm's risk analysis conducted as part of the *Combination Product Compliance 21 CFR Part 4 Drug and Device Constituent Parts* document you identified as the design history file for your firm's 1 mL epinephrine syringe does not adequately identify the hazards, estimated risks, and mitigations associated with the use of your finished combination product.

For example, your firm identifies the glass syringe and rubber plunger components of your finished 1 mL epinephrine syringe as high risk for particulate matter, bacterial endotoxin, and lack of sterility in the *Product Development Report for Epinephrine Injection, USP 1 mg/mL* under section 2.1.3. In your firm's design history file your risk analysis conducted for the finished 1 mL epinephrine syringe device does not evaluate the risk levels for the eight risks identified by your firm. Additionally, one of the mitigations listed for risk of particulates is "incoming materials controls". Your firm's supplier control's do not adequately evaluate your supplier's capabilities of meeting the supplier requirements established by your firm, including technical and regulatory requirements. Your firm's supplier of syringes for this combination product was not subject to a quality agreement and did not provide evidence to support their abilities to meet your firm's established requirements during their initial self-audit approved on 02/26/2019.

BPI'S RESPONSE TO OBSERVATION 3:

BPI acknowledges and accepts the investigator's observation.

BPI would like to clarify to the Agency that the risk assessment using qualitative tool (high, medium, and low terminology) was performed for the glass syringe and rubber plunger as part of the Product Development Report No. IPT-R-I11 "Epinephrine Injection, USP 1 mg/mL" under Section 2.1.3 (refer to Exhibit – 3.1 for a copy of Section 2.1.3 – only pages 1, 25, 26, and 27 are included in this exhibit; refer to Exhibit 4.1 for a copy of the entire Product Development Report No. IPT-R-I11).

As part of product design for Epinephrine Injection, USP 1 mg/mL, it was determined that the particulate matter, bacterial endotoxin (BET), and sterility of the syringe and rubber plunger pose "high" risk level, hence necessary mitigation controls were established to monitor these risks in a consistent manner (refer to below Table 1 for details). Based on thorough evaluation of these critical quality attributes impacting directly the product quality, it was understood that this high risk could be mitigated by performing adequate internal testing of incoming syringes and rubber plungers prior to release and use for production. In addition, it was defined during product development that the final finished product also needed to be tested for particulate matter,

bacterial endotoxin (BET), and sterility as part of the release specifications to ensure patient safety during usage.

Table 1 – Incoming Materials and Finished Product Testing Controls

Item	Test	Specification	BPI Internal Acceptance Criteria	USP Acceptance Criteria
Syringe	Particulate Matter	SPC I3021 Particles ≥ 10µm	NMT 600 particles per container (10% of USP <788>)	NMT 6000
		Particles ≥ 25µm	NMT 60 particles per container (10% of USP <788>)	NMT 600
	Bacterial Endotoxins Test	SPC I3021	NMT 0.25 EU / mL	NMT 0.25 EU / mL, equal to Water For Injection
	Sterility Test	SPC I3021	No evidence of microbial growth	No evidence of microbial growth
Rubber Plunger	Particulate Matter	SPC I3020 Particles ≥ 10µm	NMT 600 particles per container (10% of USP <788>)	NMT 6000
		Particles ≥ 25µm	NMT 60 particles per container (10% of USP <788>)	NMT 600
	Bacterial Endotoxins Test	SPC I3020	NMT 0.25 EU / mL	NMT 0.25 EU / mL, equal to Water For Injection
	Sterility Test	SPC I3020	No evidence of microbial growth	No evidence of microbial growth
Finished Product	Particulate Matter	SPC I117 Particles ≥ 10µm	NMT 6000 per container	NMT 6000 per container
		Particles ≥ 25µm	NMT 600 per container	NMT 600 per container
	Bacterial Endotoxins Test	SPC I117	NMT 40 E.U. / mg of Epinephrine	NMT 357.0 EU/mg of Epinephrine, refer USP monograph
	Sterility Test	SPC I117	No evidence of microbial growth	No evidence of microbial growth

BPI performed risk analysis as per the FDA Guidance for Industry and FDA Staff: Current Good Manufacturing Practice Requirements for Combination Products FINAL GUIDANCE, January 2017, specified in iii. Risk Analysis page 44. BPI believes risk levels, either qualitative or quantitative, can be performed. Quantitative analysis is recommended in order to evaluate if mitigations are required or not, but BPI has implemented mitigations in this case nevertheless to ensure there is no negative impact to product quality.

BPI further reviewed the SOP IGN-035 "Handling of Combination Products" and improvements were made to provide additional instructions on risk analysis related to manufacturing as well as use-related. The revised SOP was made effective on 05/20/21 as Revision No. 03; all users of this SOP were part of the review and approval process (refer to Exhibit – 3.2 for a copy of the revised SOP along with the respective change control). BPI believes that clearer instructions on this SOP would help to assess better the risks associated as part of product design going forward.

Moreover, the combination product document associated with the design of epinephrine pre-filled syringes "Design Controls for Epinephrine Injection, USP 1 mg/mL (1 mL Syringe)", Section No. CP-I11-02, was revised to perform the risk analysis with quantitative risk levels for manufacturing related items of this mentioned product inline with the revised SOP IGN-035. Refer to Exhibit – 4.4 for copy of the revised section.

Additionally, a new section related to the combination product associated with the use-related risk analysis of epinephrine pre-filled syringes "Use-Related Risk Analysis for Epinephrine Injection, USP 1 mg / mL (1 mL Syringe)", Section CP-I11-08, was created to evaluate the use-related risk analysis linked with this mentioned product inline with the revised SOP IGN-035. Refer to Exhibit – 3.3 for copy of the revised section.

On the other hand, it is important to mention that BPI has diligently approved and re-qualified all vendors associated with the cGMP operations, including Schott Schweiz AG which is the supplier of the syringes, to ensure these are evaluated on a periodic basis to confirm their capabilities of meeting BPI requirements. Furthermore, BPI has worked systematically to generate the quality agreement between BPI and Schott Schweiz AG and to approve it in the quality system before the commercial manufacturing of the epinephrine pre-filled syringes product, in agreement with the internal company standards. The quality agreement was provided to the FDA investigators on 04/23/21 during the inspection. Refer to the responses for Observation 2 and Observation 5 to get a clearer and detailed understanding of the available controls at BPI for vendor evaluation and for quality agreements.

Finally, BPI would like to conclude that the hazards, risks, and mitigations associated with the use of the epinephrine pre-filled syringes combination product were further discussed and clarified, and it is believed that this document now reflects a more thorough risk analysis according to the product design and intended use.

OBSERVATION 4:

Procedures for design transfer have not been adequately established.

Specifically, your firm's design history file for your 1 mL epinephrine syringe combination product did not contain a documented design transfer that supported the device's design was correctly translated into product specifications. Under design transfer your firm documents "there is no transfer involved".

BPI'S RESPONSE TO OBSERVATION 4:

BPI acknowledges and accepts the investigator's observation. However, BPI would like to clarify to the Agency the design transfer activities to support the device's design and how BPI has performed this activity.

As a general policy, any product development activity is performed following Quality by Design (QbD) concepts as per US FDA guidance, which includes identification of raw materials and container closure system components, such as syringes and plungers, conducting of several compatibility studies, formulation developments, laboratory experimental batches manufacturing, risk assessments of the formulation variables, manufacturing process developments, initial risk assessments of the drug product manufacturing process, establishment of mitigation controls, and execution of exhibit batches (stability batch) manufacturing and testing activities.

As part of this process, various risk analyses are conducted, necessary specifications are established, test methods, batch manufacturing records, batch packaging records, and stability protocols are generated, among others, and finally technology transfer is executed to transition the product from research and development to production.

Specifically, for Epinephrine Injection, USP 1 mg/mL syringe product all these activities are performed and explicitly written in the Product Development Report (PDR) for this mentioned product (Document No. IPT-R-I11 – refer to Exhibit – 4.1). As the combination product requires Design Controls as per 21 CFR Part 4 Regulation of Combination Products, Guidance for Industry and FDA Staff: Current Good Manufacturing Practice Requirements for Combination Products FINAL GUIDANCE, January 2017, BPI used the activities performed as per above mentioned PDR as a reference and guidance to determine the combination product documentation.

As all design transfer activates were conducted as per the PDR and three batches of Epinephrine Injection, USP 1 mg / mL Pre-Filled Syringes (Batch Numbers I117R002, I117R003, and I117R004) were manufactured and tested for all critical quality attributes per approved

specifications, it was found that the combination product meets the pre-determined specifications. However, BPI accidentally missed to explicitly write the design transfer activity in the first version of the Design Controls document, Section No. CP-I11-02, Revision 01 (refer to Exhibit – 4.2 for copy of this section), and accepts that this unwanted situation created a gap in understanding the design transfer strategy utilized by BPI. From discussions with FDA investigator, BPI modified the Design Controls document, Section No. CP-I11-02, Revision 02, to incorporate the proper documentation associated with design transfer improvements according to the Product Development Report IPT-R-I11 (refer to Exhibit – 4.3 for a copy of the revised section). This revised section was provided to the FDA investigators during the inspection.

As a further assurance and as part of this observation, BPI proactively reviewed again the Design Controls document, Section No. CP-I11-02, Revision 02, specifically design transfer topic, and identified an extra enhancement in regards to making reference of internal SOPs associated with product development procedures, and to acknowledge the adequacy of the design transfer for the epinephrine pre-filled syringes combination product based on the acceptable results of three batches meeting pre-determined specifications and proving the overall design controls established and design transfer are effective. Refer to Exhibit – 4.4 for a copy of the revised Section No. CP-I11-02, Revision 03, Effective Date 05/20/21.

In conclusion, BPI acknowledges the inadvertent gap created in the Design Controls document, Section No. CP-I11-02, Revision 01, associated with the design transfer, even though the available standard SOP IGN-035 "Handling of Combination Products" was appropriate and included the expected discussion on this topic. Furthermore, BPI commits to be more attentive whenever creating any combination product section in the future for any new product to make sure information is accurate and precise reflecting the company's strategy from product development to the intended production environment.

OBSERVATION 5:

The type and extent of control to be exercised over the product and suppliers was not clearly defined.

Specifically, your firm did not establish a quality agreement with your supplier that defined the type and extent of control to be exercised over the sterile 1 mL syringe that is a component of your firm's sterile 1 mL epinephrine syringe combination product until 04/22/2021. This is required per SOP IGN-034 Section 6.3.6 upon vendor approval. Your firm's supplier of sterile 1 mL syringes was approved on 02/26/2019.

BPI'S RESPONSE TO OBSERVATION 5:

BPI acknowledges and accepts the investigator's observation. However, BPI would like to explain to the Agency all the available procedures that were in place at the time of the FDA inspection to define and execute the type and extent of control to be exercised over vendors and components were met.

New vendors are initially approved in the quality system following the requirements documented in SOPs IPC-001 "Purchasing System" and IGN-034 "Vendor Management System". Then, vendors are re-qualified in a periodic manner as per the guidelines written in both mentioned procedures. Both the initial and re-qualification exercises are well defined to assess the adequacy of the vendor performance at all times.

Similarly, new components are initially approved in the quality system following the requirements documented in SOP IGN-003 "Creation and Modification of Code Numbers and National Drug Code Numbers (NDC)"; the components are first introduced in the company for research and development purposes. Specification for each component is generated in the quality system describing all incoming controls to be exercised during physical, chemical, and microbiological testing as part of full testing, retesting, and reduced testing. Moreover, each component is introduced to the qualification program stipulated in SOP IQA-010 "Vendor Qualification Program" defining the type and extent of control to be exercised over the specific component during initial full testing and subsequent reduced testing.

Refer to Exhibit – 5.1 for copy of mentioned SOPs IPC-001 Revision No. 04, IGN-034 Revision No. 04, IGN-003 Revision No. 01, and IQA-010 Revision No. 03 that were effective at the time the FDA inspection was conducted.

In regards to the observation noted by the FDA, specifically related to the Clear Glass Syringes Ready to Use Packaging Component, BPI Code Number I3021, supplied by SCHOTT Schweiz AG, BPI would like to clarify the execution of all available procedures that were in place at the

time of the FDA inspection to define and execute the type and extent of control to be exercised for this vendor and this syringe, consistent with the quality system requirements explained above.

SCHOTT Schweiz AG was initially approved in the quality system on 02/26/19 (refer to Exhibit – 5.2). This vendor was re-qualified in the quality system on 02/17/21 (refer to Exhibit – 5.3), based on two years re-qualification period.

Clear Glass Syringes Ready to Use Packaging Component code number creation was approved in the quality system on 11/11/19 with material type as "Research and Development" and under Code Number I3021 (refer to Exhibit – 5.4).

Specification for Code Number I3021 was initially approved on 12/27/19 as Revision No. 01 (refer to Exhibit – 5.5). This specification clearly defined the full testing, reduced testing, and retesting requirements to be utilized for the type and extent of control of this component during release.

Based on SOP IQA-010, full testing needs to be executed per specification on three consecutive different vendor lots received by BPI; each lot tested needs to conform to established specifications in order to qualify this component for reduced testing. Precisely, BPI has received three shipments of component Code Number I3021 from SCHOTT Schweiz AG and performed successful full testing accordingly to the specification. As of now, this component is still classified as "Full Testing" since one extra consecutive different vendor lot is needed to be received and tested as part of the "Reduced Testing" certification (refer to Exhibit – 5.6 for the full testing data of the three shipments).

The above confirms that BPI has determined clear procedures to define the type and extent of control to be exercised on vendors and components, has executed the procedures in place with SCHOTT Schweiz AG and with the Clear Glass Syringes Ready to Use Packaging Component (Code Number I3021), and hence has full understanding and control about the quality of this component handled by the firm.

On the other hand, BPI has determined the need to generate quality agreements for some vendors depending on the type of component that is being supplied. These quality agreements are intended to provide an overall approach about the implementation of oversight and controls between parties involved with the purpose of establishing each party's key specific roles and manufacturing activities to comply with cGMP. Specifically, quality agreements for ready to use pre-sterile packaging components (i.e., syringes) are only required at BPI for commercial materials (refer to Exhibit – 5.1 for copy of SOPs IPC-001 and IGN-034).

As of today, all components supplied to BPI by SCHOTT Schweiz AG are still categorized under "Research and Development", including the Clear Glass Syringes Ready to Use Packaging

Component (Code Number I3021), and all shipments received so far from this mentioned vendor have only been used for the manufacturing of research and development lots. Accordingly, it is evident that the component pointed out by the Agency is not approved for commercial use until now and therefore the quality agreement was technically not needed yet based on internal BPI's standards stated in SOPs IPC-001 and IGN-034.

BPI started working with SCHOTT Schweiz AG in September 2020 in order to generate the quality agreement between both firms as part of completeness of tasks for potential and upcoming commercial use of this vendor and associated components. For some administrative reasons, SCHOTT Schweiz AG took longer time to finalize this quality agreement despite the frequent and diligent follow up made by BPI. Finally, the quality agreement was approved on 04/22/21 and confirmed to be adequate to initiate the further control of the upcoming commercial shipments. The same was also provided to the investigator during the inspection.

As explained in this response, the Clear Glass Syringes Ready to Use Packaging Component (Code Number I3021) has not been internally approved for commercial use although all incoming and in-process controls for the shipments received so far have been meticulously monitored during release and use and found them to be acceptable and appropriate ratifying the quality and performance of SCHOTT Schweiz AG. Based on all the facts mentioned as part of this answer, BPI believes that there is no negative impact on SCHOTT Schweiz AG and on the Clear Glass Syringes Ready to Use Packaging Component (Code Number I3021) by not having the quality agreement approved before 04/22/21 since the vendor and the component are still under research and development use and BPI has followed strictly its internal standards and controls.

It is important to inform to the Agency that all these explanations and evidences were shown and discussed with the FDA investigator during the inspection.

Nonetheless as part of this observation, BPI performed a thorough evaluation of all commercial materials and components and confirmed that adequate quality agreements are in place and approved prior to any commercial distribution of the associated products, inline with the requirements of SOPs IPC-001 and IGN-034. This finding further validates that BPI has been following its internal controls at all times.

As a further assurance, BPI revisited the wording of its controls for quality agreements and identified an opportunity for improvement to present in a more explicit manner the current expectations and practices on this topic. Consequently, BPI has revised SOP IGN-034 "Vendor Management System" in the quality system to clarify the requirements of quality agreements, including the ones that are required for materials and components transitioning from research and development to commercial use. The revised SOP was made effective on 05/18/21 as Revision No. 05; all users of this SOP were part of the review and approval process (refer to Exhibit – 5.7 for a copy of the revised SOP along with the respective change control). BPI

believes that clearer instructions on this SOP would contribute to avoid misinterpretations about the need and timeliness of the quality agreements, whenever applicable.

Finally, BPI believes that procedures that defined the type and extent of control to be exercised over vendors and components that were incorporated into the quality system from day one and executed effectively, did not require a quality agreement between BPI and SCHOTT Schweiz AG to be in place since 02/26/19, and that quality agreement between both mentioned firms was already approved on 04/22/21 prior to the release of the associated commercial product, reaffirming that BPI has followed its SOPs and has operational systems to control vendors and components intended for commercial purposes.

13

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: Amazi Middle: Zamani Last: Harris

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☑ F ☐ X

Mailing Address: [redacted] Karst Pond Avenue

City: North Las Vegas State: NV Zip: 89084

Telephone: [redacted] Email: [redacted]

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: North west career college

Address: 7398 Smoke Ranch Road

City: Las Vegas State: NV Zip: 89128

Name of Program Director: Samantha Hurtsman

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?	✓	
2. Are you a high school graduate or the equivalent?	✓	

High School Name: Arbor View High School Graduation Date OR Date GED obtained (mm/yy): 05/2017

Address: 7500 Whispering Sands Dr.

City: Las Vegas, NV State: NV Zip: 89131

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
2/12/2021	3/29/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-PC-007272	justice Court

Reason/Charge: Solcit /engage in prostitution

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amazi Harris	

Name of Business/Industry/Entity:

Provide explanation below:

see attached

Amazi Harris
Original Signature (electronic, copies or stamps not accepted)

2/6/2023
Date

REGISTER OF ACTIONS
CASE NO. 21-PC-007272

State of Nevada vs. HARRIS, AMAZI ZAMANI §§§§§§

Case Type: **Misdemeanor CR**
Date Filed: **02/13/2021**
Location:

PARTY INFORMATION

		Lead Attorneys
Defendant	**HARRIS, AMAZI ZAMANI**	
State of Nevada	**State of Nevada**	

CHARGE INFORMATION

Charges: HARRIS, AMAZI ZAMANI	Statute	Level	Date
999. Solicit/engage in prostit [56702]	12.08.020	Misdemeanor	02/12/2021

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

03/24/2021 **Disposition**
999. Solicit/engage in prostit [56702]
DA Denial

OTHER EVENTS AND HEARINGS

02/13/2021 **Original Track Assignment JC14**
02/13/2021 **DA Request for Prosecution**
Request for Prosecution Sent to DA
02/13/2021 **Case Assignment Sent**
Case Assignment Sent
02/13/2021 **Release Agreement**
02/13/2021 **Administrative Own Recognizance Release**
02/13/2021 **Probable Cause Review Packet - Initial Appearance Court**
04/14/2021 **Status Check on Filing of Criminal Complaint** (8:30 AM) (Judicial Officer Chelini, Amy)
O/R
Result: Matter Heard
04/14/2021 **DA Denial**
04/14/2021 **Minute Order - Department 14**

Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Section 7: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged?	✓	
3. Have you been the subject of a board citation or administrative action whether completed or pending in any state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # 2. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
6/18/2021	9/20/2021	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
21-CR-028933	Justice Court

Reason/Charge
Trespass. not amounting to burglary

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Amazi Harris	

Name of Business/Industry/Entity

Provide explanation below:

see attached

Amazi Harris
Original Signature (electronic, copies or stamps not accepted)

2/6/2023
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmaceutical Technician (PT) Application

Non-Refundable $50 fee

Rev (01/18/2023)

Section 1: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

Section 3: Employment Information

Pharmacy Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)	Yes	No
1. Are you 18 years of age or older?		
2. Are you a high school graduate or the equivalent?		

High School Name: _____ Graduation Date OR Date GED obtained (mm/yy): _____

Address: _____

City: _____ State: _____ Zip: _____

Section 5: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

REGISTER OF ACTIONS
CASE NO. 21-CR-028933

State of Nevada vs. HARRIS, AMAZI ZAMANI

Case Type: **Misdemeanor CR**
Date Filed: **07/07/2021**
Location: **JC Department 7**

PARTY INFORMATION

Defendant **HARRIS, AMAZI ZAMANI**

Lead Attorneys
Public Defender
Public Defender
702-455-4685(W)

State of Nevada **State of Nevada**

CHARGE INFORMATION

Charges: HARRIS, AMAZI ZAMANI	Statute	Level	Date
1. Trespass, not amounting to burglary [53166]	207.200	Misdemeanor	06/18/2021

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

09/20/2021 **Plea** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Nolo Contendere

09/20/2021 **Disposition** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Guilty as Amended

09/20/2021 **Misdemeanor Sentence** (Judicial Officer: Bennett-Haron, Karen P.)
1. Trespass, not amounting to burglary [53166]
Condition - Adult:
1. Credit for Time Served, 09/20/2021, Satisfied 09/20/2021

OTHER EVENTS AND HEARINGS

06/18/2021 **Original Track Assignment JC07**
06/18/2021 **DA Request for Prosecution**
Request for Prosecution Sent to DA
06/18/2021 **Case Assignment Sent**
Case Assignment Sent
06/18/2021 **Administrative Own Recognizance Release**
06/18/2021 **Release Agreement**
06/18/2021 **Probable Cause Review Packet - Initial Appearance Court**
07/07/2021 **Criminal Complaint**
08/17/2021 **Status Check on Filing of Criminal Complaint** (8:00 AM) (Judicial Officer Bennett-Haron, Karen P.)
O/R
Result: Matter Heard
08/17/2021 **Arraignment Completed**
Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint
08/17/2021 **Defendant Identified as Indigent**
Defendant and the Court discussed the appointment of counsel and defendant requested appointment of counsel.
08/17/2021 **Public Defender Appointed**
08/17/2021 **Financial Affidavit**
08/17/2021 **Plea of Not Guilty Entered**
08/17/2021 **Minute Order - Department 07**
09/20/2021 **Bench Trial** (9:00 AM) (Judicial Officer Bennett-Haron, Karen P.)
O/R
Result: Matter Heard
09/20/2021 **Defendant waives the right to Trial - In absentia**
through counsel
09/20/2021 **Judgment Entered**
09/20/2021 **Case Closed - Court Order**
09/20/2021 **Minute Order - Department 07**
09/21/2021 **Notice of Disposition and Judgment**

Section 8: You MUST submit the documents below with your application base on your qualifications as a PT.	
Select your qualification as a PT (please check a box).	**Required documents to be submitted with your application.**
☑ The successful completion of an ASHP-approved PT school or training program	a. Provide a copy of the certification of completion of the program.
☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy.	a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing. b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application).
☐ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy.	a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application).
☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs.	a. Provide a copy of the certification of completion of the program.

Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371

In addition to the requirements in section 7, submit fingerprints for a background check by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Amazi Harris
Print Name

Amazi Harris
Original Signature, no copies or stamps accepted

2/6/2023
Date

Board Use Only	Date Received: _____ Amount: _____

I want to start of by explaining and disclosing information regarding my pass records

Case #: 21-PC-007272

I had a girl's night out with some of my high school friends that I hadn't seen in a long time. This occurred on **2/21/2021**. We went out for dinner, drinks, and had plans to go clubbing in order to enjoy the evening. When we finished dinner, we went to the bar, where we had drinks and conversed with each other and people at the bar. Unfortunately, my friends had different intentions then I was aware of and were making different plans then to go to the club. My friends had got up to leave and I followed them to make sure they were okay. I was always told to stay in groups whenever being out since people are likely not to bother you in group.What ended up happening as soon as we started moving as a group we were then arrested my police officers who were under cover. I had no idea what was going on until everything occurred. My friends started getting arrested, and then they decdied to take me as well since I was just following in the background. I was definitely in the wrong place and the wrong time. They had booked and held me for about 7 hours and eventually let me go. Since then, I have not seen these friends since the incident occured. I would hate to be surrounded by people who did not care to tell me what was going on. I was in the booking area for about 7 hours and let go after that.The appointed lawyer to my case went to court for me and got my case closed. After seeking legal advice I was also told to begin to get my record seal and am in the process of doing that as well.

The friends that I was with did not allow me the chance to decide for myself if I wanted to hang out with them considering what they were involved in. Now I am having to defend myself for a situation that was the repercussions of hanging out and catching up with friends I hadn't seen in a while. I ask that you give me empathy in that I am trying to be of service to my community and myself. Since attending NorthWest Career College, it has become more and more clear to me that I want to pursue my education and continue to develop myself as a pharmacy technician, if given the opportunity. Since then the case had been closed and denied and was put under DA Denial which means they did not have enough information to move forward with the case.

Case #: 21-CR-028933

Following this incident another misunderstanding had occured. I ended up going back to the establishment a few months later to grab dinner with my auntie, when I was approached by security guards who informed me that I was trespassing. This occurred on **06/18/2021**. Since the case was closed, I was not made aware that I was banned from being on the premises still. I assumed nothing ever went through, I thought going to the premises once more to celebrate with my auntie would not be an issue. Since the establishment was not made aware of my case being closed, they ended up arresting me for that misunderstanding. I was booked and kept at jail for about 7 hrs where they official closed the case after I pleaded that I was not made aware that this case was even open anymore or that there was any restraining order that involved me not stepping into the establishment.

Since then, I have learned my lesson and have since gotten legal advice on how to handle the situation so that this doesn't happen again. I got myself caught up in an incident that could potentially mess up my life. I know to make sure I do not surround myself with people who might put me in a bad situation

No matter what I am so excited to jump start my career in Pharmacy and continue my education. My intentions are to create a beautiful life and make my family proud. I enrolled myself into NCC in order to make a future for myself. The school helped me believe in myself and find what it is I want to do in life. I intend on living up to that expectation, because I believe everyone deserves a second chance to become a better person. I have been diligently working as a retail associate to keep up with bills, but will continue to aspire to become a pharmacy technician so that I can better myself

Kind Regards,
Amazi Harris

northwest
CAREER COLLEGE

02/06/2023

To Whom It May Concern ,

I have known Amazi for some time now, she has excelled tremendously since attending school with us here at Northwest Career College in the Pharmacy Technician program. Amazi graduated with us with a 3.54 GPA. She went to class everyday and aspired to become pharmacy technician as this was something she wanted to do better serve her community.

Amazi is an amazing individual who strives to become better every day. Through meeting her I have learned that she has had some difficulties and misunderstands in the pass, which is why she decided to turn over a new leaf with us here at NCC . Amazi has remained in good contact with me as her graduate advisor so that we may seek potential opportunities for job placement as a Pharmacy Technician. One of the more remarkable things she mentioned to me when we had our introductory meeting was the fact that she learned a lot during her time at her externship and is so excited to jump into a new career field. Amazi Harris completed 240 hours of externship hours during her time at Well Care Closed Door Pharmacy .

Since then we found out there were some misunderstandings occurring between getting her license and her dream job. She has remained in good contact with us to make sure she is doing everything on her end to ensure she can be a step closer to her dream to be pharmacy technician. Amazi and I still talk constantly about the future job she will have one day once she sorts all of this out. Even when faced with challenges, Amazi continues to persevere through it all.

Please do not hesitate to contact me with any additional questions regarding Amazi

Allison Arellano
Career Services Graduate Advisor II
Northwest Career College
Allison.Arellano@northwestcareercollege.edu

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

y

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Hany Middle: Samy Soliman Last: Saad

Mailing Address: [redacted] Sumter Dr.

City: Orlando State: FL Zip Code: 32824

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Cairo, Egypt

SS# or ITIN: [redacted] Sex: ☒ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

Florida Date of Issuance: 9/13/2010

College of Pharmacy Information

Graduation Date: 11/01/2004 (mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Faculty of Pharmacy, Cairo University

Location of School: Cairo, Egypt

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: 250.00 CC Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☑

Branch: _____
Military Occupation/Specialty: _____
Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☑	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Public Complaint	FL	7/19/2018	201807483 Case closed

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes _ No ✓
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes _ No _

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

6/29/22

Date

FPGEC CERTIFICATE

FOREIGN PHARMACY GRADUATE EXAMINATION COMMITTEE

I hereby affix the seal of the National Association of Boards of Pharmacy® (NABP®) for the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®), and certify that the individual below,

FPGEE: Pass

TOEFL: Pass

TSE: Pass



HANY SAMY SOLIMAN SAAD

EE# 205-1903

whose photograph and name have been affixed to this Certificate has been determined to have met the requirements established by NABP for its FPGEC Certification Program. FPGEC criteria are set forth in the application and FPGEC Application Bulletin and the details of the applicant's performance in achieving such requirements are only available through NABP or its recognized vendor, as applicable.

This FPGEC Certificate is not an official score report, it is not an official identification document, and it is not a license to practice pharmacy. Its intended use is only for record keeping by the named individual. Boards of pharmacy and other entities that rely upon FPGEC Certification are asked to verify this Certificate's authenticity by directly contacting the National Association of Boards of Pharmacy.

Carmen A. Catizone, Executive Director/Secretary

JANUARY 20, 2010

Date

Final Order No. DOH-21-0193-S -MQA
FILED DATE - FEB 25 2021
Department of Health
By: Dawn Mann
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF PHARMACY

DEPARTMENT OF HEALTH, PETITIONER, v. HANY SAMY SOLIMAN SAAD, R.PH., RESPONDENT.	CASE NO.: LICENSE NO.:	2018-07483 PS 46978

FINAL ORDER
APPROVING ORALLY AMENDED SETTLEMENT AGREEMENT

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to section 120.57(4), *Florida Statutes*, on February 4, 2021, at a duly noticed telephonic public meeting for consideration of a Settlement Agreement (hereinafter "Settlement Agreement" and attached hereto as Exhibit A) entered into between the parties in the above-styled cause. During the presentation and discussion of the Settlement Agreement, the parties orally amended the Settlement Agreement as follows:

> **CONTINUING EDUCATION**: Respondent shall successfully complete a Board approved twelve (12) hour continuing education course on Laws and Rules within one (1) year from the date this Final Order is filed with the Department Clerk. These continuing education hours shall be in addition to the hours required for Respondent's license renewal. Upon completion of the continuing education and receipt of the certificate(s) of completion, Respondent shall mail a copy of the continuing education certificate(s) of completion to the Pharmacy Compliance Officer at the address provided in the Settlement Agreement.

All other terms of the Settlement Agreement remain unchanged.

Upon consideration of the Orally Amended Settlement Agreement, the documents submitted in support thereof and being otherwise advised in the premises, it is hereby **ORDERED AND ADJUDGED:**

1. The Orally Amended Settlement Agreement is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Orally Amended Settlement Agreement.

2. The agreed amount of Costs in this matter are $2,165.33 which shall be paid in the manner outlined in the Settlement Agreement.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 22 day of February, 2021.

BOARD OF PHARMACY

Jessica L. Sapp, Executive Director
On Behalf of Jonathan Hickman, PharmD, Chair

[CERTIFICATE OF SERVICE ON FOLLOWING PAGE]

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by U.S. Mail to **Hany Samy Soliman Saad,** at 12131 Sumter Dr., Orlando, FL 32824; by electronic mail to **Rickey Strong**, Counsel to Respondent, at rick@jsh-pa.com; by electronic mail to **Christopher Dierlam**, Assistant Attorney General, Office of the Attorney General, at christopher.dierlam@myfloridalegal.com; and by electronic mail to **Matthew Witters**, Chief Legal Counsel, Prosecution Services Unit, at matthew.witters@flhealth.com, this 25th day of February, 2021.

Quinn Mines
DEPUTY AGENCY CLERK

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2018-07483**

HANY SAMY SOLIMAN SAAD, R.PH.,

RESPONDENT.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, **Hany Samy Soliman Saad, R.Ph.,** was a licensed pharmacist in the state of Florida, having been issued license number PS46978. Respondent's mailing address of record is 12131 Sumter Dr., Orlando, Florida 32824.

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that she is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Reprimand**- The Board shall REPRIMAND the license of the Respondent.

2. **Costs**- The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **THREE THOUSAND ONE HUNDRED AND TWENTY-ONE DOLLARS AND SEVENTY-THREE CENTS ($3,121.73)** Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320,** within **ONE YEAR** from the date the Final Order is filed with the Department Clerk.

3. **COMPLIANCE WITH PRN CONTRACT**- Respondent shall comply with each and every term of her contact with the Professionals Resource Network, Inc. (PRN), entered into on or about January 13, 2020 . Respondent shall comply with any and all conditions imposed by PRN. Respondent's termination from PRN without good cause will constitute a violation of the Board's Final Order incorporating this agreement.

4. **Future Conduct**- Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms**- It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order**- It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement**- This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to

this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings**- Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs**- Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

10. **Waiver of Procedural Rights**- Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses**- Respondent shall keep current her mailing address and her practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

12. **Time of the Essence**- Time is of the essence in all respects concerning this agreement.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 4th day of November, 2020.

Hany Samy Soliman Saad, R.Ph.
License No. PS46978

STATE OF FLORIDA
COUNTY OF ORANGE

Before me personally appeared Hany Samy Soliman Saad, whose identity is known to me or by FDL S300-337-81-441-0 (type of identification), and who, under oath, acknowledges that her signature appears above.

Sworn to and subscribed before me this 4th day of November, 2020.

Notary Public State of Florida
Colleen Tomassetti-Cartier
My Commission GG 065858
Expires 04/02/2021

Notary Public
My Commission Expires: 04/02/2021

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APPROVED this 9 day of November, 2020.

Scott A. Rivkees, MD
State Surgeon General

Matthew G. Witters
Chief Legal Counsel

Counsel for Petitioner
Matthew G. Witters
Florida Bar No. 0091245
Chief Legal Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 558-9918
Fax: (850) 245-4662

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2018-07483**

HANY SAMY SOLIMAN SAAD, R.PH.,

RESPONDENT.
_____/

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Pharmacy against Respondent, Hany Samy Soliman Saad, R.Ph., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of pharmacy pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 465, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS46978.

Exhibit A

3. Respondent's address of record is 12131 Sumter Drive, Orlando, Florida 32824.

4. Respondent's additional mailing address is 1016 Ponce Avenue, Orlando, Florida 32822.

5. At all times material to this Administrative Complaint, Respondent was employed as a pharmacist at Walgreens Pharmacy #7460 ("Walgreens"), located in Orlando, Florida.

6. On or about December 27, 2016, D.G., R.Ph., a pharmacist employed at Walgreens, received a telephone prescription for Respondent from an individual purporting to be Dr. A.R., M.D., for the following medications:

a. 60 tablets of naproxen 500mg; and/or

b. 240 tablets of tramadol 50mg.

7. According to Title 21, Code of Federal Regulations, Section 1308.14, 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl)cyclohexanol, its salts, optical and geometric isomers and salts of these isomers (including tramadol) is a Schedule IV controlled substance.

8. Dr. A.R. denied having called in any prescriptions to Walgreens for Respondent on or about December 27, 2016.

9. Dr. A.R. stated that the last prescription he had written to Respondent for tramadol was on December 2, 2016, for 60 tablets with no refills.

10. Respondent misrepresented himself as Dr. A.R. on a telephone call to Walgreens on or about December 27, 2016, in an attempt to obtain possession of tramadol and/or naproxen without a prescription.

COUNT ONE

11. Petitioner realleges and incorporates paragraphs one through ten as if fully set forth herein.

12. Section 465.016(1)(e), Florida Statutes (2016), provides that violating Title 21, United States Code, Sections 831 et seq., known as the Comprehensive Drug Abuse and Prevention Control Act, constitutes grounds for disciplinary action.

13. Title 21, United States Code, Section 846 provides that any person who attempts or conspires to commit any offense defined in this subchapter shall be subject to the same penalties as those prescribed for the offense, the commission of which was the object of the attempt or conspiracy.

14. Title 21, United States Code, Section 843(a)(3) provides that it shall be unlawful for any person knowingly or intentionally to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge.

15. Respondent knowingly or intentionally attempted to obtain tramadol, a federally controlled substance, by misrepresentation, fraud, forgery, deception, or subterfuge when, on or about December 27, 2016, Respondent misrepresented himself as Dr. A.R. on a telephone call to Walgreens to created fraudulent verbal prescription for tramadol prescribed to himself.

16. Based on the foregoing, Respondent has violated Section 465.016(1)(e), Florida Statutes (2016), by and through a violation of Title 21, United States Code, Sections 843(a)(3) and 846.

COUNT TWO

17. Petitioner realleges and incorporates paragraphs one through ten as if fully set forth herein.

18. Section 456.072(1)(m), Florida Statutes (2016), provides that making deceptive, untrue, or fraudulent representations in or related to the

practice of a profession or employing a trick or scheme in or related to the practice of a profession, constitutes grounds for disciplinary action.

19. Respondent made deceptive, untrue, or fraudulent representations, or employed a trick or scheme, in or related to the practice of his profession as a pharmacist, when Respondent misrepresented himself as Dr. A.R. on a telephone call to Walgreens in order to create a fraudulent verbal prescription for tramadol and/or naproxen prescribed to himself.

20. Based on the foregoing, Respondent has violated Section 456.072(1)(m), Florida Statutes (2016).

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WHEREFORE, the Petitioner respectfully requests that the Board of Pharmacy enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th **day of** July **, 2018.**

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Christopher A. Jurich

CHRISTOPHER A. JURICH
Assistant General Counsel
Fla. Bar No. 0099014
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Telephone: (850) 558-9861
Facsimile: (850) 245-4662
Email: christopher.jurich@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Amber Greene
DATE JUL 19 2018

PCP Meeting: July 19, 2018
PCP Members: Michele Weizer, Blanca Rivera

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please note that mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2018-07483**

HANY SAMY SOLIMAN SAAD, R.PH.,

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2. At all times material to this Administrative Complaint, Respondent was a licensed pharmacist within the state of Florida, having been issued license number PS46978.

3. Respondent's address of record is 12131 Sumter Drive, Orlando, Florida 32824.

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SIGNED this 19th **day of** July **, 2018.**

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary

Christopher A. Jurich

CHRISTOPHER A. JURICH
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FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Amber Greene
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NABP
National Association of Boards of Pharmacy

Date Completed : 10/7/2022

To : **Nevada** Board of Pharmacy

The applicant below is seeking Licensure in your State

State(s) of Examination : Florida		**License No :**	PS46978
License Being Used as the Basis of Transfer : Florida		**Date of Issue :**	09/13/2010

APPLICANT DETAILS

e-Profile ID:	178256	**Customer ID:**	76781
Name:	Hany S Saad	**Mailing Address:**	[redacted]Sumter Dr Orlando, FL 32824
Maiden and / or Other Name(s):	Hany Samy Soliman Saad	**Phone Number:**	[redacted]
		Email Address:	[redacted]
Sex:	Male	**Citizenship:**	United States Citizen
Date of Birth:	[redacted]		
SSN:	[redacted]		

PHARMACY EDUCATION

Name/Location of First Pharmacy School:	Cairo University Egypt	**Name/Location of Additional Pharmacy School:**	
Graduation Date:	11/01/2004	**Graduation Date:**	
Degree Received:	Foreign Pharmacy Degree (non-US obtained)	**Degree Received:**	
Intern Hours:	2080		
EE Number:	205-1903	**FPGEC Certified:** Yes	**FPGEC Certification Date:** 1/20/2010

PHARMACY EXAM INFORMATION

					Five-Part NABPLEX			
State	Date of Exam Exam Date	NAPLEX Result	Integrated NABPLEX Result	Chemistry Result	Mathematics Result	Pharmocology Result	Pharmacy Result	Practice of Pharmacy Result
FL	9/8/2010	80						

MPJE: FL-69, FL-74, FL-77

Note(s) for Board Staff: This applicant has prior board action on one or more pharmacist license. Please review the action(s) in the NABP e-Profile Connect Portal.

EMPLOYMENT HISTORY

Last Three Years of Employment

Name of Employer	Address	Job Title	Start Date	End Date
Labcorp Specialty Pharmacy	100 Technology Park Ste 158 Lake Mary, Florida 32746	Staff Pharmacist	08-2020	Present
St. Mary's Pharmacy	1314 S Bay St Eustis, Florida 32726	Pharmacist	01-2017	03-2020

e-Profile ID : 178256 Hany S Saad **Customer ID : 76781**

PHARMACIST'S LICENSES

State	License Number	Exam Name	Obtained By	Issue Date	Expiration Date	Board Action	License Status
Florida	PS46978	NAPLEX	Exam	09/13/2010	09/30/2023	Yes	Active/Good Standing

DISCLOSURES

	Question	Answer
1.	Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority? If yes, provide details.	No
2.	Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority? If yes, provide details.	Yes
	Applicants Explanation: Public complaint submitted and disciplinary action completed	
3.	Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws? If yes, provide details.	No
4.	Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? If yes, provide details.	No
5.	Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? If yes, provide details.	No
6.	Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession? If yes, provide details.	No

The National Association of Board of Pharmacy (NABP) hereby certifies that information submitted in this application has been verified under verification procedures established by NABP through the Disciplinary Clearinghouse maintained by NABP, including license and disciplinary information, which is verified through the appropriate state Board of Pharmacy or Regulatory agency

Lemrey "Al" Carter, Executive Director/Secretary

Department of Health

HANY SAMY SOLIMAN SAAD

License Number: PS46978

Data As Of 7/5/2022

Profession	Pharmacist
License	PS46978
License Status	CLEAR/ACTIVE
License Expiration Date	9/30/2023
License Original Issue Date	09/13/2010
Address of Record	12131 Sumter Dr. ORLANDO ORLANDO, FL 32824
Discipline on File	Yes
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Hany Middle: Samy Soliman Last: Saad

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Sumter Dr.

City: Orlando State: FL Zip: 32824

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: State Requirement

Section 2: Employment Information

Pharmacy Name: Praxis Specialty Pharmacy NV Pharmacy License # (if applicable): _____

Address: 100 Technology Park Suite 158

City: Lake Mary State: FL Zip: 32746

Telephone: 866-842-2147 Email: _____

Section 3: License/Registration Reciprocation Information:

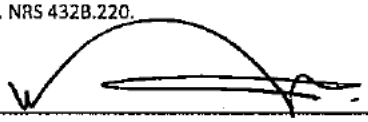
Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: Florida Date of issuance: 9/13/2010

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.



Original Signature, no copies or stamps accepted

6/29/2022

Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

15

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Jorge Middle: Isaac Last: Burgos

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] Head Quiet Dr.

City: Las Vegas State: NV Zip: 89131

Telephone: [redacted] Email: [redacted]

Degree: MD Practitioner License #: 10622 Specialty: Internal Medicine

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Jorge Y. Burgos, MD, PC dba Medicis Primary Care

Practice Address: 750 N. Eastern Ave Suite #: 100

City: Las Vegas State: NV Zip: 89101

Telephone: 702-227-0022 Fax: 702-227-0084 Email: jorgeburgosclinic@gmail.com

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?	✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
Suspension / Probation	Nevada	Dec. 4, 2017	17-26547-1

Criminal Action:	State:	Date:	Case #:	County:	Court:
Misdemeanor	NV	7/27/17	C-16-319451-1	Clark	Eight Judicial District

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jorge Burgos, MD — Print Name (First, Last)

11/14/2022 — Date

Jorge Burgos — Original Signature (electronic, copies or stamps not accepted)

11/14/2022 — Date

Board Use Only: Date Processed: _____ Amount: 200.00 ck- 2730

11-21-22

Reply to:
Debarring Official
OIG/OPM
1900 E St., NW, Rm. 6400
Washington, DC 20415-1110
debar@opm.gov

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT
Washington, DC 20415

Office of the
Inspector General

November 9, 2022

Jorge Ysacc Burgos, M.D.
[redacted] Real Quiet Drive
Las Vegas, NV 89131

Dear Jorge Ysacc Burgos:

On November 15, 2017, the U.S. Office of Personnel Management (OPM) proposed your debarment for a period concurrent with your U.S. Department of Health and Human Services (DHHS) exclusion. OPM's debarment became effective on December 21, 2017.

DHHS has notified us that they have modified your exclusion. Accordingly, I have terminated OPM's debarment effective October 17, 2022, and all Federal Employees Health Benefit Program (FEHBP) carriers will be notified of the change in your status. In addition, your OPM debarment will be removed from the General Services Administration's government wide System for Award Management (SAM), formerly, Excluded Parties List System or EPLS.

Although your eligibility to participate in the FEHBP has been reinstated effective October 17, 2022, your name will remain on SAM until the next monthly update. You should use this letter to demonstrate that you are eligible to participate in the FEHBP until your name is removed from SAM.

If you have any questions or require additional information, please contact the Administrative Sanctions Group by email at debar@opm.gov, or at (202) 606-2436.

Sincerely,

Paul St. Hillaire
Debarring Official

Dr. Jorge Burgos
Internal Medicine

Medicis Primary Care
& Skin Care
750 N. Eastern Avenue, Suite 100
Las Vegas, NV 89101
Tel.: 702.227.0022 Fax: 702.227.0084
nvb@medicisprimarycare.com

November 14, 2022

Nevada State Board of Pharmacy
985 Darmonte Ranch Parkway, Suite 206
Reno, NV 89521

RE: Controlled Substance license application
Jorge Burgos, MD

Dear Sir or Madam,

In accordance to the requirements of the Controlled Substance (CS) license application, I provide in this letter the explanation for the positive responses of questions 2 and 3, of Section 5.

Question 2: YES. I was charged with 3 gross misdemeanor charges and I plead guilty on 07/27/2017. I was sentenced to 7 days detention and three years of probation. I was honorably discharged of this probation period on August 6, 2019. I have enclosed copy of the Judge Order for your reference.

Question 3: YES. My medical license 10622 was suspended on from 12/04/2017 until 04/01/2018, and placed on probation until 03/14/2022. This was the Nevada State Board of Medical Examiners (NSBME) response to the criminal case sentencing of 07/27/2017, mentioned above. Please see attached copy of the NSBME Settlement Agreement imposing these sanctions.

On 03/14/2022 the NSBME lifted the probation status of my medical license. A copy of this Order is enclosed.

Should you need more information, please do not hesitate to contact me at 702-622-9345 or by email at jorgeburgos66@aol.com. You can also contact my Office Manager, Natalia Burgos at 702-227-0022 option 5, or by email at jorgeburgosclinic@gmail.com.

Thank you for your time and consideration.

Respectfully,

Jorge Burgos, MD

Electronically Filed
8/13/2019 2:36 PM
Steven D. Grierson
CLERK OF THE COURT

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,

Plaintiff

vs.

BURGOS, Jorge Ysaac

Defendant

Case No. C-16-319451-1

Department No. XXIX

PETITION AND ORDER HONORABLY DISCHARGING PROBATIONER

To the Honorable Judge David Jones, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of the Court for a term not to exceed 3 years, said Order being dated the 27th of July, 2017. Said Probationer has satisfactorily completed all of the Conditions of probation or has demonstrated fitness for honorable discharge but because of economic hardship, verified by the Division, has been unable to make restitution as ordered by the court.

THEREFORE, the undersigned petitions and recommends that said Probationer be honorably discharged and released from further supervision in accordance with NRS 176A.850.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person. Attached are documents explaining restoration of Civil Rights and Sealing of records.

Dated this 6th day of August, 2019.

FCK

Anne K. Carpenter, Chief Parole and Probation Officer

ORDER HONORABLY DISCHARGING PROBATIONER
In accordance with NRS 176A.850

In this cause it appearing that the above-named Defendant was heretofore placed on probation under the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expires upon Judge's signature.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

Dated this 9 day of Aug. 2019 at 8:00 am/pm.

DAVID JONES, District Judge
53

266375659

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the License to Practice Medicine of:	**License No. 10622**
JORGE YSACC BURGOS, M.D.,	
Respondent.	

FILED

MAR 14 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

ORDER REMOVING CONDITIONS FROM LICENSE

Jorge Ysacc Burgos, M.D. (Dr. Burgos), License No. 10622, personally appeared in Las Vegas, Nevada, before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on March 4, 2022, requesting removal of all conditions and restrictions on his medical license.

After considering the request, the Board enters the following order:

IT IS HEREBY ORDERED that all conditions and restrictions be removed from Dr. Burgos's license to practice medicine in the State of Nevada, and, thereby, Dr. Burgos has an unrestricted license.

DATED this 14th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against JORGE YSACC BURGOS, M.D., Respondent.	**Case No. 17-26547-1**

FILED
DEC - 4 2017
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through its General Counsel, Robert Kilroy, Esq., and Jorge Ysacc Burgos, M.D. (Respondent), a licensed physician in Nevada, represented by Crane Pomerantz, Esq., of the law firm of Sklar Williams PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a physician licensed by the Board, pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since August 27, 2003 (License No. 10622).

2. On August 11, 2017, in Case No. 17-26547-1, the IC filed a First Amended Complaint (Complaint) charging Respondent with Medical Practice Act violations. Specifically, this Complaint alleges: one (1) count of violating of NRS 630.301(9) (engaging in conduct that brings the medical

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

profession into disrepute); one (1) count of violating of NRS 630.301(11)(d) (conviction of a sexually related crime); and one (1) count of violating of NRS 630.301(11)(g) (conviction of an offense involving moral turpitude). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter and his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel at his own expense in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's Order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the

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Reno, Nevada 89502
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terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent understands that he may retain and consult counsel prior to entering into this Agreement at his own expense. Respondent acknowledges he is represented by counsel licensed in the State of Nevada and wishes to resolve the matters addressed herein with such counsel. Respondent agrees that if representation in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel licensed in the State of Nevada.

3. **Waiver of Rights**. In connection with this Agreement and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

//

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4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent without incurring any further costs or the expense associated with a hearing, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

A. Respondent admits to the following:

(1) One (1) count of violating NRS 630.301(9) (engaging in conduct that brings the medical profession into disrepute);

(2) One (1) count of violating NRS 630.301(11)(d) (conviction of a sexually related crime); and

(3) One (1) count of violating NRS 630.301(11)(g) (conviction of an offense involving moral turpitude).

B. Respondent agrees to allow his license to practice medicine in the State of Nevada to be suspended (Suspension) for FOUR (4) MONTHS (December 2017, January thru March 2018) following the date of this Agreement's acceptance, adoption and approval by the Board, and Respondent will have his suspended license status lifted on Monday, April 2, 2018, which is approximately four months following his Suspension date.

//

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C. Respondent's license shall be subject to a term of probation (Probationary Period) for an indeterminate period of time and he may petition the Board to lift the probationary condition placed upon his license after forty-eight (48) months from the date of the Board's acceptance, adoption and approval of this Agreement. The following terms and conditions shall apply during Respondent's Probationary Period, if and when Respondent intends to practice medicine in Nevada during this Probationary Period:

(1) Respondent must be supervised at all times during any and all interactions with all female patients, with a formal monitoring agreement with approved and identified monitors, throughout the entire Probationary Period or until further order of the Board.

(2) Respondent shall successfully complete all requirements as established by the Eighth Judicial District Court and the Nevada Division of Parole and Probation.

(3) Respondent agrees to abstain from the personal use or possession of controlled substances and prescription drugs, unless such controlled substance or prescription drug is lawfully prescribed to Respondent for a current bona fide illness or condition by a licensed Practitioner. Respondent shall abstain from the use of any and all other mood-altering substances for any other purpose than the purpose for which the substance is intended. Respondent will no longer be allowed to prescribe medications to himself.

(4) Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this Agreement, including probation or parole, and if, or when, the Nevada Division of Parole and Probation terminates its probationary period of Respondent, then Respondent can petition the Board for a termination of the Board's Probationary Period.

D. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within one hundred twenty (120) days of the Board's acceptance, adoption and approval of this Agreement, the current amount

being [$1500.00], not including any costs that may be necessary to finalize this Agreement.

E. Respondent shall take six (6) hours of continuing medical education (CME) related to family practice, boundary issues, and professionalism within the work place within twelve (12) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

F. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

G. Respondent shall be issued a Public Letter of Reprimand.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

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(775) 688-2559

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in a Nevada state district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, County of Washoe, State of Nevada.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

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13. **Failure to Comply with Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 22 day of NOV, 2017.

By: _____
Robert Kilroy, Esq.
Attorney for the Investigative Committee

Dated this 21 day of November, 2017.

By: _____
Crane Pomerantz, Esq.
Attorney for the Respondent

UNDERSTOOD AND AGREED:

_____
Jorge Ysaco Burgos, M.D., Respondent

Dated this 21 day of November, 2017.

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 1st day of December 2017, with the final total amount of costs due of $1,500.00.

D Prabhu Rachakonda, MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
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Reno, Nevada 89502
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SKLAR WILLIAMS
PLLC
LAW OFFICES
Tivoli Village – Rotunda Building
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
(702) 360-6000 • Fax: (702) 360-0000
E-Mail: cpomerantz@sklar-law.com

April 22, 2019

Via Electronic Mail to pedwards@pharmacy.nv.gov

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road
Suite E217
Las Vegas, NV 89119

Re: *Dr. Jorge Burgos - Withdrawal Of Application For Controlled Substance License*

Dear Mr. Edwards:

I am writing pursuant to our telephone calls on April 8, 2019 and our brief discussion at the Board of Pharmacy's (the "Board") public meeting on April 11, 2019. As I explained, on or about January 14, 2019, my client, Jorge Burgos, submitted his Controlled Substance Application (the "Application") with the Board. When he submitted the Application, Dr. Burgos was operating under the misapprehension that he required a controlled substance license from the Board to prescribe dangerous drugs. He does not currently have a DEA license to prescribe controlled substances and does not prescribe them as part of his practice. You explained to me that, because of his active medical license, he does not need a separate controlled substance license from the Board to prescribe dangerous drugs.

As a result, Dr. Burgos respectfully seeks to withdraw his Application. He may resubmit an Application once he reapplies for his DEA license and such license is reinstated. Please let me know if this letter suffices to withdraw Dr. Burgos' application or some further action is necessary.

I am very appreciative of your continued courtesy in this matter. Please contact me with any questions or requests for any further information the Board requires.

Very truly yours,

Crane M. Pomerantz

CMP

Enclosure

Cc: Jorge Burgos, MD

Nevada State Board of Pharmacy

985 DAMONTE RANCH PARKWAY • SUITE 206 • RENO, NEVADA 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

March 12, 2019

Jorge Burgos, MD
1815 E Lake Mead Blvd #314
North Las Vegas, NV 89030

Dear Dr. Burgos:

We are in receipt of your application for a controlled substance license.

After review of the application and documentation, it has been determined you will be required to personally appear before the board at a regularly scheduled board meeting for their consideration to approve or deny your controlled substance registration.

Your required appearance has been scheduled for:

Thursday, April 11, 2019
9:00 am or soon thereafter
Hilton Garden Inn
7830 S Las Vegas Blvd
Las Vegas, Nevada

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

You are required to appear at the meeting. If you do not show up to the meeting and have not contacted the board prior to the appearance, the board may take action on the application in your absence.

If you have any questions, please feel free to contact us.

Sincerely,

Candy M Nally

Candy M. Nally
Licensing Specialist

9171 9690 0935 0157 5494 11

Clark Hill

RECEIVED
APR 24 2023
NEVADA STATE BOARD OF PHARMACY

Crane Pomerantz
Email:cpomerantz@ClarkHill.com

Clark Hill PLLC
1700 S. Pavilion Center Drive
Suite 500
Las Vegas, NV 89135
T (702) 697-7545
F (702) 862-8400

April 20, 2023

Via email and regular mail

Nevada State Board of Pharmacy
Attn: Dave Wuest, Executive Director
Brett Kandt, Board Counsel
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: License Application of Jorge Y. Burgos, MD

Dear Mr. Wuest and Mr. Kandt:

I am writing on behalf of my client Dr. Jorge Burgos. As you know, Dr. Burgos and I appeared before the Nevada State Board of Pharmacy (the "Board") on Thursday, April 13, 2023 with regard to Dr. Burgos' pending Controlled Substance Application. During his appearance, the Board informed us that it sought additional information so that it could assess the merits of his application. The documentation sought accompanies this letter. I respectfully request that the documents appended and this letter be made part of Dr. Burgos' application.

Procedural Background

On or about November 14, 2022, Dr. Burgos submitted his Controlled Substance Application (the "Application") to the Board.[1] In the Application, Dr. Burgos truthfully disclosed that he had previously been convicted of a crime in 2016 and that, as a result, his medical license had been suspended in 2017 by the Nevada State Board of Medical Examiners (the "Medical Board"). The Application identifies the case numbers for both the criminal case and the Medical Board matter number.

The Application was originally placed on the Board's March meeting agenda. The Board subsequently unilaterally moved this agenda item to its April meeting. At no point did any Board representative identify any deficiencies in the Application. At the Board's April 13, 2023 hearing,

---

1 Dr. Burgos had been previously licensed by the Board, but voluntarily resigned that license about five years ago in conjunction with the events described below.

Mr. Kandt explained that the Board could not take action on Dr. Burgos' application because certain information was missing.[2]

The Criminal Case

On September 21, 2016, Dr. Burgos was arrested by the Las Vegas Metropolitan Police Department based on a complaint filed by female patient that Dr. Burgos made unwanted romantic advances towards her. On February 2, 2017, the Clark County District Attorney's Office obtained a three count Amended Indictment against Dr. Burgos. *See* **Exhibit A** (Amended Indictment) and **Exhibit B** (Criminal Case Register of Actions). The Amended Indictment charged three counts of Open and Gross Lewdness in violation of NRS 201.210. These charges are gross misdemeanors. The Amended Indictment alleges instances of conduct which occurred between November 16, 2014 and the October 19, 2016 and relates to conduct in which Dr. Burgos engaged while practicing medicine. The charges do not relate, in any manner whatsoever, to Dr. Burgos' prescribing practices or conduct relating to dangerous drugs or controlled substances.

Dr. Burgos pled guilty to these charges pursuant to a written plea agreement. *See* **Exhibit C** (Plea Agreement). On July 27, 2017, the Hon. Richard Scotti sentenced Dr. Burgos. *See* **Exhibit B.** He imposed the following sentence: (1) seven days of custody, to be served on weekends; and (2) three years of probation. Dr. Burgos also was required to complete sex offender training, attend thirty (30) therapy sessions, and take an online course on victim empathy. *See* **Exhibit B.** A copy of the Amended Judgment of Conviction is appended hereto as **Exhibit D.** On August 9, 2019, about one year prior to the expiration of his three year probationary period, Dr. Burgos was honorably discharged from probation because he "satisfactorily completed all of the conditions of probation." *See* **Exhibit E** (Petition and Order Honorably Discharging Probationer). Thus, it has been almost four years since Dr. Burgos satisfied his obligations on the criminal case. Needless to say, he has not been in any trouble since.

---

[2] As you know, I respect you both immensely. But I have to confess at being deeply disappointed at the manner in which the Board handled this matter. Dr. Burgos' Application has been pending since November 2022. In the *five months* that have elapsed, no one associated with the Board reached out to him about any perceived deficiencies with the Application. Instead, after waiting four and half hours to have his matter called on April 13, 2023, we were summarily informed that the Board needed additional information to make a decision. To me, common courtesy dictates that the Board inform Dr. Burgos (or counsel) that it sought additional information prior to putting his matter on its agenda in the first place. Making matters worse, all of the information sought by the Board is publicly available (from both the Eighth Judicial District Court and the Medical Board), and thus, was equally available to the Board. What transpired was incredibly inefficient and had the effect of embarrassing Dr. Burgos, which I am sure was not your intent, but was the result. For the reasons set forth herein, Dr. Burgos has been through a very difficult period – which he understands was all of his own doing. But the Application is the last step in a process that began *seven years ago* and he simply seeks a prompt and thorough review of his application.

The Discipline that Followed the Criminal Case

On September 27, 2016, Dr. Burgos, through counsel, promptly notified the Medical Board of his arrest. *See* **Exhibit F** (Letter dated September 27, 2016). He subsequently updated the Medical Board on October 24, 2016. *See* **Exhibit G** (Letter dated October 24, 2016). On December 4, 2017, Dr. Burgos entered into a Settlement Agreement with the Medical Board. *See* **Exhibit H** (Medical Board Settlement Agreement). Under the terms of the Settlement Agreement, Dr. Burgos agreed to a four month suspension of his medical license (December 2017 – March 2018). His medical license was placed in probationary status for a period of at least four years, during which time he agreed to be supervised at all times during interactions with female patients, pursuant to a written monitoring agreement. *See* **Exhibit H.** On March 14, 2022, the Medical Board issued an Order removing all conditions and restrictions on Dr. Burgos' medical license.[3] *See* **Exhibit I** (Order Removing Conditions from License).

As a result of both the criminal case and the Medical Board matter, on October 6, 2017, the Drug Enforcement Administration ("DEA") informed Dr. Burgos that it intended to initiate proceedings to revoke his DEA Certificate of Registration. *See* **Exhibit J** (Letter dated October 6, 2017). Instead of contesting the revocation, Dr. Burgos agreed to voluntarily surrender his DEA Certificate of Registration. *See* **Exhibit K** (Letter dated October 30, 2017) and **Exhibit L** (Letter dated October 18, 2017). At every step in this process, Dr. Burgos has promptly accepted responsibility for his conduct.

On October 17, 2022, the Department of Health and Human Services – Office of the Inspector General reinstated Dr. Burgos and reported this to the National Practitioner Databank. *See* **Exhibit M** (Revision to Exclusion/Debarment Action).

Justification for Reinstatement

Dr. Burgos respectfully requests that the Board grant the Application. We submit that the following facts justify approval:

- Dr. Burgos continues to be extremely contrite for the conduct in which he engaged. Nonetheless, the conduct alleged in the criminal case occurred as long as *nine* years ago and the criminal charges are almost *seven* years old;

- Dr. Burgos pled guilty to three gross misdemeanors over *six* years ago, completed all of his legal obligations, and was honorably discharged from probation early, approximately *four* years ago. He has not been in any trouble since;

- The Medical Board reinstated Dr. Burgos' license to practice medicine after completing a four month suspension in early 2018 and removed all conditions on his license over one year ago.

---

[3] Despite the Medical Board's Order, Dr. Burgos continues to have a female staff member present for all interactions with female patients.

- The conduct that formed the basis for the criminal case and the discipline that followed had nothing to do with Dr. Burgos' prescribing practices. While he understands that the Board will make its own independent assessment as to whether the Application should be granted, the Medical Board's decision to reinstate Dr. Burgos fully should inform this Board's decision; and

- Obtaining a controlled substance license is the last step before Dr. Burgos can practice medicine without any restrictions.[4]

In providing this supplemental information, Dr. Burgos has attempted to provide the Board with a fulsome and transparent recitation of the matters he disclosed in the Application. If there is any additional information that the Board believes it needs to assess his application, please contact me, and I will supplement this submission promptly, as appropriate.

Sincerely,

CLARK HILL PLLC

/s/ *Crane Pomerantz*

Crane M. Pomerantz

CP:cmp

cc: Dr. Jorge Burgos

[4] Without a Controlled Substance license, Dr. Burgos cannot be reinstated by the Medicare or Medicaid programs, providing important resources to the North Las Vegas community. Dr. Burgos practices in the medically underserved area of North Las Vegas, where many of his patients are Spanish-speaking, Dr. Burgos' native language. He provides an important service to an area in which it is needed.

EXHIBIT A

ORIGINAL

FILED IN OPEN COURT
STEVEN D. GRIERSON
CLERK OF THE COURT
FEB - 2 2017
BY, AJA M. BROWN, DEPUTY

AIND
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHELLE JOBE
Chief Deputy District Attorney
Nevada Bar #010575
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

JORGE YSACC BURGOS,
#6056946

Defendant.

CASE NO: C-16-319451-1

DEPT NO: II

AMENDED
INDICTMENT

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

The Defendant above named, JORGE YSACC BURGOS, accused by the Clark County Grand Jury of the crime(s) of **COUNTS 1, 2 & 3 - OPEN OR GROSS LEWDNESS (Gross Misdemeanor - NRS 201.210 - NOC 50971)** committed at and within the County of Clark, State of Nevada, on or between November 16, 2014 and October 19, 2016, as follows:

COUNT 1

did willfully and unlawfully commit an act of open or gross lewdness, by hugging the said M.B., and/or M.Q. and/or L.C., and/or kissing her face and/or neck.

COUNT 2

did willfully and unlawfully commit an act of open or gross lewdness, by the Defendant rubbing his genital area and/or fingers against the body of the said C.L., and/or B.B.

///

///

C-16-319451-1
AIND
Amended Indictment
4820298

COUNT 3

did willfully and unlawfully commit an act of open or gross lewdness, by the Defendant using his hand(s) and/or finger(s) to rub and/or touch and/or fondle the leg(s) and/or thigh(s) of the said L.S. and/or A.M.

DATED this 18 day of February, 2017.

STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565

BY _____
MICHELLE JOBE
Chief Deputy District Attorney
Nevada Bar #010575

16AGJ139X/16FN1830X/16FN2162X/jm/SVU
NLVPD EV# 1614857
(TK)

EXHIBIT B

Case Information

C-16-319451-1 | State of Nevada vs Jorge Burgos

Case Number	Court	Judicial Officer
C-16-319451-1	**Department 1**	**Yeager, Bita**
File Date	Case Type	Case Status
11/16/2016	**Felony/Gross Misdemeanor**	**Closed**

Party

Plaintiff
State of Nevada

Active Attorneys
Attorney
Raman, Jay

Attorney
Jobe, Michelle Y.

Attorney
Stephens, Robert

Lead Attorney
Wolfson, Steven B

Defendant
Burgos, Jorge Ysacc

Active Attorneys
Lead Attorney
Croteau, Roger P, ESQ
Retained

Attorney
Pomerantz, Crane

Retained

Charge

Charges
Burgos, Jorge Ysacc

	Description	Statute	Level	Date
1	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	11/16/2014
2	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	11/16/2014
3	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	11/16/2014
4	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	08/01/2016
5	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	05/15/2016
6	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	05/15/2016
7	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	04/01/2015
8	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	04/01/2015
9	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	11/14/2014
10	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	11/01/2015
11	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	01/01/2016
12	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	01/01/2016
13	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	01/01/2016
14	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	01/01/2016
15	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	08/01/2016
16	OPEN OR GROSS LEWDNESS	201.210.1a	Gross Misdemeanor	11/16/2014

Bond

Bond Type	Bond Number	Bond Amount	Current Bond Status
Surety	FCS150-1695237	$110,000.00	Exonerated
Cash		$6,000.00	Exonerated

Disposition Events

02/02/2017 Plea▾

Judicial Officer
Scotti, Richard F.

1	OPEN OR GROSS LEWDNESS	Guilty
2	OPEN OR GROSS LEWDNESS	Guilty
3	OPEN OR GROSS LEWDNESS	Guilty

07/27/2017 Disposition▾

Judicial Officer
Scotti, Richard F.

1	OPEN OR GROSS LEWDNESS	Guilty
2	OPEN OR GROSS LEWDNESS	Guilty
3	OPEN OR GROSS LEWDNESS	Guilty

02/03/2017 Disposition▾

Judicial Officer
Scotti, Richard F.

4	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed

5	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
6	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
7	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
8	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
9	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
10	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
11	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
12	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
13	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
14	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
15	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed
16	OPEN OR GROSS LEWDNESS	Amended Information Filed/Charges Not Addressed

07/27/2017 Adult Adjudication ▼

1	OPEN OR GROSS LEWDNESS	Adult Adjudication

Sentenced to CCDC

Term: **364 Days**

Suspended - Period of Probation: **Indeterminate, Not to Exceed: 3 Years**

10/10/2017 Amended Adult Adjudication ▼

Amend Reason
Amended

1 OPEN OR GROSS LEWDNESS Adult Adjudication

Sentenced to CCDC

Term: **364 Days**

Suspended - Period of Probation: **Indeterminate, Not to Exceed: 3 Years**

07/27/2017 Adult Adjudication ▾

2 OPEN OR GROSS LEWDNESS Adult Adjudication

Sentenced to CCDC

Term: **364 Days**

Consecutive: **Charge 1**

Suspended - Period of Probation: **Indeterminate, Not to Exceed: 3 Years**

07/27/2017 Adult Adjudication ▾

3 OPEN OR GROSS LEWDNESS Adult Adjudication

Sentenced to CCDC

Term: **364 Days**

Consecutive: **Charge 1 and 2**

Suspended - Period of Probation: **Indeterminate, Not to Exceed: 3 Years**

Comment: **COURT FURTHER ORDERED, Deft. report to P & P on Monday, July 31, 2017; Deft. to register as a sex offender in accordance with NRS 179D.460 within 46 hours after sentencing.**

Condition

1. Additional Condition, Complete sex offender treatment program as recommended by the Division of Parole and Probation (P & P).

2. Additional Condition, Attend thirty (30) therapy sessions.

3. Additional Condition, Locate and take an online course on victim empathy for a minimum for four (4) hours.

4. CCDC Confinement, Serve seven (7) days flat time, beginning Friday 7/28/17, to be served on Friday evening with release on Sunday.

5. Abstain From Use, Possession, Control of Alcohol, Avoid use of alcohol to excess, which is a .08 standard.

6. Comply With Curfew Imposed By Probation Officer

7. No Contact, No contact whatsoever with the victim or victim s families, unless they decide to continue seeking medical treatment from Deft.

Fee Totals

$25.00

$150.00

$3.00

Fee Totals

$178.00

10/10/2017 Amended Adult Adjudication ▾

Amend Reason
Amended

2 OPEN OR GROSS LEWDNESS Adult Adjudication

Sentenced to CCDC

Term: 364 Days

Consecutive: Charge 1

Suspended - Period of Probation: Indeterminate, Not to Exceed: 3 Years

10/10/2017 Amended Adult Adjudication ▾

Amend Reason
Amended, Modified

3 OPEN OR GROSS LEWDNESS Adult Adjudication

Sentenced to CCDC

Term: 364 Days

Consecutive: Charge 1 and 2

Suspended - Period of Probation: **Indeterminate, Not to Exceed: 3 Years**

Comment: **COURT FURTHER ORDERED, Deft. report to P & P on Monday, July 31, 2017; Deft. to register as a sex offender in accordance with NRS 179D.460 within 48 hours after sentencing.**

Condition

1. Additional Condition, Complete sex offender treatment program as recommended by the Division of Parole and Probation (P & P).

2. Additional Condition, Attend thirty (30) therapy sessions.

3. Additional Condition, Locate and take an online course on victim empathy for a minimum for four (4) hours.

4. CCDC Confinement, Serve seven (7) days flat time, beginning Friday 7/28/17, to be served on Friday evening with release on Sunday.

5. Abstain From Use, Possession, Control of Alcohol, Avoid use of alcohol to excess, which is a .08 standard.

6. Comply With Curfew Imposed By Probation Officer

7. No Contact, No contact whatsoever with the victim or victim s families, unless they decide to continue seeking medical treatment from Deft.

Fee Totals

$25.00

$150.00

$3.00

Fee Totals

$178.00

Comment

Comment **(10/10/17 - COURT ORDERED, PROBATION MODIFIED, the therapy sessions to which Defendant is already attending are sufficient to satisfy the condition of probation already in place and are to be included as long as the sessions are documented and the required number of sessions are met.)**

Events and Hearings

11/16/2016 Grand Jury Indictment ▼

Judicial Officer
Barker, David

Hearing Time
11:45 AM

Result
Matter Heard

Parties Present ▲
Plaintiff: State of Nevada

Attorney: Jobe, Michelle Y.

11/16/2016 Indictment ▼

Comment
[1] Indictment

11/16/2016 Summons ▼

Comment
[2] Summons (Indictment)

11/16/2016 Order ▼

Comment
[3] Notice and Order to Transfer Bail

11/17/2016 Grand Jury Indictment ▼

Judicial Officer
Barker, David

Hearing Time
11:45 AM

Cancel Reason
Vacated - On In Error

11/28/2016 Bail Bond ▼

Comment
[4] Bail bond FCS150-1695237 $110,000.00 Notice And Order To Transfer Bail filed in open court on 11/16/16. Bond was not received from NLV JC until 11/28/16. There is also a $6,000 cash bail that NLV JC should be sending over sometime the week of 11/28/16 per email on 11/23/16.Cash bail was not recieved until 12/6/16 from North Las Vegas JC.

11/28/2016 Notice of Receipt of Bond Transfer ▼

Comment
[5]

12/01/2016 Initial Arraignment ▼

Judicial Officer
Scotti, Richard F.

Hearing Time
9:00 AM

Result
Trial Date Set

Parties Present ▲
Plaintiff: State of Nevada

Attorney: Jobe, Michelle Y.

Defendant: Burgos, Jorge Ysacc

Attorney: Croteau, Roger P, ESQ

12/05/2016 Transcript of Proceedings ▼

Comment
[6] Reporter's Transcript of Proceedings, Grand Jury Hearing, November 15, 2016

12/07/2016 Notice of Receipt of Bond Transfer ▼

Comment
[7] Cash Bail Check #7907 $6000.00 Received from NLV JC 12/6/16. Notice And Order To Transfer Bail

12/22/2016 Media Request and Order ▼

Comment
[8] KTNV Media Request and Order Allowing Camera Access to Court Proceedings

01/09/2017 Media Request and Order ▼

Comment
[9] Media Request And Order Allowing Camera Access to Court Proceedings

01/12/2017 Status Check ▼

Judicial Officer
Scotti, Richard F.

Hearing Time
9:00 AM

Result
Continued

Parties Present ▲

Plaintiff: State of Nevada

Attorney: Jobe, Michelle Y.

Defendant: Burgos, Jorge Ysacc

Attorney: Croteau, Roger P, ESQ

02/02/2017 Amended Indictment

Comment
[10] Amended Indictment

02/02/2017 Guilty Plea Agreement

Comment
[11]

02/28/2017 Calendar Call

Judicial Officer
Scotti, Richard F.

Hearing Time
9:00 AM

Cancel Reason
Vacated

03/06/2017 Jury Trial

Judicial Officer
Scotti, Richard F.

Hearing Time
10:00 AM

Cancel Reason
Vacated

05/22/2017 PSI

Comment
[12]

05/22/2017 PSI - Defendant Statements

Comment
[13]

05/22/2017 PSI - Victim Impact Statements

Comment
[14]

05/24/2017 Memorandum ▼

Comment
[15] Sentencing Memorandum

05/30/2017 Sentencing ▼

Judicial Officer
Scotti, Richard F.

Hearing Time
9:00 AM

Result
Continued

Parties Present ▲
Plaintiff: State of Nevada

Attorney: Jobe, Michelle Y.

Defendant: Burgos, Jorge Ysacc

Attorney: Croteau, Roger P, ESQ

07/20/2017 Motion ▼

Comment
[16] Motion for Leave to File Report Under Seal

07/21/2017 Filed Under Seal ▼

Comment
[17] The Report (Exhibit A) to Motion for Leave to File Raport Under Seal

07/27/2017 Motion to Seal/Redact Records ▼

Judicial Officer
Scotti, Richard F.

Hearing Time
9:00 AM

Result
Motion Granted

Comment
Defendant's Motion for Leave to File Report Under Seal

07/27/2017 All Pending Motions ▼

Judicial Officer
Scotti, Richard F.

Hearing Time
9:00 AM

Result
Matter Heard

Parties Present
Plaintiff: State of Nevada

Attorney: Jobe, Michelle Y.

Defendant: Burgos, Jorge Ysacc

Attorney: Croteau, Roger P, ESQ

Attorney: Pomerantz, Crane

07/27/2017 Order to Seal

Comment
[19]

07/31/2017 Criminal Order to Statistically Close Case

Comment
[18] Criminal Order to Statistically Close Case

08/01/2017 Media Request and Order

Comment
[20] Media Request And Order Allowing Camera Access To Court Proceedings

08/08/2017 Judgment of Conviction

Comment
[21] Judgment of Conviction

08/21/2017 Case Reassigned to Department 18

Comment
Criminal Case Reassignment to Judge Mark B. Bailus

08/21/2017 Order Admitting Defendant to Probation & Fixing Terms

Comment
[22] Probation Agreement and Rules Order Admitting Defendant to Probation and Fixing the Terms Thereof

08/31/2017 Recorders Transcript of Hearing

Comment
[23] Recorders Transcript of Hearing Re:

09/19/2017 Motion to Clarify

Comment
[24] Motion to Clarify Sentence

09/27/2017 Notice of Motion ▾

Comment
[25] Notice of Motion

09/28/2017 Errata ▾

Comment
[26]

10/10/2017 Motion to Clarify ▾

Judicial Officer
Saitta, Nancy

Hearing Time
9:00 AM

Result
Granted

Comment
Defendant's Motion to Clarify Sentence

Parties Present ▴
Plaintiff: State of Nevada

Attorney: Wolfson, Steven B

Defendant: Burgos, Jorge Ysacc

12/12/2017 Amended Judgment of Conviction ▾

Comment
[27] Amended Judgment of Convction

07/02/2018 Case Reassigned to Department 29 ▾

Comment
Reassigned From Judge Bailus - Dept 18

07/15/2019 Probation Violation Report ▾

Comment
[28]

07/17/2019 Probation Violation Report ▾

Comment
[29]

08/13/2019 Order Discharging Probationer ▼

Comment
[30] Petition and Order Honorably Discharging Probationer

01/04/2021 Case Reassigned to Department 2 ▼

Comment
Judicial Reassignment to Judge Carli Kierny

04/04/2022 Case Reassigned to Department 9 ▼

Comment
Judicial Reassignment - From Judge Carli Kierny to Judge Vacant, DC9

07/11/2022 Case Reassigned to Department 1 ▼

Comment
Pursuant to Administrative Order 22-10 - Reassigned from Vacant, DC9 to Judge Bita Yeager

EXHIBIT C

ORIGINAL

FILED IN OPEN COURT
STEVEN D. GRIERSON
CLERK OF THE COURT

FEB - 2 2017

BY, AJA M. BROWN, DEPUTY

GPA
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #001565
MICHELLE JOBE
Chief Deputy District Attorney
Nevada Bar #10575
200 Lewis Avenue
Las Vegas, NV 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

JORGE YSACC BURGOS,
#6056946

Defendant.

CASE NO: C-16-319451-1

DEPT NO: II

GUILTY PLEA AGREEMENT

I hereby agree to plead guilty to: **COUNTS 1, 2 & 3 - OPEN OR GROSS LEWDNESS (Gross Misdemeanor - NRS 201.210 - NOC 50971)**, as more fully alleged in the charging document attached hereto as Exhibit "1".

My decision to plead guilty is based upon the plea agreement in this case which is as follows:

The State will make no recommendation at rendition of sentence.

I agree to the forfeiture of any and all weapons or any interest in any weapons seized and/or impounded in connection with the instant case and/or any other case negotiated in whole or in part in conjunction with this plea agreement.

I understand and agree that, if I fail to interview with the Department of Parole and Probation (P&P), fail to appear at any subsequent hearings in this case, or an independent magistrate, by affidavit review, confirms probable cause against me for new criminal charges

including reckless driving or DUI, but excluding minor traffic violations, the State will have the unqualified right to argue for any legal sentence and term of confinement allowable for the crime(s) to which I am pleading guilty, including the use of any prior convictions I may have to increase my sentence as an habitual criminal to five (5) to twenty (20) years, Life without the possibility of parole, Life with the possibility of parole after ten (10) years, or a definite twenty-five (25) year term with the possibility of parole after ten (10) years.

Otherwise I am entitled to receive the benefits of these negotiations as stated in this plea agreement.

CONSEQUENCES OF THE PLEA

I understand that by pleading guilty I admit the facts which support all the elements of the offense(s) to which I now plead as set forth in Exhibit "1".

I understand that as a consequence of my plea of guilty I may be imprisoned in the Clark County Detention Center for a period of not more than three hundred sixty-four (364) days and that I may be fined up to $2,000.00, for each count. I understand that the law requires me to pay an Administrative Assessment Fee.

I understand that, if appropriate, I will be ordered to make restitution to the victim of the offense(s) to which I am pleading guilty and to the victim of any related offense which is being dismissed or not prosecuted pursuant to this agreement. I will also be ordered to reimburse the State of Nevada for any expenses related to my extradition, if any.

I understand that if I am pleading guilty to charges of Burglary, Invasion of the Home, Possession of a Controlled Substance with Intent to Sell, Sale of a Controlled Substance, or Gaming Crimes, for which I have prior felony conviction(s), I will not be eligible for probation and may receive a higher sentencing range.

I understand that pursuant to NRS 176.139 and my plea of guilty to a sexual offense for which the suspension of sentence or the granting of probation is permitted, P&P shall arrange for a psychosexual evaluation as part of the Division's Presentence Investigation (PSI) Report to the court.

I understand that I am not eligible for probation pursuant to NRS 176A.110 unless the psychosexual evaluation certifies that I do not represent a high risk to reoffend based upon a currently accepted standard of assessment. I understand that, except as otherwise provided by statute, the question of whether I receive probation is in the discretion of the sentencing judge.

I understand that, before I am eligible for parole a panel consisting of the Administrator of the Mental Health and Developmental Services of the Department of Human Resources or his designee; the Director of the Department of Corrections or his designee; and a psychologist licensed to practice in this state or a psychiatrist licensed to practice medicine in this state certifies that I was under observation while confined in an institution of the department of corrections and that I do not represent a high risk to reoffend based upon a currently accepted standard of assessment.

I understand that the Court will include as part of my sentence, in addition to any other penalties provided by law, pursuant to NRS 179D.441 to 179D.550, inclusive, I must register as a sex offender within forty-eight (48) hours of release from custody onto probation or parole.

I understand that I must submit to blood and/or saliva tests under the direction of P&P to determine genetic markers and/or secretor status.

I understand that if more than one sentence of imprisonment is imposed and I am eligible to serve the sentences concurrently, the sentencing judge has the discretion to order the sentences served concurrently or consecutively.

I understand that information regarding charges not filed, dismissed charges, or charges to be dismissed pursuant to this agreement may be considered by the judge at sentencing.

I have not been promised or guaranteed any particular sentence by anyone. I know that my sentence is to be determined by the Court within the limits prescribed by statute.

I understand that if my attorney or the State of Nevada or both recommend any specific punishment to the Court, the Court is not obligated to accept the recommendation.

I understand that if the State of Nevada has agreed to recommend or stipulate a particular sentence or has agreed not to present argument regarding the sentence, or agreed not to oppose a particular sentence, such agreement is contingent upon my appearance in court on

the initial sentencing date (and any subsequent dates if the sentencing is continued). I understand that if I fail to appear for the scheduled sentencing date or I commit a new criminal offense prior to sentencing the State of Nevada would regain the full right to argue for any lawful sentence.

I understand if the offense(s) to which I am pleading guilty to was committed while I was incarcerated on another charge or while I was on probation or parole that I am not eligible for credit for time served toward the instant offense(s).

I understand that if I am not a United States citizen, any criminal conviction will likely result in serious negative immigration consequences including but not limited to:

1. The removal from the United States through deportation;
2. An inability to reenter the United States;
3. The inability to gain United States citizenship or legal residency;
4. An inability to renew and/or retain any legal residency status; and/or
5. An indeterminate term of confinement, with the United States Federal Government based on my conviction and immigration status.

Regardless of what I have been told by any attorney, no one can promise me that this conviction will not result in negative immigration consequences and/or impact my ability to become a United States citizen and/or a legal resident.

I understand that P&P will prepare a report for the sentencing judge prior to sentencing. This report will include matters relevant to the issue of sentencing, including my criminal history. This report may contain hearsay information regarding my background and criminal history. My attorney and I will each have the opportunity to comment on the information contained in the report at the time of sentencing. Unless the District Attorney has specifically agreed otherwise, then the District Attorney may also comment on this report.

WAIVER OF RIGHTS

By entering my plea of guilty, I understand that I am waiving and forever giving up the following rights and privileges:

1. The constitutional privilege against self-incrimination, including the right to refuse to testify at trial, in which event the prosecution would not be allowed to comment to the jury about my refusal to testify.

///

2. The constitutional right to a speedy and public trial by an impartial jury, free of excessive pretrial publicity prejudicial to the defense, at which trial I would be entitled to the assistance of an attorney, either appointed or retained. At trial the State would bear the burden of proving beyond a reasonable doubt each element of the offense(s) charged.

3. The constitutional right to confront and cross-examine any witnesses who would testify against me.

4. The constitutional right to subpoena witnesses to testify on my behalf.

5. The constitutional right to testify in my own defense.

6. The right to appeal the conviction with the assistance of an attorney, either appointed or retained, unless specifically reserved in writing and agreed upon as provided in NRS 174.035(3). I understand this means I am unconditionally waiving my right to a direct appeal of this conviction, including any challenge based upon reasonable constitutional, jurisdictional or other grounds that challenge the legality of the proceedings as stated in NRS 177.015(4). However, I remain free to challenge my conviction through other post-conviction remedies including a habeas corpus petition pursuant to NRS Chapter 34.

VOLUNTARINESS OF PLEA

I have discussed the elements of all of the original charge(s) against me with my attorney and I understand the nature of the charge(s) against me.

I understand that the State would have to prove each element of the charge(s) against me at trial.

I have discussed with my attorney any possible defenses, defense strategies and circumstances which might be in my favor.

All of the foregoing elements, consequences, rights, and waiver of rights have been thoroughly explained to me by my attorney.

I believe that pleading guilty and accepting this plea bargain is in my best interest, and that a trial would be contrary to my best interest.

I am signing this agreement voluntarily, after consultation with my attorney, and I am not acting under duress or coercion or by virtue of any promises of leniency, except for those

set forth in this agreement.

I am not now under the influence of any intoxicating liquor, a controlled substance or other drug which would in any manner impair my ability to comprehend or understand this agreement or the proceedings surrounding my entry of this plea.

My attorney has answered all my questions regarding this guilty plea agreement and its consequences to my satisfaction and I am satisfied with the services provided by my attorney.

DATED this _____ day of January, 2017.

JORGE YSACC BURGOS
Defendant

AGREED TO BY:

MICHELLE JOBE
Chief Deputy District Attorney
Nevada Bar #10575

CERTIFICATE OF COUNSEL:

I, the undersigned, as the attorney for the Defendant named herein and as an officer of the court hereby certify that:

1. I have fully explained to the Defendant the allegations contained in the charge(s) to which guilty pleas are being entered.

2. I have advised the Defendant of the penalties for each charge and the restitution that the Defendant may be ordered to pay.

3. I have inquired of Defendant facts concerning Defendant's immigration status and explained to Defendant that if Defendant is not a United States citizen any criminal conviction will most likely result in serious negative immigration consequences including but not limited to:

   a. The removal from the United States through deportation;

   b. An inability to reenter the United States;

   c. The inability to gain United States citizenship or legal residency;

   d. An inability to renew and/or retain any legal residency status; and/or

   e. An indeterminate term of confinement, by with United States Federal Government based on the conviction and immigration status.

   Moreover, I have explained that regardless of what Defendant may have been told by any attorney, no one can promise Defendant that this conviction will not result in negative immigration consequences and/or impact Defendant's ability to become a United States citizen and/or legal resident.

4. All pleas of guilty offered by the Defendant pursuant to this agreement are consistent with the facts known to me and are made with my advice to the Defendant.

5. To the best of my knowledge and belief, the Defendant:

   a. Is competent and understands the charges and the consequences of pleading guilty as provided in this agreement,

   b. Executed this agreement and will enter all guilty pleas pursuant hereto voluntarily, and

   c. Was not under the influence of intoxicating liquor, a controlled substance or other drug at the time I consulted with the Defendant as certified in paragraphs 1 and 2 above.

Dated: This 31st day of January, 2017.

ATTORNEY FOR DEFENDANT

jm/SVU

EXHIBIT D

Electronically Filed
12/12/2017 11:13 AM
Steven D. Grierson
CLERK OF THE COURT

JOC
STEVEN B. WOLFSON
Clark County District Attorney
Nevada Bar #1565
200 Lewis Avenue
Las Vegas, Nevada 89155-2212
(702) 671-2500
Attorney for Plaintiff

DISTRICT COURT
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-vs-

JORGE YSACC BURGOS, #6056946

Defendant.

CASE NO: **C-16-319451-1**

DEPT NO: **XVIII**

AMENDED JUDGMENT OF CONVICTION
(PLEA OF GUILTY)

The Defendant previously appeared before the Court with counsel and entered a plea of guilty to the crimes of **COUNTS 1, 2 and 3 – OPEN OR GROSS LEWDNESS (Gross Misdemeanor) in violation of NRS 201.210**; thereafter, on the 27th day of July, 2017, the Defendant was present in court for sentencing with his counsel, ROGER CROTEAU, ESQ. and CRANE POMERANTZ, ESQ., was ADJUDGED GUILTY of said offenses and, in addition to the $25.00 Administrative Assessment fee, a $150.00 DNA analysis fee including testing to determine genetic markers, $3.00 DNA Collection fee, the Defendant was sentenced as follows: on COUNT 1 - to Clark County Detention Center (CCDC) for THREE HUNDRED SIXTY-FOUR (364) DAYS; on COUNT 2 - to CCDC for THREE HUNDRED SIXTY-FOUR (364) DAYS, to run CONSECUTIVELY to COUNT 1; and on COUNT 3 - to CCDC for THREE HUNDRED SIXTY-FOUR (364) DAYS, CONSECUTIVE TO COUNTS 1 and 2,

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///

SUSPENDED; placed on PROBATION for an indeterminate period not to exceed THREE (3) YEARS. Defendant is to comply with the standard terms of probation set forth in the Presentence Investigation Report, in addition to the following SPECIAL CONDITIONS:

1. Complete sex offender treatment program as recommended by the Division of Parole and Probation (P & P).

2. Attend thirty (30) therapy sessions.

3. Locate and take an online course on victim empathy for a minimum for four (4) hours.

4. Serve seven (7) days flat time, beginning Friday 7/28/17, to be served on Friday evening with release on Sunday.

5. Avoid use of alcohol to excess, which is a .08 standard.

6. Abide by any curfew as deemed necessary by P & P.

7. No contact whatsoever with the victim or victim's families, unless they decide to continue seeking medical treatment from Defendant.

COURT FURTHER ORDERED, Defendant report to P & P on Monday, July 31, 2017; Defendant to register as a sex offender in accordance with NRS 179D.460 within 48 hours after sentencing.

THEREAFTER, pursuant to Defendant's Motion to Clarify Sentence, on the 10th day of October, 2017, the Defendant was not present in court with his presence being waived, his counsel also not being present, and good cause appearing to amend the Judgment of Conviction; now therefore,

IT IS ORDERED that PROBATION IS MODIFIED, and the therapy sessions that Defendant is already attending are sufficient to satisfy the condition of probation already in place and are to be included as long as the sessions are documented and the required number of sessions are met.

DATED this 7 day of ~~November~~ December, 2017.

DISTRICT JUDGE

jg/SVU

EXHIBIT E

Wright

Electronically Filed
8/13/2019 2:36 PM
Steven D. Grierson
CLERK OF THE COURT

IN THE EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

AND FOR THE COUNTY OF CLARK

THE STATE OF NEVADA,

Plaintiff

vs.

BURGOS, Jorge Ysaac

Defendant

Case No. C-16-319451-1

Department No. XXIX

PETITION AND ORDER HONORABLY DISCHARGING PROBATIONER

To the Honorable Judge David Jones, of the Eighth Judicial District Court of the State of Nevada, in and for the County of Clark, the Undersigned Chief Probation Officer for the State of Nevada now reports as follows concerning the above Defendant: Said Defendant was placed on probation by order of the Court for a term not to exceed 3 years, said Order being dated the 27th of July, 2017. Said Probationer has satisfactorily completed all of the Conditions of probation or has demonstrated fitness for honorable discharge but because of economic hardship, verified by the Division, has been unable to make restitution as ordered by the court.

THEREFORE, the undersigned petitions and recommends that said Probationer be honorably discharged and released from further supervision in accordance with NRS 176A.850.

Pursuant to NRS 239B.030, the undersigned hereby affirms this document does not contain the social security number of any person. Attached are documents explaining restoration of Civil Rights and Sealing of records.

Dated this 6th day of August, 2019.

FCK

Anne K. Carpenter, Chief Parole and Probation Officer

ORDER HONORABLY DISCHARGING PROBATIONER
In accordance with NRS 176A.850

In this cause it appearing that the above-named Defendant was heretofore placed on probation under the Chief Parole and Probation Officer of the State of Nevada, and it further appearing from the petition of said Probation Officer that the period of such probation expires upon Judge's signature.

IT IS HEREBY ORDERED that said Probationer be honorably discharged from said probation.

Dated this 9 day of Aug. 2019 at 8 : 00 am/pm.

DAVID JONES, District Judge
53

EXHIBIT F

SKLAR WILLIAMS
PLLC
LAW OFFICES
Tivoli Village – Rotunda Building
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
(702) 360-6000 • Fax: (702) 360-0000
E-Mail: asklar@sklar-law.com

September 27, 2016

Via email to nsbme@medboard.nv.gov

Nevada State Board of Medical Examiners
1105 Terminal Way
Suite 301
Reno, NV 89502-2144

Re: *Report of Arrest - Jorge Burgos, MD (Lic. # 10622)*

Dear Sir or Madam:

Pursuant to Nevada Revised Statutes ("NRS") §§ 630.30665 and 630.306(l), Dr. Jorge Burgos is making the following voluntary report to the Nevada State Board of Medical Examiners (the "Board"). Attached also please find the Board's 14-Day Sentinel Event Form completed and signed by Dr. Burgos.

On September 21, 2016, Dr. Burgos was arrested by the Las Vegas Metropolitan Police Department ("Metro") on three counts of open and gross lewdness, in violation of NRS 201.210, a gross misdemeanor. Based on information provided by law enforcement to date, it appears that a female patient filed a complaint with Metro alleging that Dr. Burgos made unwanted romantic advances towards her. Dr. Burgos intends to plead not guilty at his upcoming arraignment and maintains his innocence.

While only convictions, and not arrests, are grounds for disciplinary action by the Board pursuant to NRS 630.301, he is reporting this arrest out of an abundance of caution to the extent it constitutes a "sentinel event," pursuant to NRS § 630.30665, or constitutes "any criminal action taken" pursuant to NRS § 630.306(l).

To the extent there is a change in Dr. Burgos' status in relation to these charges, it will be reported as required under the Board's statutes and regulations. Dr. Burgos pledges his full cooperation with the Board.

Please do not hesitate to contact me with any questions.

Very truly yours,

Alan C. Sklar

Cc: Crane M. Pomerantz

EXHIBIT G

SKLAR WILLIAMS
— PLLC —
LAW OFFICES
Tivoli Village – Rotunda Building
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
(702) 360-6000 • Fax: (702) 360-0000
E-Mail: asklar@sklar-law.com

October 24, 2016

Via email to nsbme@medboard.nv.gov

Nevada State Board of Medical Examiners
1105 Terminal Way
Suite 301
Reno, NV 89502-2144
Attn: Pam Castagnola, Chief of Investigations

Re: *Report of Arrest - Jorge Burgos, MD (Lic. # 10622)*

Dear Ms. Castagnola:

I am sending this letter as a supplement to my letter dated September 27, 2016. On October 20, 2016, Dr. Burgos was re-arrested by the Las Vegas Metropolitan Police Department ("Metro") on eleven counts of open and gross lewdness, in violation of Nevada Revised Statutes ("NRS") 201.210, a gross misdemeanor. The nature of the charges against him have not changed; based on information provided by law enforcement to date, it appears that additional female patients have alleged that Dr. Burgos made unwanted romantic advances towards them. Dr. Burgos intends to plead not guilty at his upcoming arraignment and maintains his innocence.

While only convictions, and not arrests, are grounds for disciplinary action by the Nevada State Board of Medical Examiners (the "Board") pursuant to NRS 630.301, he is reporting this arrest out of an abundance of caution to the extent it constitutes a "sentinel event," pursuant to NRS § 630.30665, or constitutes "any criminal action taken" pursuant to NRS § 630.306(1).

To the extent there is a change in Dr. Burgos' status in relation to these charges, it will be reported as required under the Board's statutes and regulations. Dr. Burgos pledges his full cooperation with the Board.

Please do not hesitate to contact me with any questions.

Very truly yours,

Alan C. Sklar

Cc: Crane M. Pomerantz
Natalia Vidal Burgos

EXHIBIT H

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

Case No. 17-26547-1

In the Matter of Charges and Complaint Against

JORGE YSACC BURGOS, M.D.,

Respondent.

FILED

DEC - 4 2017

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through its General Counsel, Robert Kilroy, Esq., and Jorge Ysacc Burgos, M.D. (Respondent), a licensed physician in Nevada, represented by Crane Pomerantz, Esq., of the law firm of Sklar Williams PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a physician licensed by the Board, pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since August 27, 2003 (License No. 10622).

2. On August 11, 2017, in Case No. 17-26547-1, the IC filed a First Amended Complaint (Complaint) charging Respondent with Medical Practice Act violations. Specifically, this Complaint alleges: one (1) count of violating of NRS 630.301(9) (engaging in conduct that brings the medical

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

profession into disrepute); one (1) count of violating of NRS 630.301(11)(d) (conviction of a sexually related crime); and one (1) count of violating of NRS 630.301(11)(g) (conviction of an offense involving moral turpitude). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

3. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

4. Respondent is hereby advised of his rights regarding this administrative matter and his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel at his own expense in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's Order, if the decision is adverse to him.

5. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

6. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent understands that he may retain and consult counsel prior to entering into this Agreement at his own expense. Respondent acknowledges he is represented by counsel licensed in the State of Nevada and wishes to resolve the matters addressed herein with such counsel. Respondent agrees that if representation in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel licensed in the State of Nevada.

3. **Waiver of Rights**. In connection with this Agreement and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

//

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent without incurring any further costs or the expense associated with a hearing, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

A. Respondent admits to the following:

(1) One (1) count of violating NRS 630.301(9) (engaging in conduct that brings the medical profession into disrepute);

(2) One (1) count of violating NRS 630.301(11)(d) (conviction of a sexually related crime); and

(3) One (1) count of violating NRS 630.301(11)(g) (conviction of an offense involving moral turpitude).

B. Respondent agrees to allow his license to practice medicine in the State of Nevada to be suspended (Suspension) for FOUR (4) MONTHS (December 2017, January thru March 2018) following the date of this Agreement's acceptance, adoption and approval by the Board, and Respondent will have his suspended license status lifted on Monday, April 2, 2018, which is approximately four months following his Suspension date.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
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(775) 688-2559

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Nevada State Board of Medical Examiners
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C. Respondent's license shall be subject to a term of probation (Probationary Period) for an indeterminate period of time and he may petition the Board to lift the probationary condition placed upon his license after forty-eight (48) months from the date of the Board's acceptance, adoption and approval of this Agreement. The following terms and conditions shall apply during Respondent's Probationary Period, if and when Respondent intends to practice medicine in Nevada during this Probationary Period:

(1) Respondent must be supervised at all times during any and all interactions with all female patients, with a formal monitoring agreement with approved and identified monitors, throughout the entire Probationary Period or until further order of the Board.

(2) Respondent shall successfully complete all requirements as established by the Eighth Judicial District Court and the Nevada Division of Parole and Probation.

(3) Respondent agrees to abstain from the personal use or possession of controlled substances and prescription drugs, unless such controlled substance or prescription drug is lawfully prescribed to Respondent for a current bona fide illness or condition by a licensed Practitioner. Respondent shall abstain from the use of any and all other mood-altering substances for any other purpose than the purpose for which the substance is intended. Respondent will no longer be allowed to prescribe medications to himself.

(4) Respondent shall complete all terms and conditions of any criminal sanctions incurred before or during the period of this Agreement, including probation or parole, and if, or when, the Nevada Division of Parole and Probation terminates its probationary period of Respondent, then Respondent can petition the Board for a termination of the Board's Probationary Period.

D. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within one hundred twenty (120) days of the Board's acceptance, adoption and approval of this Agreement, the current amount

being [$1500.00], not including any costs that may be necessary to finalize this Agreement.

E. Respondent shall take six (6) hours of continuing medical education (CME) related to family practice, boundary issues, and professionalism within the work place within twelve (12) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

F. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

G. Respondent shall be issued a Public Letter of Reprimand.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in a Nevada state district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, County of Washoe, State of Nevada.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

13. Failure to Comply with Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 22 day of NOV, 2017.

By: _____
Robert Kilroy, Esq.
Attorney for the Investigative Committee

Dated this 21st day of November, 2017.

By: _____
Crane Pomerantz, Esq.
Attorney for the Respondent

UNDERSTOOD AND AGREED:

_____
Jorge Ysaco Burgos, M.D., Respondent

Dated this 21 day of November, 2017.

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 1st day of December 2017, with the final total amount of costs due of $1,500.00.

D Prabhu Rachakonda, MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

EXHIBIT I

266375659

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of the License to Practice Medicine of: **JORGE YSACC BURGOS, M.D.,** **Respondent.**	**License No. 10622**

FILED

MAR 14 2022

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

ORDER REMOVING CONDITIONS FROM LICENSE

Jorge Ysacc Burgos, M.D. (Dr. Burgos), License No. 10622, personally appeared in Las Vegas, Nevada, before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on March 4, 2022, requesting removal of all conditions and restrictions on his medical license.

After considering the request, the Board enters the following order:

IT IS HEREBY ORDERED that all conditions and restrictions be removed from Dr. Burgos's license to practice medicine in the State of Nevada, and, thereby, Dr. Burgos has an unrestricted license.

DATED this 14th day of March, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
President of the Board

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

EXHIBIT J

U. S. Department of Justice
Drug Enforcement Administration
Las Vegas District Office
550 S. Main Street
Las Vegas, Nevada 89101
(702) 759-8000

www.dea.gov

OCT 0 6 2017

Jorge Y. Burgos, MD
1815 E Lake Mead Boulevard
Suite #314
Las Vegas, Nevada 89030

RECEIVED
10-16-17

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

RE: DEA Registration # BB8524123

Dear Dr. Burgos:

Pursuant to the provisions of 21 USC 824(a)(5), a registration pursuant to section 823 of this title to manufacture, distribute, or dispense a controlled substance or list I chemical may be suspended or revoked by the Attorney General upon finding that the registrant has been excluded (or directed to be excluded) from participation in a program pursuant to section1320a-7(a) of Title 42. Therefore, you are currently without authority to prescribe, administer, dispense, or otherwise handle controlled substances in the State of Nevada. Under the provisions of 21 USC 824 and Applicable Administrative Decisions, your current DEA Certificate of Registration is subject to revocation. We are now in the process of requesting such proceedings.

However, if you desire to waive your right to a hearing in this matter, you may voluntarily surrender your DEA registration. A DEA form 104, Voluntary Surrender of Controlled Substances Privileges, has been enclosed for your convenience. If you choose to voluntarily surrender your controlled substances privileges, sign the enclosed form and send your DEA registration certificate, unused order forms, and any controlled substances in your possession to this office within 30 days after the receipt of this letter.

If you have any questions concerning this matter, please contact Diversion Investigator Deanna Way at telephone number (702) 759-8112.

Way

Sincerely,

David J. Downing
Special Agent in Charge

Marlon C. Whitfield

By: Marlon C. Whitfield
Diversion Program Manager
Los Angeles Division

EXHIBIT K

U. S. Department of Justice
Drug Enforcement Administration
550 S. Main Street
Las Vegas, Nevada 89101
(702) 759-8000

www.dea.gov

OCT 30 2017

Jorge Y. Burgos, MD
1815 East Lake Mead Boulevard
Suite #314
Las Vegas, Nevada 89030

VOLUNTARY SURRENDER OF REGISTRATION

Dear Dr. Burgos;

This letter is to confirm the voluntary surrender of your registration privileges in Schedules II through V on October 17, 2017, under Drug Enforcement Administration (DEA) Registration #BB8524123. By surrendering your registration privileges in Schedules II through V, you have waived your right to an administrative hearing to determine if your registration would be consistent with the public interest under Title 21 U.S.C. 823(f)

Concurrent with the surrender of your registration, you are no longer authorized to order, distribute, possess, dispense, administer, prescribe or engage in any activities with controlled substances.

If you have any questions regarding this matter, you may contact Diversion Investigator Deanna K. Way, 550 S. Main Street, Las Vegas, NV 89101; telephone number (702) 759-8112.

Sincerely,

David J. Downing
Special Agent in Charge

Marlon C. Whitfield

By: Marlon C. Whitfield
Diversion Program Manager
Los Angeles Division

EXHIBIT L

JORGE Y. BURGOS, M.D., P.C.
INTERNAL MEDICINE

October 18, 2017

VIA CERTIFIED MAIL & RETURN RECEIPT

Deanna Way
Diversion Investigator
US Department of Justice
Drug Enforcement Administration
Las Vegas District Office
550 S. Main Street
Las Vegas, NV 89101

RE: DEA Registration BB8524123

Dear Ms. Way,

In response to your letter dated 10/06/2017 regarding my DEA registration being subject to revocation, I am waiving my right to a hearing in this matter and I am surrendering my DEA Certificate.

Attached to this letter please find:

- DEA Certificate BB8524123
- Voluntary Surrender of Controlled Substances Privileges completed form
- Six (6) unused DEA Forms 222 numbered 176795328 to 176795333
- Two (2) boxes of Hydromorphone HCl Injection, USP 2mg/mL. Each box contains 10 Carpuject Sterile Cartridge Units

I hope in the future the Department of Justice grants me the privilege to hold this registration again.

Please do not hesitate to contact me should you need additional information.

Sincerely,

Jorge Burgos, MD

1815 E. Lake Mead Blvd., Suite 314, North Las Vegas, NV 89030
TEL.: 702.227.0022 FAX: 702.227.0084

EXHIBIT M

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000199758235
Process Date: 11/29/2022
Page: 1 of 3
BURGOS, JORGE YSACC
For authorized use by:
BURGOS, JORGE YSACC

BURGOS, JORGE YSACC

HHS OFFICE OF INSPECTOR GENERAL

REVISION TO EXCLUSION/DEBARMENT ACTION — **Date of Action:** 10/17/2022

Subsequent Action	Basis for Initial Action
- REINSTATEMENT	- CONVICTION RELATING TO PATIENT ABUSE OR NEGLECT

A. REPORTING ENTITY

Entity Name:	HHS OFFICE OF INSPECTOR GENERAL
Address:	PO BOX 23871
City, State, Zip:	WASHINGTON, DC 20026-3871
Country:	
Name or Office:	JOANN N. FRANCIS
Title or Department:	REVIEWING OFFICIAL
Telephone:	(202) 731-9224
Entity Internal Report Reference:	
Type of Report:	REVISION
Related Report Number:	5500000197971277

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	BURGOS, JORGE YSACC
Other Name(s) Used:	CABRERA, JORGE BURGOS
Gender:	UNKNOWN
Date of Birth:	[redacted]
Organization Name:	
Work Address:	7531 REAL QUIET DRIVE
City, State, ZIP:	LAS VEGAS, NV 89131
Organization Type:	
Home Address:	[redacted] REAL QUIET DR
City, State, ZIP:	LAS VEGAS, NV 89131
Deceased:	NO
Federal Employer Identification Numbers (FEIN):	
Social Security Numbers (SSN):	[redacted]
Individual Taxpayer Identification Numbers (ITIN):	
National Provider Identifiers (NPI):	1639275969
Professional School(s) & Year(s) of Graduation:	
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	
Specialty:	INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:	
Unique Physician Identification Numbers (UPIN):	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000199758235
Process Date: 11/29/2022

BURGOS, JORGE YSACC
For authorized use by:
BURGOS, JORGE YSACC

C. INFORMATION REPORTED

Type of Adverse Action: EXCLUSION/DEBARMENT
Name of Agency or Program That Took the Adverse Action Specified in This Report: HHS OIG EXCLUSIONS BRANCH
Adverse Action Classification Code(s): REINSTATEMENT (1515)
Date Action Was Taken: 10/17/2022
Date Action Became Effective: 10/17/2022
Is the subject automatically reinstated after the adverse action period is completed?:
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity: CONVICTED OF A CRIME RELATED TO PATIENT ABUSE OR NEGLECT.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/29/2022
Date of Most Recent Change: 11/29/2022

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): BURGOS CABRERA, JORGE

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

DCN: 5500000199758235
Process Date: 11/29/2022
Page: 3 of 3
BURGOS, JORGE YSACC
For authorized use by:
BURGOS, JORGE YSACC

This report is maintained under the provisions of: Title IV; Section 1921; Section 1128E

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, Section 1128E of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

16

Petition to the NVBOP

To perform the practice of pharmacy

From a remote home office

Pharmacist: Jill Marquardt PharmD

Remote Office Location: 16 Cresta Villa Court, Henderson, NV 89011

The objective is to operate as an independent contractor to perform pharmacy consultation services. The consultation services provided are aimed to provide comprehensive medication reviews to identify and resolve any drug-related problems to improve patient clinical outcomes.

Services to be provided are not limited, but may include; medication therapy review, a personal medication record, medication-related action plans, intervention and/or referrals, documentation and follow-up.

While there is no limit to the types of patients welcome for consultation, the expected patient type is one looking for independent, comprehensive review of medication with sufficient time and accessibility to the pharmacist. Patients can expect the pharmacist to communicate with their other healthcare professionals about effective use of medications in their overall therapy and health. Services will be available to any patient who uses prescription medications, non-prescription medications, herbal and dietary supplements.

To perform and document such services, Jane (www.jane.app) digital platform will be used. The platform will allow for all digital documentation, video consultations, charting, scheduling, and billing. All patient records will be electronic and securely stored on the Jane online platform, which is HIPAA compliant.

The Lexi-comp suite will be used as a primary source of drug information. Pubmed, Medscape, Micromedex, JAMA, and Facts and Comparisons are also information sources I regularly consult in giving accurate and up-to-date counsel.

Scheduled services will be performed from a home office and appointments may be scheduled Monday through Friday at a maximum of 40 hours per week. Scheduled appointments will not fall beyond the window of 8:00 AM to 8:00 PM. Patients will have e-mail access to the pharmacist when off duty. All e-mails and will be responded to within 24 hours unless the pharmacist has scheduled vacation leave at which time the response will be provided by the next scheduled business day.

Services may be contracted directly with an individual patient or by referral from a healthcare provider. Services may also be contracted with online MTM companies or physician offices. Work performed will be done independent of any licensed pharmacy and patients, after consultation, will be free to select their pharmacy of choice for purchasing and dispensing of medications.

Business Plan

Jill Marquardt, PharmD
Independent Consulting Pharmacist

Objective

To operate as an independent contractor to perform pharmacy consultation services. The consultation services provided are aimed to provide comprehensive medication reviews to identify and resolve any drug-related problems to improve patient clinical outcomes.

Services

Services to be provided are not limited, but may include; medication therapy review, a personal medication record, medication-related action plans, intervention and/or referrals, documentation and follow-up.

Target market

While there is no limit to the types of patients welcome for consultation, the expected patient type is one looking for independent, comprehensive review of medication with sufficient time and accessibility to the pharmacist. Patients can expect the pharmacist to communicate with their other healthcare professionals about effective use of medications in their overall therapy and health. Services will be available to any patient who uses prescription medications, non-prescription medications, herbal and dietary supplements.

Operating Plan

Scheduled services will be performed from a home office and appointments may be scheduled Monday through Friday at a maximum of 40 hours per week. Scheduled appointments will not fall beyond the window of 8:00 AM to 8:00 PM. Patients will have e-mail access to the pharmacist when off duty. All e-mails and will be responded to within 24 hours unless the pharmacist has scheduled vacation leave at which time the response will be provided by the next scheduled business day.

Marketing

- Referrals
- Personal Website
- No extensive outbound marketing

Expenses

- Registration for drug information resources
- Jane.app
- Continuing Education
- Certifications
- Licensures

Location

- Home office located at 16 Cresta Villa Court, Henderson, NV 89011

Financing

- No financing needed

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NAC 639.7145 Transfer of information between pharmacies: Requirements for transfer by facsimile machine. (NRS 639.070, 639.0745)

1. Information relating to a prescription may be transferred from a pharmacy to another pharmacy by a facsimile machine pursuant to NAC 639.713 if:

(a) The transmission from the transferring pharmacy:

(1) Includes the information required by subsection 2 of NRS 639.2353, which may be provided in the form of an accurate printout of the pharmacy's computerized record of the prescription; and

(2) Except as otherwise provided in subsection 2, includes:

(I) A copy of the original prescription maintained in the records of the transferring pharmacy on which the pharmacist at the transferring pharmacy has signed the copy and written his or her license number; or

(II) The signature and handwritten license number of the pharmacist at the transferring pharmacy and a notation that specifically indicates that the pharmacist intends to transfer the prescription.

(b) The transmission is prepared and transmitted by a pharmaceutical technician or pharmacist at the transferring pharmacy.

(c) Except as otherwise provided in subsection 3, the pharmacist at the transferring pharmacy processes the original prescription in the manner prescribed in paragraph (a) and subparagraphs (1), (2) and (3) of paragraph (b) of subsection 1 of NAC 639.714.

2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only upon application to and authorization by the Board. The Board may grant that authority to a pharmacy if the Board is satisfied that:

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy. A pharmacy which transfers a prescription by a facsimile machine is not required to process the original prescription in the manner prescribed in paragraph (c) of subsection 1 if the pharmacy cancels the prescription stored in its computer system in a manner which ensures that the prescription cannot be refilled by that pharmacy.

(Added to NAC by Bd. of Pharmacy by R155-04, eff. 12-20-2004)

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NEVADA STATE BOARD OF PHARMACY

POLICY MANUAL 2023

INTRODUCTION

Board members and employees have a duty to carry out and enforce the provisions of Nevada law to protect the health, safety, and welfare of the public. *See* NRS 622.080, NRS 639.070(1)(a), NRS 639.213 and NRS 639.2171(1).

General Purpose and Scope

These policies and procedures apply to all Board members and employees. They are not intended to be exhaustive and do not override the specific provisions of law as applied to a particular set of facts. To the extent possible, these policies and procedures are intended to supplement statutes, regulations and executive orders governing the Board, together with the State Administrative Manual and other statewide policies and procedures that apply to all State Executive Branch agencies. If there is a conflict between such other provisions and the provisions of this manual, the other provisions control. In some instances, certain statewide policies and procedures are incorporated by reference in this manual. The Executive Secretary may implement additional policies and procedures not inconsistent with this manual and applicable law.

Employee Input and Improvements

Throughout the Board's history, its employees have been the best source for innovation and improvement of the Board's operations. All employees are encouraged to comment to the Executive Secretary or the General Counsel upon these policies and procedures at any time. These policies and procedures should accurately reflect the actual operations of the Board and lead to greater efficiency in our service to the public.

Review and Changes to the Policies and Procedures

The Board may require changes to these policies and procedures whenever the Board deems necessary. The Executive Secretary and the General Counsel shall review these policies and procedures at least once biennially and make any recommendations for changes to the Board.

No Third-Party Rights

This manual is intended to guide the internal operations of the Board and its staff and is not intended to create any rights, duties, or obligations regarding any person who is a not Board member or employee.

EMPLOYMENT POLICIES

Board employment policies and practices will conform to the requirements of NRS Chapter 281 and Chapter 613.

Employment At Will

Each employee of the Board is employed at will, meaning that the employee may be terminated for any reason or no given reason and with or without any previous disciplinary action or notice. The Executive Secretary serves at the will of the Board. All other employees serve at the will of the Executive Secretary. The Executive Secretary may enlist the assistance of one or more Board members or the entire Board to review applications, interview candidates, or ratify hiring or termination decisions, but the Executive Secretary may also make any employment decisions without the assistance of the Board, as the Executive Secretary deems in his or her discretion to be appropriate or necessary.

Work Hours

An employee is considered full-time if he or she is expected to regularly work 40 or more hours per week. An employee is considered part-time if he or she is expected to regularly work less than 40 hours but more than 24 hours per week. An employee is considered occasional if he or she is expected to regularly work less than 24 hours per week. Occasional employees receive no benefits unless otherwise provided in these policies and procedures. Unless otherwise allowed by the Executive Secretary, every full-time employee is expected to work 40 hours per week.

Compensatory Time

If an employee works 15 or more minutes beyond his or her regular work day or on a weekend or holiday, he or she may record that time as compensatory time. Compensatory time is kept and used in quarter-hour increments. Each employee is responsible to record his or her own compensatory time. The Executive Secretary shall review each employee's total compensatory time at the end of the calendar year.

An employee may use his or her compensatory time flexibly as long as the use of the compensatory time does not affect pending assignments. An employee needs prior approval from the Executive Secretary or the General Counsel to use compensatory time. Las Vegas employees must also notify the Las Vegas Office Manager of any leave requested before taking any such leave.

An employee may carry forward from one calendar year to the next a maximum amount of compensatory time equal to three times the maximum amount of annual leave he or she is allowed to carry forward from one calendar year to the next. All compensatory time in excess of the allowable maximum will be forfeited on January 1 of each year.

Upon termination of employment, an employee is entitled to be paid for unused compensatory time at his or her regular hourly rate up to the allowable maximum amount, which shall correspond to the maximum amount for annual leave set forth in the table below. Unlike sick leave and annual leave, compensatory time may not be donated to other employees.

Annual Leave

Annual leave for full-time employees shall accrue and may be accumulated based upon the length of time that the employee has worked for the Board according to the following schedule:

Time Employed	Hrs./Pay Period	Max. Accumulation
5 years or less	3.33 hrs./pay period	160 hours
5 to 10 years	5.00 hrs./pay period	160 hours
10 to 20 years	6.65 hrs./pay period	240 hours
More than 20 years	6.65 hrs./pay period	320 hours

A part-time employee shall accrue and may accumulate annual leave at a rate 75% of that rate that would be allowed to a full-time employee with the same number of years of employment.

An employee should notify the Executive Secretary or the General Counsel and schedule his or her use of annual leave upon the Board's master calendar as soon in advance of the use of the leave as possible (and in the usual case no later than three weeks before the leave) so that the Executive Director and the General Counsel can schedule coverage. Las Vegas employees must also notify the Las Vegas Office Manager of any leave requested before taking any such leave. Reasonable leave requests will be granted unless, at the discretion of the Executive Secretary or the General Counsel, such leave would compromise the efficiency or work of the Board. Employees are encouraged not to seek leave during dates of Board meetings or from September 1 through November 15 of each year. The Executive Secretary may grant leave without prior notice to an employee for unforeseen or unanticipated circumstances of personal misfortune (such as a death of a family member or friend).

At the end of each calendar year, an employee will forfeit any annual leave he or she has accumulated that exceeds the maximum accumulation for that particular employee. An employee will be paid for his accumulated annual leave upon any termination of his or her employment with the Board at his or her most recent hourly rate up to a maximum of the number of annual hours he or she could accumulate.

Annual leave must be taken in half-hour increments. An employee must use compensatory time in excess of 20 hours for any absence from the office before he or she may use annual leave. Employees are encouraged to use their leave throughout the year rather than using it all in the last quarter of the calendar year.

An employee may donate accumulated annual leave to another employee. The terms of the donation, including a determination of whether and how the leave will be repaid, must be made in writing between the two employees and must be approved in writing by the Executive Secretary. A copy of the written agreement must be provided to the Administrative Assistant so that the terms of the agreement can be accommodated by the payroll service. The donor employee will be without recourse if the donee employee terminates his or her employment before he or she has repaid the donated leave.

Sick Leave

Full-time employees accrue sick leave at the rate of 5.0 hours per pay period. Part-time employees accrue sick leave at the rate of 3.75 hours per pay period. There is no limit to the number of hours of sick leave that may be accrued by an employee. An employee whose employment is terminated by reason of retirement or death may receive payment for his or her accrued sick leave at his or her most recent hourly pay based upon the number of years of employment by the Board according to the following schedule:

Time Employed	Maximum Paid
Less than 10 years	None
10 to 15 years	$3,750
15 to 20 years	$6,000
20 to 25 years	$9,000
More than 25 years	$12,000

Whenever possible, an employee should notify the Executive Secretary or the General Counsel (and the Las Vegas Office Manager if the employee is a Las Vegas employee) when he or she intends to use sick leave. Sick leave is only to be used if:

- The employee is unable to perform the duties of his or her position because he or she is sick, injured, or physically incapacitated due to a *bona fide* medical condition.
- The employee is quarantined.
- The employee is receiving medical, psychological, optometric, or dental service or examination.
- A member of the employee's family is sick, injured, physically incapacitated, quarantined, or receiving treatment or examination for a *bona fide* medical condition and the employee is needed to minister, transport, or otherwise assist the family member.

An employee may be asked to provide evidence of the reason given for the use of sick leave by the Executive Secretary or the General Counsel. Misuse of sick leave is a cause for discipline up to and including termination.

Extraordinary Leave

An employee may seek from the Executive Secretary or the General Counsel extraordinary leave under such conditions and for such time as the employee deems needed when:

- The employee is unable to perform his or her duties because of his or her own serious, *bona fide* illness or accident which is life threatening or which will require convalescence exceeding ten working days.
- The employee is unable to perform his or her duties because of the serious, *bona fide* illness or accident which is life threatening or which will require convalescence exceeding ten working days for a member of the employee's family or other person who will rely upon the employee's presence.
- The death of a member of the employee's family or close friend that may require the absence of the employee for more than three working days.
- Any other unforeseen or unfortunate personal circumstance that will require the absence of the employee for more than three working days.

The Executive Secretary or the General Counsel will attempt, as much as possible, to accommodate the employee's request for extraordinary leave. Las Vegas employees must also notify the Las Vegas Office Manager of any leave requested before taking any such leave. An employee will use his or her accrued sick leave (when appropriate), compensatory time, and annual leave for extraordinary leave. If the extraordinary leave will continue beyond all such accrued leave, other employees may donate their accrued leave of any type to assist the employee on extraordinary leave. Throughout the period of extraordinary leave, the employee on extraordinary leave shall call the Executive Secretary or the General Counsel to notify him or her of any significant change of circumstances regarding the leave and when the employee might be able to return to work.

If the extraordinary leave will continue beyond all the employee's accrued leave and the other employees' donations of leave are inadequate to cover the employee's extraordinary leave with pay, the employee and the Executive Secretary shall discuss whether the employee will be allowed to go on leave without pay or whether other arrangements, including termination of the employee's employment, are appropriate.

Miscellaneous Special Leave

Administrative Leave – Administrative leave is leave with pay that is not deducted from the employee's annual or compensatory leave amounts. Administrative leave will be granted an employee under the following circumstances:

- Blood Donation – An employee may take leave with pay for the time necessary to donate blood or blood products (such as platelets) as long as the Executive Secretary or the General Counsel has approved the leave in advance.

- Jury or Witness Duty – An employee will be granted administrative leave for the actual time he or she is required to serve as a juror or as a witness in a court or administrative proceeding other than a hearing or meeting with the Board. Any jury or witness fees must be paid to the Board.

Military Service Leave – An employee who is a member of the National Guard or a Reserve unit of the military will be granted leave for training under the same conditions as would apply to any other request for annual or compensatory leave except that such leave can only be denied by the Executive Secretary if the employee's absence would substantially impair the necessary work of the Board.

Holidays

The Board will observe legal holidays as specified in NRS 236.015, for which all employees will be paid based upon their current salary. If a legal holiday falls on a day within the workweek that is not a regular workday for an employee, that employee shall claim 25% of their regular hours per workweek as compensatory time.

Annual Salary Reviews

Every year before the Board's regularly scheduled meeting in May or June, the Executive Secretary shall review the work of each employee to make a recommendation to the Board regarding potential increases to that employee's salary. The Executive Secretary may recommend a merit increase per employee and may recommend different percentages for each employee depending upon the Executive Secretary's evaluation of the employee's work in the preceding year. At its meeting in May or June, the Board may increase each employee's salary by the percentage increase in the Consumer Price Index for All Urban Consumers (CPI-U) for the West Region for the preceding year plus a merit increase based upon the Executive Secretary's recommendation and the Board's own discretion. Salary increases shall be effective July 1 of each year.

Outside Employment

Before an employee may engage in any employment other than his or her employment with the Board, the employee shall discuss such outside employment with the Executive Secretary or the General Counsel. The Executive Secretary or General Counsel may approve the outside employment as long as it does not constitute a conflict of interest with the operations of the Board, does not create the appearance of impropriety, and does not interfere with the employee's ability to perform his or her functions for the Board.

Travel Expenses

Board members and employees in travel status shall receive reimbursement in accordance with NRS 281.160 and Chapter 0200 of the State Administrative Manual.

Use of Board Equipment and Time

Each employee shall, during his or her hours of duty as an employee and subject to such other laws or regulations as pertain thereto, devote his or her full time, attention and efforts to the business of the Board. Employees may make incidental use of their time and Board property for personal use under the following conditions:

- The use of the property does not interfere with the performance of the employee's duties.
- The cost or value related to the use is nominal.
- The use does not create the appearance of impropriety.

An employee should direct any question regarding whether a particular use of Board property complies with this policy to the Executive Secretary or the General Counsel before the employee makes the personal use of the Board property.

Americans with Disabilities Act

The Board will comply with the Americans with Disabilities Act by following the Employment Provisions Guide for State of Nevada Executive Branch Agencies set forth in Appendix A.

Public Employees' Retirement Program

The Board participates in the Public Employees' Retirement Program (PERS) in accordance with NRS Chapter 286 and will follow the PERS Policies and Procedures for the Retirement System available at **https://www.nvpers.org/.** The Board elected to pay all PERS contributions on behalf of its employees pursuant to NRS 286.421(1) prior to July 1, 1983.

Public Employees' Benefits Program

The Board participates in the Public Employees' Benefits Program (PEBP) in accordance with NRS Chapter 287 and will follow the PEBP Policies and Procedures for Employee Health Insurance available at **https://pebp.state.nv.us/**

Public Employees' Deferred Compensation Program

The Board participates in the Public Employees' Deferred Compensation Program (NDC) in accordance with NRS 287.250-.370 and will follow the NDC Policies and Procedures for the Program available at **http://defcomp.nv.gov/**

Workers' Compensation Insurance

The Board purchases workers' compensation insurance coverage for employees through a private insurer.

DEPARTMENTS, TITLES, DUTIES AND SALARIES OF EMPLOYEES

LEGAL COUNSEL TEAM

Title: Senior General Counsel

Position Summary:
Under direction from the Executive Secretary or Deputy Executive Secretary, responsible for providing professional legal services; supervises General Counsel and other staff; and perform related work as required.

Experience and Training Requirements:

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada, AND
- A minimum of fifteen (15) years' experience in the practice of law, prior management experience, prior legislative experience and thorough knowledge of the structure and operation of the Board and of the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law;

-OR-

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada, AND
- A minimum of 10 years' experience in the practice of law, which must include a minimum of five (5) years' experience as General Counsel at the Board.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Exercise direct supervision over legal counsel team
- Manage the activities of the legal counsel team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline administrative cases
- Supervise legal counsel team, including, assisting in selection of staff, training in proper investigative methods and techniques, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods to ensure that administrative cases are conducted efficiently, properly, and timely
- Provide legal advice to the Board, including without limitation, personnel matters, Board compliance with all applicable laws, such as Public Records Act, and OML and Ethics in Government
- Prosecute administrative cases
- Contract negotiation and drafting
- Draft regulations and provide guidance relating to the rule-making process
- Represent the Board in judicial review proceedings, litigation and appellate matters, and legislative affairs
- Collaborate with the executive team, legal staff, investigators, and board coordination to determine Board meeting case load
- Ensure that assigned investigators perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury

Skills required:

- Expert knowledge of board's policies and procedures
- Knowledge of computer software specific to the department
- Expert knowledge of State and federal laws pertaining to all license categories at the Board
- Principles of general management, supervision, and training
- Ability to plan, organize, and coordinate the legal counsel activities of the Board
- Ability to select, supervise, and evaluate the performance of legal counsel staff
- Superior legal research, writing, and advocacy skills, public speaking ability, and knowledge of both state and federal court procedures and administrative procedures.
- Excellent communication, time management, and interpersonal skills to work in a team-orientated environment.
- Ability to plan, prioritize and execute timelines and provide effective leadership.

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $115,500 - $135,200 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: General Counsel

Position Summary:
Under direction from the Executive Secretary, Deputy Executive Secretary or Senior General Counsel, responsible for providing professional legal services; and perform related work as required.

Experience and Training Requirements:

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada., AND
- A minimum of Twelve (12) years' experience in the practice of law and proficiency with the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law;

-OR-

- Graduation from an accredited four-year college or university and graduation from an accredited law school and admission to State Bar of Nevada, AND
- A minimum of Nine (9) years' experience in the practice of law and proficiency with the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law, which must include a minimum of three (3) years' experience as Assistant Legal Counsel at the Board.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Provide legal advice to the Board
- Prosecute administrative cases
- Contract review
- Provide advice and guidance relating to the rule-making process and Open Meeting Law
- Draft or assist with drafting regulations
- Represent the Board in judicial review proceedings, litigation and appellate matters and perform such other duties as assigned

Skills Required:

- Knowledge of board's policies and procedures
- Knowledge of computer software specific to the department
- Knowledge of State and federal laws pertaining to all license categories at the Board
- Superior legal research, writing, and advocacy skills, public speaking ability, and knowledge of both state and federal court procedures and administrative procedure
- Excellent communication, time management, and interpersonal skills to work in a team-orientated environment
- Ability to plan, prioritize and execute timelines with minimal supervision

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $112,000 - $130,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: Assistant General Counsel

Position Summary:
Under direction from the Executive Secretary, Deputy Executive Secretary or Senior General Counsel, responsible for providing professional legal services and perform related work as required.

Experience and Training Requirements:

- Graduation from an accredited four-year college or university and graduation from an accredited law school, admission to State Bar of Nevada, and eligible to practice law before all courts, federal and state, in the State of Nevada and the Ninth Circuit Court of Appeals, AND
- A minimum of one (1) year of experience in the practice of law and will require the development of proficiency with the relevant Nevada Revised Statutes, Nevada Administrative Code and federal law, evidentiary rules, local court rules, Nevada Rules of Civil Procedure, ethical requirements, and constitutional law.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Provide legal advice to the Board
- Prosecute of administrative cases
- Contract review
- Provide advice and guidance relating to the rule-making process and Open Meeting Law
- Draft or assist with drafting regulations
- Represent the Board in judicial review proceedings, litigation and appellate matters and performing such other duties as assigned

Skills required:

- Knowledge of board's policies and procedures
- Knowledge of computer software specific to the department
- Knowledge of State and federal laws pertaining to all license categories at the Board
- Superior legal research, writing, and advocacy skills, public speaking ability
- Excellent communication, time management, and interpersonal skills to work in a team-orientated environment
- Ability to plan, prioritize and execute timelines with minimal supervision

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $80,000 - $122,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

INVESTIGATION TEAM

Title: Chief Investigator

Position Summary:
Under direction, organizes, supervises, and directs the operation of the Investigation Team; plans, develops, and implements procedures for investigative activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university in criminal justice, law enforcement or a closely related field, AND
- A minimum of five (5) years of experience supervising staff in investigations which utilized scientific methods for investigations or a minimum of five (5) years of experience working as an investigator or staff at the Board

Additional Preferred Experiences:
- Knowledge and experience with administrative and/or criminal investigations applying Nevada state and federal laws.

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over investigation team
- Manage the activities of the investigation team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline investigations
- Assist in selection of staff for the investigation team, provide proper investigative methods and techniques training, assign, review and critique the work of the team, provide performance evaluations
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that investigations are conducted, efficiently, properly, and timely
- Investigate known and suspected violations of state and federal law, locate and interview witnesses and suspected persons and analyze and evaluate their statement
- Review complaints to determine case and investigator assignment
- Monitor the preparation of evidence and review investigation reports to determine method of adjudication
- Collaborate with the executive team, legal staff, investigators, and board coordination to determine Board meeting case load
- Collaborate and organize investigations with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful investigations
- Testify in hearings relating to investigations
- Ensure that assigned investigators perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board
- State and federal laws and standardized investigative methods pertaining to handling, preserving, and presenting evidence and its legal admissibility
- Scientific investigative methods and procedures, including interviewing
- Principles of general management, supervision, and training

Ability to:

- Plan, organize, and coordinate the investigation activities of the Board
- Recognize work methods and procedures that promote a safe work environment for the investigators
- Implement work methods and procedures that promote a safe working environment for investigators and train investigators in the same
- Select, supervise, and evaluate the performance of investigation staff
- Obtain evidence and information by observation, through interview and physical collection
- Analyze and evaluate data, evidence, and statements and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to investigations
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $80,000 - $110,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: Investigator

Position Summary:
Under direction from executive staff or the chief investigator, investigate complaints, which includes interviewing, obtaining statements, preparing case files, drafting reports, and taking part in administrative proceedings; and perform related work as required.

Experience and Training Requirements:

- A bachelor's or associates degree from an accredited college or university in criminal justice, law enforcement or a closely related field, AND
- A minimum of five (5) years of experience investigating matters utilizing scientific methods for investigations.

Additional Preferred Experiences:

- Knowledge and experience with administrative and/or criminal investigations applying Nevada state and federal laws.

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Investigate known and suspected violations of state and federal laws pertaining to the license categories at the Board, interview witnesses and suspected persons and analyze and evaluate their statement
- Apply goals, objectives, policies, and procedures of the Board when performing investigations
- Work with executive staff and chief investigator to ensure that investigations are conducted properly, legally, and timely
- Collaborate with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful investigations
- Testify in hearings relating to investigations

- Perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board
- Scientific investigative methods and procedures, including interviewing
- State and federal laws and standardized investigative methods pertaining to handling, preserving, and presenting evidence and its legal admissibility

Ability to:

- Apply work methods and procedures that promote a safe working environment
- Obtain evidence and information by observation, through interview and physical collection
- Analyze and evaluate data, evidence, and statements and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to investigations
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office and investigative equipment including computers, telephones, copier, fax machines.

Salary Range:

- $60,000 - $90,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

INSPECTION TEAM

Title: Chief Inspector/Southern Office Manager

Position Summary:
Under direction, organizes, supervises, and directs the operation of the Inspection Team; plans, develops, and implements procedures for inspecting licensees/registrants; and perform related work as required.

Experience and Training Requirements:
- A Doctor of Pharmacy or a bachelor's in pharmacy degree from an accredited college or university, AND
- A minimum of five (5) years of experience working in a Nevada licensed pharmacy as a pharmacist, AND
- A minimum of five (5) years of experience supervising pharmacists, interns and/or pharmaceutical technician staff

-OR-

- A Doctor of Pharmacy or a bachelor's in pharmacy degree from an accredited college or university, AND
- A minimum of five (5) years of experience working as an inspector or staff at the Board

Additional Preferred Experiences:
- Knowledge and experience with Nevada Revised Statutes and Administrative Codes pertaining to pharmacy law

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over inspection team
- Manage the activities of the inspection team through the development, and implementation of goals, objectives, policies, procedures, and inspection forms to establish and streamline inspections
- Supervise inspection staff, including, assisting in selection of staff, training in proper inspection methods and techniques, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that inspections are conducted effectively, efficiently, properly, and timely
- Inspect licensee/registrant to ensure compliance with federal and state law and follow-up and provide recommendations as necessary to ensure licensee/registrant compliance
- Assist the Chief Investigator with reviewing investigative reports to determine method of adjudication
- Collaborate and organize inspections with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful inspections/investigations
- Controlling the use of the Board's credit card to assure it is used only for allowable purchases, including consulting with the Reno office regarding such use of the Board's credit card
- Assuring that the Las Vegas staff have the necessary support and assistance to carry out its functions
- Understand and provide training to investigators on USP 795, 797, 825, and 800
- Provide expert testimony relating to USP 795, 797, 825, and 800 and other state and federal laws pertaining to all license categories at the Board

- Ensure that assigned inspectors perform duties and responsibilities in a safe and prudent manner that does not expose them or others to unnecessary harm or risk of on-the job injury.

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board
- Principles of general management, supervision, and training

Ability to:
- Plan, organize, and coordinate the inspection activities of the Board
- Recognize work methods and procedures that promote a safe work environment for investigators
- Implement work methods and procedures that promote a safe working environment inspectors and train inspectors in the same
- Select, supervise, and evaluate the performance of inspectors and southern Nevada staff
- Analyze and evaluate registrants/licensees' policies and procedures and observe registrants/licensees to ensure they are compliant with state and federal law
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $118,000 - $135,200 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work, and type of work performed)

Title: Inspector 1

Position Summary:
Under direction of the executive staff or chief inspector/southern office manager inspect pharmacy licensees (retail and institutional pharmacies) for compliance with state and federal laws; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university, AND
- A minimum of five (5) years of verifiable experience working in a Nevada licensed pharmacy as a pharmaceutical technician

Additional Preferred Experiences:
- Knowledge and experience with Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Inspect retail and institutional pharmacy licensee to ensure compliance with federal and state law; follow-up and provide recommendations as necessary to ensure licensee compliance
- Have or obtain a basic understanding of USP 795, 797, and 800 and understanding of state and federal law pertaining to retail and institutional pharmacy licensee

- Ensure assigned inspections are completed timely

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws applicable to the retail and institutional pharmacy licensees

Ability to:
- Analyze and evaluate a retail or institutional pharmacy's policies and procedures to ensure compliance with state and federal law and observe their practice to ensure compliance
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $40,000-70,000 (which is based on any combination of experience and degree prior to hire, seniority, quality and quantity of work and type of work performed).

Title: Inspector 2

Position Summary:
Under direction of the executive staff or chief inspector/southern office manager inspect licensees/registrants for compliance with state and federal laws as it relates to the licensees/registrant's license type; and perform related work as required.

Experience and Training Requirements:
- A Doctor of Pharmacy or a bachelor's in pharmacy degree from an accredited college or university, AND
- A minimum of five (5) years of experience working in a Nevada licensed pharmacy as a pharmacist

Additional Preferred Experiences:
- Knowledge and experience with Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Inspect licensee/registrant to ensure compliance with federal and state law; follow-up and provide recommendations as necessary to ensure licensee/registrant compliance.
- Assist the Chief Inspector/Southern Office Manager and Chief Investigator with reviewing investigation reports to determine method of adjudication
- Collaborate and organize inspections with other state and federal enforcement agencies as necessary to avoid duplication and facilitate successful inspections/investigations
- Have or obtain a basic understanding of USP 795, 797, 825, 800 and understanding of state and federal law pertaining to all license categories at the Board as it relates to inspections
- Ensure assigned inspections are completed timely

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it related to inspections

Ability to:

- Analyze and evaluate registrant/licensees' policies and procedures and to ensure compliance with state and federal law and observe their practice to ensure compliance
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections
- React quickly and calmly during emergency situations
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing.

Special Requirements:

- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $105,000 - $128,600 (which is based on any combination of experience and degree prior to hire, seniority, quality and quantity of work and type of work performed).

LICENSING TEAM

Title: Chief of Licensing

Position Summary:
Under direction, organizes, supervises, and directs the operation of the Licensing Team; plans, develops, and implements procedures for licensing activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university, AND
- An MA in Business Administration or similar relevant field, AND
- A minimum of five (5) years of experience at an executive level supervising staff, AND
- A minimum of ten (10) years of work experience in information technology providing customer assistance, AND
- In-depth knowledge of different business functions such as HR, Finance, and marketing, AND
- Knowledge of information technology

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over the licensing team
- Manage the activities of the licensing team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline licensing processes for all license categories
- Supervise licensing staff, including, assisting in selection of staff, training in procedures for licensing all license categories, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that licensing is conducted timely
- Collaborate with the executive team, legal staff, and board coordination to determine Board agenda items and prepare necessary documents for Board meetings
- Communicate with licensing software developers to ensure software meets the needs of the Board
- Ensure licensing procedures and applications requirements are compliant with statutes and regulations
- Ensure all licensing documents and information is retained and maintained in the proper databases and per Nevada's retention schedule
- Analyze and interpret data and metrics on licensing and create reports as requested by executive staff
- Develop, implement, and ensure fingerprint background check processes comply with state and federal law and processes are adhered to by licensing staff and administrative assistant

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing
- Knowledge of information technology
- Principles of general management, supervision, and training

Ability to:
- Plan, organize, and coordinate the activities of the licensing team
- Devise and implement licensing team operational policies and procedures

- Interpret and apply pertinent laws, statutes, codes, and regulations to licensing applications and procedures
- Implement work methods and procedures that promote a safe working environment for employees and others and train staff in the same
- Select, supervise, and evaluate the performance of licensing staff
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $90,000 - $130,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Licensing Supervisor

Position Summary:
Under direction of the Chief of Licensing, organizes, supervises, and directs the operation of the Licensing Team; plans, develops, and implements procedures for licensing activities; and perform related work as required. Assists Chief of Licensing in daily licensing tasks.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university, AND
- A minimum of two (2) years of work experience in information technology providing customer assistance, AND
- In-depth knowledge of different business functions such as HR, Finance, and marketing, AND
- Knowledge of information technology

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over the licensing team
- Manage the activities of the licensing team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline licensing processes for all license categories
- Supervise licensing staff, including, assisting in selection of staff, training in procedures for licensing all license categories, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations and ensure that licensing is conducted timely
- Collaborate with the executive team, legal staff, and board coordination to determine Board agenda items and prepare necessary documents for Board meetings
- Support licensing software developers to ensure software meets the needs of the Board

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing
- Knowledge of information technology
- Principles of general management, supervision, and training

Ability to:
- Plan, organize, and coordinate the activities of the licensing team
- Assist with devising and implementing licensing team operational policies and procedures
- Implement work methods and procedures that promote a safe working environment for employees and others and train staff in the same
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 – $90,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Licensing Specialist

Position Summary:
Under the direction of executive staff, the Chief of Licensing or the Licensing Supervisor accurately process registrant/licensee applications; and perform related work as required.

Experience and Training Requirements:
- Basic knowledge of Microsoft word and excel

Additional Preferred Experiences:
- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply the goals, objectives, policies, and procedures establish for the team by the executive staff, Chief of Licensing and/or Licensing Supervisor
- Process applications efficiently, properly, and timely
- Assist the Chief of Licensing with determining Board agenda items and prepare necessary documents for the Board meeting
- Assist the Chief of Licensing with ensuring licensing procedures and application requirements are compliant with statutes and regulations
- Assist the Chief of Licensing with ensuring all licensing documents and information is retained and maintained in the proper databases and per Nevada's retention schedule

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing

Ability to:
- Apply licensing team operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $40,000 – $65,000 (which is based on any combination of experience prior to hire, seniority, quality, quantity of work and type of work performed)

Title: Administrative Assistant - Licensing

Position Summary:
Under the direction of the executive staff, the Chief of Licensing or Licensing Supervisor accurately process registrant/licensee applications; process, record, track, and adjudicate, as necessary, board mail, general emails, and faxes.

Experience and Training Requirements:
- Basic knowledge of Microsoft word and excel

Additional Preferred Experiences:
- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply the goals, objectives, policies, and procedures establish for the team by the executive staff and Chief of Licensing
- Process applications efficiently, properly, and timely
- Process, record, track, and adjudicate, as necessary, board mail, general emails, and faxes
- Assist the Chief of Licensing with ensuring licensing procedures, and application requirements are compliant with statutes and regulations
- Assist the Chief of Licensing with ensuring all licensing documents and information is retained and maintained in the proper databases and per Nevada's retention schedule
- Maintain inspection schedule and coordinate inspections with the inspection team

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing

Ability to:
- Apply licensing team's operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $38,000 - $65,000K (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

BOARD COORDINATION TEAM

Title: Board Coordinator

Position Summary:
Under direction from executive staff or legal team, manage all activities and preparatory work required for administrative proceedings and coordinate all necessary and requested board activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university

-OR-

- A minimum of five (5) years experience working as an assistant board coordinator at the Board

Additional Preferred Experiences:
- Experience as a manager, supervisor, or paralegal

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over assistant board coordinators
- Manage the activities of the assistant board coordinators through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline the activities of the board coordination team
- Supervise board coordination staff, including, assisting in selection of staff, training, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations in the board coordination team
- Ensure all documents (i.e. agenda, minutes, and board materials) are prepared properly and timely for administrative proceedings
- Prepare, mail, and track investigative and legal documents
- Assist the legal team with developing legal documents
- Work with the legal team to report disciplinary actions to the National Practitioner's Databank
- Record and track proposed regulations and prepare documents for workshops, public hearings, and legislative commission
- Respond to disciplinary information requests
- Collaborate with the executive team, legal staff, licensing, and investigators, to determine Board meeting case load and agenda
- Communicate with Board members
- Coordinate Board travel
- Testify in hearings as necessary
- Registered as a notary and responsible for notarizing documents as necessary

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department

Ability to:
- Apply work methods and procedures that promote a safe working environment
- Write comprehensive, detailed legal reports

- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Travel is required for Board meetings. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 - $92,000 (which is based on any combination of experience prior to hire, seniority, quality, quantity of work and type of work performed)

Title: Assistant Board Coordinator

Position Summary:
Under direction from executive staff, legal team, or Board coordinator, assist in all activities and preparatory work required for administrative proceedings and assist with all necessary and requested board activities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply goals, objectives, policies, and procedures implemented by the board coordinator
- Prepare, mail, and track investigative and legal documents
- Collaborate with legal staff to track and record activities relating to Board orders
- Assist the legal team with developing legal documents
- Prepare materials for administrative proceedings (i.e. agenda, minutes, board book, etc.)
- Prepare documents for workshops, public hearings, and legislative commission
- Respond to disciplinary information requests
- Collaborate with the executive team, legal staff, licensing, and investigators, to determine Board meeting case load and agenda
- Communicate with Board members
- Coordinate Board travel
- Testify in hearings as necessary
- Receive and review complaints and assign case numbers

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department

Ability to:
- Apply work methods and procedures that promote a safe working environment
- Write comprehensive, detailed legal reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Travel is required for Board meetings. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $50 - 80K (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Administrative Assistant – Board Coordinator

Position Summary:
Under the direction of the executive staff or the Board Coordinator assist in all activities and preparatory work required for administrative proceedings and assist with all necessary and requested board activities; and perform related work as required, as necessary, scanning, board mail, general emails, and faxes.

Experience and Training Requirements:
- Basic knowledge of Microsoft word and excel

Additional Preferred Experiences:
- A bachelor's or associate degree from an accredited college or university

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply the goals, objectives, policies, and procedures establish for the team by the executive staff and Board Coordinator
- Answer and direct phone calls
- Prepare materials for administrative proceedings (i.e. agenda, minutes, board book, etc.)
- Assist with preparing documents for workshops, public hearings, and legislative commission
- Assist with responding to disciplinary information requests
- Assist the Board Coordinator with ensuring all information is retained and maintained in the proper databases and per Nevada's retention schedule
- Maintain inspection schedule and coordinate inspections with the inspection team

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and federal laws pertaining to all license categories at the Board as it relates to licensing

Ability to:
- Apply Board Coordination operational policies and procedures
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $38,000 - $65,000K (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

FINANCE TEAM

Title: Chief Financial Officer

Position Summary:
Under direction from executive staff, produce and analyze the financial statements and manage the financial actions of the Board; analyze the Board's financial strengths and weaknesses and propose corrective actions; manage the finance team and ensure the Board's financial reports are accurate and completed in a timely manner and adheres to state and federal law and generally accepted accounting principles (GAAP) adopted by the Securities and Exchange Commission (SEC) and other regulatory entities; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree in Accounting, Finance or Business Administration, AND
- A master's degree in Accounting, Finance or Business Administration, AND
    - A minimum of ten (10) years of experience within the fields of accounting and finance, which must include A minimum of seven (7) years of supervisory experience of accounting team and staff; or
    - A minimum of six (6) years working at the Board as a Financial Manager, AND
- Prior experience managing monthly close and producing financial statements, AND
- Strong Quickbooks skills, AND
- Ability to problem solve, identify opportunities, and to communicate effective and professionally
- CPA certification is preferred but not required

Additional Preferred Experiences:
- Experience with accounting and finance within a Nevada state or county agencies

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Exercise direct supervision over the finance team
- Manage the activities of the finance team through the development, and implementation of goals, objectives, policies, and procedures to establish and streamline the activities of finance team
- Supervise financial manager and administrative service officer of the Board including, assisting in selection of staff, training, assignment and review of work, performance evaluations, implementation of discipline and conflict resolution procedures
- Oversee daily operations by reviewing and recommending improvements in work methods, techniques, systems, and equipment to facilitate effective operations of the finance team
- Work with executive team to develop the Board's budget including analysis and projections of the Board's financials
- Ensure general ledger integrity, maintenance of accounting policies, procedures and controls, budget reporting, payroll processing, account, and variance analysis
- Oversee and prepare documents necessary for the Board's annual audit
- Oversee and prepare necessary financial documents at the request of executive staff
- Communicate with PEBP, PERS, VOYA and have an expert understanding of the Board's insurance, retirement, and investment plans and communicate such to the Board Staff
- Communicate with the Board's banking and insurance partners
- Communicate with the Board's Treasurer regarding the Board's financial status
- Oversee the reconciliation, tracking, payment, and reimbursement of all Board expenses including travel, credit card, equipment, supplies, and services
- Oversee the reconciliation and tracking of all sources of profits and losses

- Work with the Prescription Monitoring Program to write and submit applications for grant funding
- Management of all grant funds and expenditures, ensuring all financial reporting requirements are met
- Responsible for all existing Board contracts, including renewal and tracking of the contracts, and working with the executive and legal team to write new contracts to procure services
- Execute and ensure new hires have completed all onboarding paperwork and maintain employee files
- Responsible for all financial reporting as required by the state and ensuring reports are filed timely

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the management of an administrative agency's financials
- Principles of general management, supervision, and training
- QuickBooks, Excel

Ability to:
- Plan, organize, and coordinate the finance team
- Select, supervise, and evaluate the performance of the finance staff
- Write comprehensive, detailed financial reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $90,000 - $126,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Financial Manager

Position Summary:
Under direction from executive staff and Chief Financial Officer, assist in producing and analyzing the financial statements of the Board; assist the Chief Financial Officer in analyzing the Board financial strengths and weaknesses and propose corrective actions; ensure the Board's financial reports are accurate and completed in a timely manner.

Experience and Training Requirements:
- A bachelor's degree in Accounting, Finance or Business Administration, AND
- A minimum of five (5) years of experience within the fields of accounting and finance or five (5) years of experience as an accountant with the Board, AND
- Strong Quickbooks skills, AND
- Ability to problem solve, identify opportunities, and to communicate effective and professionally

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply goals, objectives, policies, and procedures established by the Chief Financial Officer
- Assist the Chief Financial Officer and work with executive staff to develop the Board's budget including analysis and projections of the Board's financials

- Ensure general ledger integrity, maintenance of accounting policies, procedures and controls, budget reporting, payroll processing, account, and variance analysis
- Assist the Chief Financial Officer with preparing documents necessary for the Board's annual audit
- Prepare necessary financial documents at the request of executive staff
- Communicate with board staff regarding insurance and retirement plans
- Communicate with the Board's banking and insurance partners
- Communicate with the Board's Treasurer regarding the Board's financial status
- Reconcile, track, pay, reimburse all Board expenses including travel, credit card, equipment, supplies, and services
- Reconcile, track all sources of profits and losses
- Cross-check the work of the accountant

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the management of an administrative agency's financials
- QuickBooks, Excel

Ability to:
- Write comprehensive, detailed financial reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $60,000 - $92,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Administrative Service Officer (ASO)

Position Summary:

Under direction from executive staff and Chief Financial Officer, assist the financial manager in producing and analyzing the financial statements of the Board and ensuring the Board's financial reports are accurate and completed in a timely manner; and perform related work as required.

Experience and Training Requirements:
- A bachelor's degree in Accounting, Finance or Business Administration, AND
- Strong Quickbook skills, AND
- Ability to communicate effective and professionally

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Apply goals, objectives, policies, and procedures established by the Chief Financial Officer
- Assist the Chief Financial Officer and Financial Manager with ensuring general ledger integrity, maintenance of accounting policies, procedures and controls, budget reporting, payroll processing, account, and variance analysis
- Assist the Financial Manager with preparing documents necessary for the Board's annual audit

- Prepare necessary financial documents at the request of executive staff, Chief Financial Officer or Financial Manager
- Assist the Financial Manager with reconciling, tracking, payment, reimbursement of all Board expenses including travel, credit card, equipment, supplies, and services
- Assist the Financial Manager with reconciling, tracking all profits and losses

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the management of an administrative agency's financials
- QuickBooks, Excel

Ability to:

- Write comprehensive, detailed financial reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $40,000 - $62,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

PRESCRIPTION MONITORING PROGRAM TEAM

Title: PMP Administrator

Position Summary:
Under direction, organizes, supervises, and directs the operation of the PMP Team; plans, develops, and implements procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:
- A graduate of an ACPE accredited College of Pharmacy, AND
- An active Nevada Pharmacist registration

Additional Preferred Experiences:
- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Oversee the daily management of the Nevada PMP
- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records from pharmacies
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Write and submit applications for grant funding
- Oversee the daily management of grant activities and ensure all reporting requirements are met
- Work with the Finance team in the management of all grant funds and expenditures, ensuring all financial reporting requirements are met
- Oversee the Nevada Statewide PMP Integration project
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Perform related duties as assigned by the Executive Secretary or Deputy Executive Secretary

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the practice of pharmacy
- Principles of general management, supervision, and training
- Microsoft word and excel

Ability to:
- Plan, organize, and coordinate the PMP activities of the Board
- Recognize work methods and procedures that promote a safe work environment for employees and others

- Implement work methods and procedures that promote a safe working environment for employees and others and train staff in the same
- Select, supervise, and evaluate the performance of PMP staff
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $100,000 - $126,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work. and type of work performed)

Title: PMP Specialist (Inspector)

Position Summary:
Under direction, follows procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:
- A Bachelor's or associates degree from an accredited college or university,

-OR-
- A minimum of two (2) years experience working as a PMP Technician at the Board

Additional Preferred Experiences:
- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records from pharmacies
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Complete annual PMP access recertification for law enforcement, deputy of a coroner and medical examiners
- Monitor PMP compliance including but not limited to "MyRx" queries and dispenser daily reporting
- Inspect licensee/registrant to ensure compliance with federal and state law; follow-up and provide recommendations as necessary to ensure licensee/registrant compliance
- Investigate known and suspected violations of state and federal laws pertaining to the license categories at the Board, interview witnesses and suspected persons and analyze and evaluate their statement

- Testify in hearings relating to investigations, as needed
- Perform related duties as assigned

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the Nevada Prescription Monitoring Program
- State and federal laws pertaining to all license categories at the Board as it related to inspections and investigations
- Scientific investigative methods and procedures, including interviewing
- State and federal laws and standardized investigative methods pertaining to handling, preserving, and presenting evidence and its legal admissibility
- Microsoft word and excel

Ability to:
- Execute PMP policies and procedures of the Board
- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Analyze and evaluate registrant/licensees' policies and procedures and to ensure compliance with state and federal law and observe their practice to ensure compliance as it relates to inspections and investigations
- Interpret and apply pertinent laws, statutes, codes, and regulations to inspections and investigations
- Apply work methods and procedures that promote a safe working environment
- Obtain evidence and information by observation, through interview and physical collection for investigations
- Analyze and evaluate data, evidence, and statements and formulate logically supported conclusions
- Write comprehensive, detailed narrative reports
- Communicate in a clear, concise manner both orally and in writing

Special Requirements:
- Work is performed in an office environment and various indoor offsite locations. Ability to lift and move objects weighing up to 50 lbs. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $40,000 - $78,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: Compliance Coordinator

Position Summary:
Under direction, follows procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:
- A bachelor's degree from an accredited college or university or POST certified, AND
- A minimum of five (5) years of law enforcement, investigative or intelligence analyst field experience

Additional Preferred Experiences:
- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):
- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records of dispensers and prescribers
- Prepare confidential patient, provider or dispenser PMP reports when requested
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Investigate prescription forgeries
- Work with and communicate with Nevada Occupational Licensing Boards across Nevada to ensure licensee compliance with the PMP database requirements
- Work with and communicate with Law Enforcement to prevent the improper or illegal use of controlled substances
- Work with practitioners and pharmacies to correct PMP data errors
- Complete Board investigations as assigned
- Testify in hearings relating to investigations, as needed
- Perform related duties as assigned

Knowledge of:
- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the practice of pharmacy
- Microsoft word and excel

Ability to:
- Execute PMP policies and procedures of the Board
- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Interpret and apply pertinent laws, statutes, codes, and regulations to PMP
- React quickly and calmly during emergency situations
- Communicate in a clear, concise manner both orally and in writing.

Special Requirements:
- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:
- $40,000 - $70,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

Title: PMP Technician

Position Summary:
Under direction, follows procedures for PMP activities; and performs related work as required.

Experience and Training Requirements:
- High school graduate or equivalent education; AND

- A minimum of one (1) year of experience working as a public or community health worker, or a minimum of one (1) year experience working in a retail, institutional or home health care pharmacy if the candidate is a pharmaceutical technician.

Additional Preferred Experiences:

- Knowledge and experience with the practice of pharmacy pertaining to Nevada Revised Statutes and Administrative Codes

Duties (the following is used as a partial description and is not restrictive as to duties required):

- Work with and communicate with pharmacies and dispensing practitioners across Nevada to ensure accurate reporting into the PMP database
- Prepare and conduct comprehensive analysis of the PMP data and controlled substance prescription records from pharmacies
- Effectively communicate with PMP users, and other external contacts, regarding various PMP matters
- Work with PMP users to ensure they are registered and able to access the PMP
- Trouble-shooting PMP related concerns as they arise
- Assist PMP administrator with grant related activities
- Prepare confidential patient, provider, or dispenser PMP reports when requested
- Perform related duties as assigned

Knowledge of:

- Board's policies and procedures
- Computer software specific to the department
- State and local laws applicable to the practice of pharmacy
- Microsoft word and excel

Ability to:

- Execute PMP policies and procedures of the Board
- Follow written and oral instructions
- Analyze and evaluate PMP data and formulate logically supported conclusions
- Communicate in a clear, concise manner both orally and in writing.

Special Requirements:

- Work is performed in an office environment. Ability to operate office equipment including computers, telephones, copier, fax machines.

Salary Range:

- $35,000 - $60,000 (which is based on any combination of experience prior to hire, seniority, quality and quantity of work and type of work performed)

SEXUAL HARASSMENT AND DISCRIMINATION

All Board members and employees are subject to the State of Nevada Executive Branch Sexual Harassment and Discrimination Policy set forth in Appendix B. Each Board member and employee shall sign the acknowledgment therein for retention in the individual's personnel file that he or she has read and understands the Sexual Harassment and Discrimination Policy.

INFORMATION TECHNOLOGY AND SECURITY

All Board members and employees are subject to the State of Nevada Executive Branch Information Security Program Policy set forth in Appendix C. Each Board member and employee shall sign the Acceptable Use Agreement governing the use of Board information technology (IT) resources set forth in Appendix D for retention in the individual's personnel file.

ETHICS IN GOVERNMENT

All Board members and employees are subject to the Nevada Ethics in Government Law, NRS Chapter 281A. Each Board employee shall sign the acknowledgment set forth in Appendix E for retention in the individual's personnel file that he or she has read and understands the Nevada Ethics In Government Manual. Each Board employee shall sign the Policies & Procedures for Screening of Staff to Avoid Conflicts of Interest set forth in Appendix F for retention in the individual's personnel file.

PUBLIC RECORDS

The Board Coordinator is the designated records official for the Board responsible for compliance with the Nevada Public Records Act, NRS Chapter 239, together with NAC Chapter 239, Chapter 0400 and Chapter 2000 of the State Administrative Manual, and State records retention schedules. Board members and employees shall not use their personal electronic devices and personal accounts in the transaction of public business since this generates a public record. The Board shall follow the records retention schedules set forth at

http://nsla.libguides.com/state-records-services/retention-schedules

and the Nevada Public Records Manual available at

http://nsla.libguides.com/ld.php?content_id=34967931.

DUTIES OF THE EXECUTIVE SECRETARY

TEMPORARY LICENSES

The Executive Secretary may only consider a request for a temporary license under NAC 639.200 if the person making the request is a pharmacist and has:

- Filed a fully completed an appropriate application,
- Paid all required fees,
- Nothing in his work or life history that would disqualify him or her or would require an appearance before the Board pursuant to NRS 639.210, and
- Demonstrated a compelling reason for the request.

The Executive Secretary may only consider a request for a temporary license under NAC 639.200 if the requesting party is a pharmacy and has:

- Filed a fully completed and appropriate application,
- Paid all required fees,
- Nothing in its operational history that would disqualify it or would require an appearance before the Board pursuant to NRS 639.210,
- Licenses already with the Board for one or more similar pharmacies, and
- Demonstrated a compelling reason for the request.

If the Executive Secretary grants a temporary license, he shall inform the person making the request of the time after which the license will expire, which time is presumptively 90 days. The Executive Secretary shall report to the Board on all temporary licenses granted at each Board meeting.

Responsibility for Employees

The Executive Secretary is responsible for the hiring, discipline, and termination of all employees of the Board. The Executive Secretary has the discretion to assign work among the employees as he or she deems necessary and proper for the efficient and effective function of the Board.

Board members who have questions or concerns regarding the operation of the Board offices or the work of any particular employee should address such questions or concerns to the Executive Secretary. Employees who have questions or concerns regarding their employment or the interpretation of any of these Policies and Procedures should talk with the Executive Secretary regarding their concerns.

Press Relations and Public Speaking

Questions from reporters or the public should be addressed to the Executive Secretary unless another person in the office has been designated by the Executive Secretary to receive such inquiries. Employees should not speak to reporters about anything unless specifically designated to do so by the Executive Secretary. Board members may speak to the press about Board matters, but they are encouraged either to direct the press to the Executive Secretary or to inform the Executive Secretary of the press contact immediately after the press contact. Board members may not speak on behalf of the entire Board unless authorized by the Board to do so. Board members may not discuss with the press anything related to a pending disciplinary matter until the Board has finally ruled in the matter and any judicial review of the matter is concluded.

The Executive Secretary is encouraged to speak to the public regarding issues of interest to the public and the Board related to the practice of pharmacy and the work of the Board. The Executive Secretary may assign public speaking duties to other employees as he or she deems appropriate. The Executive Secretary may seek permission or direction from the Board regarding a given appearance, or from the President if time does not allow for the issue to be raised with the entire Board.

Oversight of Board Finances and Investing of Board Funds

The Executive Secretary has the authority and responsibility to prudently manage the Board's finances. The Executive Secretary may sign contracts on behalf of the Board, may sign negotiable instruments on behalf of the Board, may commit Board funds to investments or other accounts, and may take whatever other action he or she deems necessary to maximize the Board's funds. The Executive Secretary shall present a financial report at each Board meeting.

The Executive Secretary shall invest the Board's funds as follows:

1. **Cash in Board Checking Accounts**: It is the responsibility of the Executive Secretary to maintain cash balances at levels which enable the Board to meet obligations as they become due. The Executive Secretary may establish a zero-balance checking account where excess cash is invested in a short-term Treasury fund that provides for one-day liquidity; or procure overnight repurchase agreements in order to ensure that funds are not at risk. The Board will ensure the following:

- The Board members will annually affirm the decision to exceed the FDIC limit of $250,000 when investing in funds approved by statute.
- The limit of $250,000 is only exceeded in institutions with total assets exceeding $10 billion and with a Thompson BankWatch or equivalent issuer rating of B/C or better.
- Institutions are scrutinized annually to ensure that the high ratings are maintained.

2. **Acceptable investments for funds not required for satisfying current obligations.** The Executive Secretary shall determine the investments based on its cash flow needs and safety and liquidity of investment. The Executive Secretary may invest Board funds that are not needed for current obligations only in the following:

- Savings accounts protected by U.S. Government guarantees, interest bearing demand accounts, time or certificates of deposits in banks and savings and loan institutions physically located within Nevada. The Board will ensure the following:
  - The Board members will annually affirm the decision to exceed the FDIC limit of $250,000.
  - The limit of $250,000 is only exceeded in institutions with total assets exceeding $10 billion and with a Thompson BankWatch or equivalent issuer rating of B/C or better.
  - Institutions are scrutinized annually to ensure that the high ratings are maintained.
- U.S. Treasury bills, notes and bonds. Securities issued by U.S. Government agencies such as: Federal Farm Credits, Federal National Mortgage Association and Federal Home Loan Association. These securities may not have maturities greater than 10 years. Average maturities may not exceed five years. Board will not invest in securities of more than 24 months maturity.

3. **There shall be no investment of Board funds in**:

- State, local, or corporate notes and bonds.
- Equities (common and preferred stocks or long-term investments).
- Short-term Treasury Mutual Funds.
- Money Market Mutual Funds.

Operating Reserves

The Executive Secretary shall ensure compliance with the Board's reserve policy set forth in Appendix G.

Contract Approval

The Executive Secretary shall ensure compliance with the requirements of NRS Chapter 333, NAC Chapter 333, and Chapter 0300 of the State Administrative Manual for all contracts.

Financial Reporting

The Executive Secretary shall ensure compliance with the financial reporting requirements of NRS 218G.400.

Salary:

- 95% of the Governor's Salary

DUTIES OF THE DEPUTY EXECUTIVE SECRETARY

The Deputy Executive Secretary shall be a licensed pharmacist in this State and shall perform those duties assigned by the Executive Secretary, which may include the authority to act on behalf of the Executive Secretary when the Executive Secretary is absent from the Board offices or otherwise unavailable, including, without limitation, the authority to sign accusations on behalf of the Executive Secretary pursuant to NRS 639.241(2). The Deputy Executive Secretary may have signature authority on the Board's bank, investment, and credit accounts.

Salary:

- 95% of the Governor's Salary

BOARD VEHICLES

Investigators and Inspectors will be provided vehicles for their use whenever they are on Board business. Other Board staff and Board members are authorized to use Board vehicles for Board functions. The use of Board vehicles must comply with Chapter 1300 of the State Administrative Manual and the following:

- **Use a Board vehicle when on Board business.** If an employee will be conducting Board business on a given day or portion of a day within 15 minutes of his or her home, the employee may use his or her personal vehicle for his or her own convenience for that day or portion of a day, but such use will not be reimbursed for mileage. If an employee must use his or her personal vehicle because a Board vehicle is unavailable, the employee will be reimbursed at the standard mileage reimbursement rate authorized by the Governor's Finance Office Budget Division.
- **Leave Board vehicles at the Board office when no longer on Board business.** Occasionally an Investigator or Inspector may be asked by a Board member, the Executive Secretary, or the General Counsel to leave a Board car somewhere else, such as at a hotel or airport, in which case the Inspector or Investigator should do so.
- **Pursuant to NRS 204.080 private use of a Board vehicle is prohibited.**
- **Maintain Board vehicles.** Each Inspector or Investigator is responsible to make sure that his or her Board vehicle receives regular maintenance including oil changes (every 3,500 miles), tire rotations, tune-ups, and washings as needed, with prior authorization from the Executive Secretary. The Board will not reimburse inappropriate or unapproved expenses such as running out of fuel, running down the battery, charges for lost keys, parking citations, or traffic tickets or other moving violations.
- **Report traffic tickets.** Any employee or Board member who drives a Board-provided car must report to the Executive Secretary immediately any traffic ticket. Violation of this policy by receiving excessive traffic tickets, by receiving traffic tickets for driving behavior that endangers the employee or the public, or by failing to report a traffic ticket to the Executive Secretary immediately may result in discipline, including termination of employment.
- **Operating a Board vehicle under the influence of alcohol or drugs is prohibited.** Violation of this policy could result in discipline, including termination, regardless of whether the employee was arrested or charged with such conduct.
- **Damage to the car that did not result from an accident must be reported to the Executive Secretary or the General Counsel immediately.**

Accident Procedure

Any Board member or employee who has an accident involving a Board vehicle must follow the provisions of Chapter 2900 of the State Administrative Manual and the following procedure:

- **Remain on the scene and immediately notify the appropriate law enforcement agency, give the exact location and advise them if there are any injuries.**
- **Notify the Executive Secretary or the General Counsel immediately.** The employee must notify the Executive Secretary or the General Counsel of the extent of injuries of all parties involved and the extent of the property damage to the extent this information is available.
- **Obtain the name, address, and car license numbers of other parties and the names and addresses of witnesses, and document the accident with photos or video to the extent feasible.**
- **Complete law enforcement and risk management accident reports. DO NOT SIGN OR MAKE A STATEMENT AS TO RESPONSIBILITY.**
- **The State Accident Report (Form No. RSK-001) MUST be submitted within two working days to the Executive Secretary.** The Executive Secretary must submit the form immediately upon receipt to the Department of Administration Risk Management Division.

FINANCIAL ADMINISTRATION

Internal Accounting and Administrative Control

The Executive Secretary shall implement a system of internal accounting and administrative control for the Board subject to the following limitations:

- Incoming mail shall be logged by Board staff other than the Director of Finance or the Licensing Specialist.
- The Licensing Specialist shall review all checks and money orders for payment of licensing fees and make all deposits.
- The Board shall not accept cash payments.
- Only the Executive Secretary, Deputy Executive Secretary and General Counsel may have signature authority on the Board's bank, investment, and credit accounts.

Grants Management

The Board shall comply with the applicable Grants Management Common Rule for any federal grant funds, including, without limitation, 2 CFR Part 200.

Board Member Salary

Board Members receive a payment of $150, NRS 639.05, per each day they attend a Board Meeting.

LEGAL AND ADMINISTRATIVE ACTIONS

Defense and Indemnification

Generally, the State will defend and indemnify Board members and employees for actions taken in good faith within the scope of their statutory duties. The Board pays premiums into the State Tort Claims Fund pursuant to NRS 622.215. However, Board members and employees must comply with the requirements of NRS Chapter 41 and Chapter 2900 of the State Administrative Manual for defense and indemnification.

Service of Process

Board members and employees shall immediately notify the General Counsel and the Office of the Nevada Attorney General whenever served with a complaint in federal or state court, or a petition for judicial review, or if otherwise presented with legal documents, since service must be effected in strict compliance with FRCP 4(j)(2), NRS 41.031(2) or NRS 233B.130(2), which includes service upon the Office of the Nevada Attorney General.

Documentation of Attorney's Fees and Costs

The Board may recover reasonable attorney's fees and costs that are incurred as part of its investigative, administrative and disciplinary proceedings pursuant to NRS 622.400. In any matter that results in disciplinary action, whether by stipulated settlement or by Board order following a hearing, the Board may order reimbursement for expenses necessarily incurred in protecting the public. This may include, without limitation, time and travel costs incurred by Investigators and the Board Coordinator in the investigation of the matter, the General Counsel in the prosecution of the matter, witnesses and expert witness fees, and the Office of the Nevada Attorney General in serving as Board counsel.

The Board may also recover reasonable attorney's fees and costs that are incurred as a prevailing party in judicial actions related to the Board's enforcement authority pursuant to NRS 622.410.

The Board must document that attorney's fees and costs are both reasonable and actual; therefore, Investigators, the General Counsel and the Board Coordinator will document their time on the investigation and prosecution of any disciplinary matter, or on any litigation related to the Board's enforcement authority, using a timekeeping system approved by the General Counsel.

COMPLAINT INVESTIGATION PROCEDURES

The following procedures for the investigation of complaints should be followed by Investigators in the usual course. Deviation from the procedures may occur from time to time as situations and circumstances require, but such deviations should be approved in advance by the Executive Secretary whenever practicable.

1. **The Executive Director and General Counsel will conduct an initial review of all complaints submitted.** The review will include an initial screening consistent with the Policies & Procedures for Screening of Staff to Avoid Conflicts of Interest set forth in Appendix F. The review will also include a determination of whether the complaint is against licensee(s), whether the matter is within the Board's jurisdiction or the jurisdiction of another board, and whether the complaint states a claim. If the complaint is within the Board's jurisdiction and warrants investigation, the matter will be referred to the Board Coordinator. If the complaint appears within the jurisdiction of another board, it will be referred to the appropriate board. If the complaint does not warrant an investigation and/or fails to state a claim, the General Counsel will respond in writing as necessary.
2. **Board Coordinator logs in complaints, assigns them a number, and routes them to the appropriate Investigator.** The Board Coordinator should process the complaint within one working day of receipt.
3. **The Investigator contacts the complainant within two working days after receiving the complaint.** Unless the Investigator feels that early contact with the complainant would impair the investigation, the Investigator should make initial contact with the complainant as soon as possible.
4. **The complaint is investigated in a timely manner.** The Board staff has broad legal authority to access and inspect premises and records. Investigators should request that the Executive Secretary issue subpoenas for the production of witnesses, documents or papers to the extent necessary. As questions or tactical decisions arise, Investigators should consult the Executive Secretary or General Counsel.
5. **The Investigator submits a report to the Board Coordinator.** Investigators should prepare a detailed narrative report on the standard form. The report should attach copies or references to the evidence collected in the investigation, including written or recorded statements of witnesses. The factual assertions that form the basis for the findings and conclusions in the report and any allegations of violations of law should not be based solely on uncorroborated hearsay but must be supported by direct evidence. The report should also document the time expended by the Investigator on the case.
6. **The Investigative Committee will review the report and determine how to proceed.** The Investigative Committee will be comprised of the Executive Secretary, the General Counsel, the Board Coordinator, and, if required, the Investigator(s) involved in the investigation.

INSPECTION PROCEDURES

The Board staff has broad legal authority to access and inspect premises and records. The following inspection procedures should be followed by Inspectors in the usual course. Deviation from the procedures may occur from time to time as situations and circumstances require, but such deviations should be approved in advance by the Executive Secretary whenever practicable. Following should be the usual steps in the inspection process:

1. **The Administrative Assistant notifies the pharmacies and facilities to be inspected in the first week of the month preceding the month in which the inspection will occur.** The notification will consist of a form letter, a pre-inspection form, and a workplace assessment tool with instructions that the pharmacy would need to have the forms completed and all materials available for a random inspection one month later. (For example, the materials would be provided in the first week of January for facilities that would be inspected in February.)
2. **The Administrative Assistant notifies the Inspector of the pharmacies and facilities to be inspected one week before the inspections will occur.** On a monthly basis, the Administrative Assistant will schedule pharmacies and facilities to be inspected based upon locale and will notify the Inspectors of their upcoming inspections one week before the actual inspections are to occur. The Administrative Assistant shall also notify the General Counsel and the Las Vegas Office Manager of the weekly assignments so that questions of rescheduling or efficiency can be addressed to them.
3. **The Inspector conducts the assigned inspections unannounced.** The Inspector will visit the assigned inspections in such order as he or she deems efficient, as long as the weekly assignments are completed. The managing pharmacist is not required to be present at an inspection, nor are appointments to be made. Inspectors should minimize disruption of the pharmacy's operations by doing inspections as unobtrusively as possible. Inspectors should request the production of any records necessary to an inspection and must note all deficiencies to be addressed and corrected. Inspectors should shall immediately notify the General Counsel if the issuance of an administrative warrant is necessary.
4. **The Inspector sends the completed inspection forms to the Administrative Assistant.** The Administrative Assistant will log in the date of completion of all inspection forms.
5. **The Administrative Assistant responds appropriately to all notes on the inspection forms.** If the Inspector has noted deficiencies, the Administrative Assistant will prepare a letter for the Executive Secretary's signature to the pharmacy or facility informing the pharmacy or facility of the time within which the deficiency must be addressed and corrected. The Administrative Assistant will also log and schedule the follow-up visit (when appropriate) by putting the follow-up visit on the appropriate schedule for the Inspector.

6. **The Administrative Assistant will follow-up on deficiencies.** Where a letter has been sent regarding deficiencies and the deficiencies have not been timely addressed and corrected, the Administrative Assistant will notify the Board Coordinator of the failure to remedy the deficiencies so that the Board Coordinator can open a complaint matter against the pharmacy or facility.
7. **The Administrative Assistant will prepare reports.** The Administrative Assistant will enter the workplace assessment tool data into the Board's computer system within five business days of receipt of the reports from the Inspector. The Administrative Assistant will prepare and provide to the General Counsel at least quarterly a status report of the inspections completed by each Investigator.

ELECTION OF BOARD OFFICERS

NRS 639.040(1) requires the Board to elect a President and a Treasurer from among its members. The election of Board officers will be conducted under the following procedure:

1. The Board will hold an election for the offices of President and Treasurer at the regularly-scheduled meeting in June of even-numbered years.
2. The term of office will commence at the next Board meeting for a period of two years.
3. The outcome of the election will be determined by majority vote.
4. There will be no term limits.
5. In the event of the termination of an officer's tenure on the Board, an election will be held at the next regularly-scheduled Board meeting to fill the vacancy.

DISCIPLINARY HEARINGS

Pursuant to NRS 639.245 the Executive Secretary may continue a hearing for cause shown prior to the posting of notice of the hearing as required by NRS 241.020. Thereafter, the President may rule on a prehearing motion to continue for cause shown before the date of the hearing pursuant to NRS 622A.360(2)(a) and (4) and NRS 639.247(2).

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EXECUTIVE SECRETARY REPORT
June 14-15, 2023

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 639.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
  - DEA Registration Update
  - Law CE update

Citations & Fines issued pursuant to NRS 639.2895

(Since the last Board Meeting)

- Cease & Desist/Cite & Fine
    - Unlicensed Practice: 7
- Cite & Fine
    - Misfill: 2

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising			

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					(Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH	03/21/22	06/13/22
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Brett	11/08/22	12/08/22	*12/28/22 Leg Comm*	12/29/22
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			

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NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	06/13/22
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22

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euthanasia technician. (Senate Bill 408)								
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22 07/14/22	04/27/22 06/10/22- Pulled by Leg Com Scheduled for 07/14/22 Public Hearing To LCB 07/20/22	9/27/22 Leg Comm – Failed

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22	08/17/22 *9/27/22 Leg Comm*	09/28/22
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh	04/27/22	06/02/22	07/05/22 *9/27/22 Leg Comm*	09/28/22

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Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 453.510: Schedule I – Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	06/13/22
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh	08/05/22	09/08/22	*9/27/22 Leg Comm*	09/28/22
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22	05/05/22	06/09/22	07/14/22	07/20/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medical Products Wholesaler	06/02/22	06/09/22	R085-22	07/19/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Medication Assisted Treatment	06/02/22	06/09/22	R087-22	08/08/22	08/31/22	10/13/22	10/19/22	12/29/22

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Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
							12/28/22 Leg Comm	
NAC 639.870: APRN Dispensing License/pharmacy applicant appearance	06/02/22	06/02/22 – Dave revising language.	R086-22	06/29/22 07/05/22: under Dave review				
NAC 639: Dispensing Technicians	07/14/22	08/03/22	R178-22	9/29/22 Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 639: Automated Dispensing Device	07/14/22	08/03/22	R179-22	8/24/22: Under review by Dave	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22
NAC 639: Reproductive Health Care Center	07/14/22	08/03/22	R180-22	8/12/22: Under review by Dave LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh.	10/20/22	12/01/22	*12/28/22 Leg Comm*	12/29/22

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Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs.	07/14/22	07/14/22 – Dave revising language. To LCB 08/03/22	R181-22	8/29/22: Under review by Dave	08/31/22	10/13/22	10/19/22 *12/28/22 Leg Comm*	12/29/22
NAC 453.540: Schedule IV – Daridorexant.	07/14/22	07/19/22	R170-22	08/02/22	08/05/22	09/08/22	09/15/22 *9/27/22 Leg Comm*	09/28/22
NAC 639: Narcotic Treatment Program	10/13/22	10/19/22	R196-22					
NAC 453.310: DEA Registration	10/13/22	10/19/22	R197-22	05/12/23	5/12/23: Under review by Dave			
NAC 639.2973 & NAC 639.2974: Basic Life Support Certification	10/13/22	10/19/22	R198-22	05/12/23	5/12/23: Under review by Dave			

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